

Insurance Disclosure (Non Required Civil Code Sec. 4525)
Woodlake Condominium Association

Order: GHSYBW8GK
Address: 801 N Humboldt St Apt 314
Order Date: 09-09-2025
Document not for resale
HomeWiseDocs



INSURANCE DISCLOSURE
Woodlake Association
March 2025

Property Insurance

Carrier: Lexington Insurance Company
Policy #: ARM00070924
Policy Term: March 1, 2025 to May 30, 2025
LIMIT: Special Form, Replacement Cost, Limit is currently \$750,000,000
Deductible: \$50,000

Excess Liability Insurance

Carrier: Federal Insurance Company
Policy #: G75076812
Policy Term: March 1, 2025 to May 30, 2026
LIMIT: \$50,000,000 Per Occurrence
\$50,000,000 Annual Aggregate

Excess Property Insurance

Carrier: Chubb Bermuda Insurance Ltd
Policy #: WODLEAS02656P
Policy Term: March 1, 2025 to May 30, 2025
LIMIT: \$287,517,000,000 excess of \$750,000,000
Deductible: N/A

Fidelity Insurance

Carrier: Hanover Insurance Company
Policy #: BDFJ97544300
Policy Term: March 1, 2025 to May 30, 2026
LIMIT: \$10,000,000
Computer Fraud Limit: \$10,000,000
Funds Transfer Fraud Limit: \$10,000,000
Deductible: \$25,000

General Liability Insurance

Carrier: Associated Industries Insurance Co., Inc
Policy #: AES124594100
Policy Term: March 1, 2025 to May 30, 2026
LIMIT: \$1,000,000 Per Occurrence
\$2,000,000 Aggregate
Deductible: None

Workers' Compensation

Carrier: Republic Indemnity Co of America
Policy #: 18478712
Policy Term: March 1, 2025 to March 1, 2026
LIMIT: Statutory

Director's & Officer's Liability Insurance

Carrier: Greenwich Insurance Company
Policy #: PDO7501548
Policy Term: March 1, 2025 to May 30, 2026
LIMIT: \$1,000,000 Per Occurrence
\$1,000,000 Annual Aggregate
Deductible \$15,000

****IMPORTANT NOTICE****

Your personal property and personal liability are NOT COVERED under the Homeowners' Association Master Insurance Policy! An HO6 Policy may be required.

This summary of the association's policies of insurance provides only certain information, as required by subdivision (f) of Section 1365 of the Civil Code, and should not be considered a substitute for the complete policy terms and conditions contained in the actual policies of insurance. Any association member may, upon request and provision of reasonable notice, review the association's insurance policies and, upon request and payment of reasonable duplication charges, obtain copies of those policies. Although the association maintains the policies of insurance specified in this summary, the association's policies of insurance may not cover your property, including personal property or, real property improvements to or around your dwelling, or personal injuries or other losses that occur within or around your dwelling. Even if a loss is covered, you may nevertheless be responsible for paying all or a portion of any deductible that applies. Association members should consult with their individual insurance broker or agent for appropriate additional coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Insurance Centers (EPIC) [San Mateo - Branch ID 14605] DIV# 452 P.O. BOX 5003 San Ramon, CA 94583 USA	CONTACT NAME: Certificates Department	
	PHONE (A/C, No, Ext): 925-244-7700	FAX (A/C, No): 415-369-9605
E-MAIL ADDRESS: HOACerts@epicbrokers.com		
INSURED Woodlake Association 900 Peninsula Avenue San Mateo, CA 94401	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Associated Industries Ins. Co	NAIC # 23140
	INSURER B: FEDERAL INSURANCE COMPANY	NAIC # 20281
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY			AES124594100	03/01/25	05/30/26	EACH OCCURRENCE	1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	5,000
	<input checked="" type="checkbox"/> Separ of Instds.						PERSONAL & ADV INJURY	1,000,000
							GENERAL AGGREGATE	2,000,000
							PRODUCTS - COMP/OP AGG	2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCC			G75076812	03/01/25	05/30/26	EACH OCCURRENCE	50,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
				# OF UNITS = 991 # OF BUILDINGS = 16				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**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.
	AUTHORIZED REPRESENTATIVE Order: GHSYRW8GK Address: 801 N Humboldt St Apt 314 Order Date: 09-09-2025 

Process for Obtaining Certificates of Insurance

Certificates of Insurance need to be ordered by email or fax. The specific email address is HOAcerts@epicbrokers.com. The fax number that may be used is 415-369-9605. Please provide the specific address, name of owner or borrower, lender to be named and loan number.

If this is an annual renewal certificate requested, please note in your email or fax. If this is a new loan, there is a \$75 fee for adding the mortgagee. If the request is a rush certificate on a new loan, the charge may be \$150.

Once you've requested the documents, please allow 24-48 hours for processing.

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Your EPIC Account Team & Contact Information

George Descalso
Principal
 650-295-4604
 george.descalso@epicbrokers.com
Overall Account Management

Nancy Holloway
Senior Account Manager
 916-358-8014
 nancy.holloway@epicbrokers.com
Daily Account Management

Patricia Burdock
Account Assistant
 925-244-7731
 Patricia.burdock@epicbrokers.com
Daily Account Management

Certificate Technician
 hoacerts@epicbrokers.com
 Fax: 415-369-9605
Certificate Requests

Frank Martinez
Claims Manager
 559-451-3212
 Frank.martinez@epicbrokers.com
Property & Casualty Claims

General Contact Information	
Main Number	925-244-7700
Main Toll Free Number	866-702-3742
Fax Number	925-901-0244
Certificates Fax	415-369-9605
Claims Toll Free Number.....	866-702-3742
Private Client Number	866-722-2526
Employee Benefits Toll Free Number	866-702-3742

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 Address: 801 N Humboldt St Apt 314