



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/21/2023

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 D.L.D. Insurance Brokers, Inc. 17712 Mitchell North Irvine, CA 92614 | | PHONE (A/C, No, Ext): 949-221-1788 | COMPANY NAME AND ADDRESS Travelers Property Casualty Company of America | | NAIC NO: 25674 |
| FAX (A/C, No): 949-221-1799 | E-MAIL ADDRESS: info@dldins.com | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: | SUB CODE: | | POLICY TYPE Property Insurance | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER KTJ-CMB-3X66344-0-23 | |
| NAMED INSURED AND ADDRESS Golden Rain Foundation P.O. Box 3519 13531 St. Andrews Drive Seal Beach CA 90740 | | EFFECTIVE DATE 12/01/2023 | EXPIRATION DATE 12/01/2024 | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED | |
| ADDITIONAL NAMED INSURED(S) | | THIS REPLACES PRIOR EVIDENCE DATED: | | | |

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

LOCATION/DESCRIPTION
Leisure World Seal Beach has a total of 6,608 units.

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 | SPECIAL |
|---|----------------|-------|-------|---|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: | \$ 200,000,000 | | | DED:100,000 |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input checked="" type="checkbox"/> RENTAL VALUE | X | | | If YES, LIMIT: 12,000,000 Actual Loss Sustained; # of months: |
| 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: 100,000 DED: 100,000 |
| 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: included DED: 100,000 |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | X | | | If YES, LIMIT: included DED: 100,000 |
| - Demolition Costs | X | | | If YES, LIMIT: 15,000,000 DED: 100,000 |
| - Incr. Cost of Construction | X | | | If YES, LIMIT: 15,000,000 DED: 100,000 |
| EARTH MOVEMENT (If Applicable) | | X | | If YES, LIMIT: DED: |
| FLOOD (If Applicable) | X | | | If YES, LIMIT: 5,000,000 DED: 100,000 |
| WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | | X | | If YES, LIMIT: DED: |
| NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions: | | X | | If YES, LIMIT: DED: |
| 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

| | | | |
|---|-----------------------|------------|---|
| CONTRACT OF SALE | LENDER'S LOSS PAYABLE | LOSS PAYEE | LENDER SERVICING AGENT NAME AND ADDRESS |
| MORTGAGEE | | | |
| NAME AND ADDRESS EVIDENCE OF INSURANCE | | | AUTHORIZED REPRESENTATIVE |

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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|---|--------------------|--|--|
| AGENCY D.L.D. Insurance Brokers, Inc. | | NAMED INSURED Golden Rain Foundation P.O. Box 3519 13531 St. Andrews Drive Seal Beach CA 90740 | |
| POLICY NUMBER KTJ-CMB-3X66344-0-23 | | EFFECTIVE DATE: 12/01/2023 | |
| CARRIER Travelers Property Casualty Company of America | NAIC CODE 25674 | | |

ADDITIONAL REMARKS

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

REMARKS:

Policy Provides coverage for the common areas, structure, interior walls, floors, and fixtures, but only those that are original and permanently installed, including, cabinets, carpet and other items. Please note Improvements and Betterments (upgrades) made by the shareholder to their unit are not covered by this policy.