

Policy Number
92-Q8-8009-2

DECLARATIONS PAGE

COVERAGE SUMMARY
DEC 16 2011



STATE FARM GENERAL INSURANCE COMPANY
900 OLD RIVER RD, BAKERSFIELD CA 93311-6000
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Named Insured and Mailing Address
23-3549-F795 R

FALLCREEK HOA
ENTERPRISES INC
ATTN SOCIAL PROPERTY
1760 CALIFORNIA AVE STE 101
CORONA CA 92881-7212

CONDO/ ASSOC POLICY - SPECIAL FORM 3

Inflation Coverage Index: 208.2

AUTOMATIC RENEWAL - If the **POLICY PERIOD** is shown as **12 MONTHS**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Policy Period: 12 Months The policy period begins and ends at 12:01 am standard time at the premises location.
Effective Date: DEC 1 2011
Expiration Date: DEC 1 2012

Named Insured: Corporation

Location of Covered Premises:

**See Schedule Page(s) for Location of Premises



BILL WILSON INSURANCE AGENCY, INC
AGENT LIC #0538783
23555 E. GOLDEN SPRINGS DRIVE #D
P.O. BOX 4099, DIAMOND BAR, CA 91765
OFFICE #: (909) 861-6446
FAX #: (909) 860-0668

Coverages & Property

Limits of Insurance

| | |
|---|---------------|
| Section I | |
| A Buildings (Blanket) | \$ 19,237,000 |
| B Business Personal Property | Excluded |
| Section II | |
| L Business Liability | \$ 5,000,000 |
| M Medical Payments | \$ 10,000 |
| Products-Completed Operations (PCO) Aggregate | \$ 10,000,000 |
| General Aggregate (Other Than PCO) | \$ 10,000,000 |

Deductibles - Section I

\$ 5,000 Basic

In case of loss under this policy, the deductible will be applied to each occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.

Policy Premium \$ 47,295.00

Discounts Applied:
Renewal Year
Multiple Unit

Forms, Options, and Endorsements

| | |
|--------------------------------|-----------|
| Special Form 3 | FP-6149 |
| Policy Endorsement | FE-6506.2 |
| Dist Mat Violat Statues Excl | FE-6655 |
| Amendatory Endorsement | FE-6205 |
| Policy Endorsement | FE-6567 |
| Policy Endorsement - Condo/Asn | FE-6466 |
| Debris Removal Endorsement | FE-6451 |

Continued on Reverse Side of Page

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
DEC 16 2011
FP-8010.3C
06/1992

AX7Z

Your policy consists of this page, any endorsements and the policy form. PLEASE KEEP THESE TOGETHER.

Countersigned

1-3-2012

By Bill Wilson Agent
BILL WILSON INSURANCE AGCY INC
(909) 861-6446



CONDO/ ASSOC POLICY - SPECIAL FORM 3

Forms, Options, and Endorsements

| | |
|---------------------------------|-----------|
| Policy Endorsement | FE-6656 |
| Glass Deductible - Section I | FE-6538.1 |
| Policy Endorsement-Condo/Asn | FE-6624 |
| Higher Cost and Demolition Cov | FE-6645 |
| Extra Replacement Cost Cov | FE-6507.1 |
| Registered Domestic Partnership | FE-5383 |
| Terrorism Insurance Cov Notice | FE-6999.1 |
| Amend Endorsement - California | FE-6644 |
| Amendatory Collapse | FE-6551 |
| Mandatory Reporting Endorsement | FE-5801 |
| Building Ordinance or Law Covg | FE-6476.1 |
| Additional Insured | FE-6320 |

IMPORTANT NOTICE:

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and State Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

Or call toll free: 1-800-927-HELP

SCHEDULE PAGE

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23-3549-F795 R

EFFECTIVE DATE
DEC 1 2011

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ENTERPRISES INC
ATTN SOCAL PROPERTY
1760 CALIFORNIA AVE STE 101
CORONA CA 92881-7212

CONDO/ ASSOC POLICY - SPECIAL FORM 3

THE LOCATION OF PREMISES IS EXTENDED TO INCLUDE THE FOLLOWING. INSURANCE IS PROVIDED SUBJECT TO ALL THE TERMS OF THIS POLICY INCLUDING FORMS, OPTIONS AND ENDORSEMENTS MADE A PART HEREOF:

| Location Number | Location of Premises |
|-----------------|--|
| 001 | 300 S PROSPECTORSRD APT 25-36 DIAMOND BAR CA 91765-1645 |
| 002 | 316 S PROSPECTORSRD APT 1-12 DIAMOND BAR CA 91765-1646 |
| 003 | 318 S PROSPECTORS RD APT 37-48 DIAMOND BAR CA 91765-1649 |
| 004 | 328 S PROSPECTORS RD APT 49-60 DIAMOND BAR CA 91765-1650 |
| 005 | 338 S PROSPECTORS RD APT 61-72 DIAMOND BAR CA 91765-1651 |
| 006 | 348 S PROSPECTORS RD APT 1-12 DIAMOND BAR CA 91765-1652 |
| 007 | 356 S PROSPECTORS RD APT 73-84 DIAMOND BAR CA 91765-1653 |
| 008 | 364 S PROSPECTORS RD APT 133-144 DIAMOND BAR CA 91765-1654 |
| 009 | 374 S PROSPECTORS RD APT 121-132 DIAMOND BAR CA 91765-1655 |
| 010 | 380 S PROSPECTORS RD APT 85-96 DIAMOND BAR CA 91765-1656 |
| 011 | 388 S PROSPECTORS RD APT 109-120 DIAMOND BAR CA 91765-1657 |
| 012 | 394 S PROSPECTORS RD APT 97-108 DIAMOND BAR CA 91765-1658 |