



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/15/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Baldwin Krystyn Sherman Partners LLC PO Box 700 Deerfield, IL 60015 License#: L002281		PHONE (A/C, No, Ext): 847-940-4300		COMPANY NAME AND ADDRESS AXIS Surplus Insurance Company		NAIC NO: 26620	
FAX (A/C, No):		E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE: AGENCY CUSTOMER ID #:		SUB CODE:		POLICY TYPE			
NAMED INSURED AND ADDRESS Del Mesa Carmel Community Association, Inc 500 Del Mesa Carmel Carmel CA 93923				LOAN NUMBER		POLICY NUMBER TBA	
ADDITIONAL NAMED INSURED(S)				EFFECTIVE DATE 12/15/2022		EXPIRATION DATE 12/15/2023	
						<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
				THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
500 Del Mesa Dr (ETAL), Carmel, CA 93923


THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 20,000,000			DED: 25,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	
		X			If YES, LIMIT: X Actual Loss Sustained; # of months: 12
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		X			
IS DOMESTIC TERRORISM EXCLUDED?		X			
LIMITED FUNGUS COVERAGE		X			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED VALUE			X		
COINSURANCE				X	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 100,000,000 DED: 10,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: 20,000,000 DED: 25,000
- Demolition Costs		X			If YES, LIMIT: DED: 25,000
- Incr. Cost of Construction		X			If YES, LIMIT: DED: 25,000
EARTH MOVEMENT (If Applicable)			X		If YES, LIMIT: DED:
FLOOD (If Applicable)			X		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT: 20,000,000 DED: 25,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				X	If YES, LIMIT: 20,000,000 DED: 25,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Proof of Insurance		AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Baldwin Krystyn Sherman Partners LLC		NAMED INSURED Del Mesa Carmel Community Association, Inc 500 Del Mesa Carmel Carmel CA 93923	
POLICY NUMBER TBA		EFFECTIVE DATE: 12/15/2022	
CARRIER AXIS Surplus Insurance Company	NAIC CODE 26620		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 28 **FORM TITLE:** EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

REMARKS:

\$5,000,000 Primary Layer
 AXIS \$2,500,000
 Westchester \$2,500,000

\$5,000,000 xs \$5,000,000 Layer
 Landmark \$2,500,000
 General Star \$2,500,000

\$5,000,000 xs \$10,000,000 Layer
 Kinsale \$5,000,000

\$5,000,000 xs \$15,000,000 Layer
 Beazley \$5,000,000

Total \$20,000,000

-Wildfire-Per the deductible(s) on the primary policy, subject to a minimum of 2% of the Declared Values per unit at the time of loss; subject to a minimum of \$150,000 per occurrence

-Ordinance or Law - Coverage A (Included in Building Limit)

-Ordinance or Law - Coverage B & C (Combined) (contained within the underlying policy(ies))