

TRUCK INSURANCE EXCHANGE

MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010

POLICY DECLARATIONS
CONDOMINIUM - PRIMARY

1.	Named : REDONDO VILLAGE HOA	EasyPay Acct. No.	Prod. Count
	Insured : ET AL SEE E0002	30-91-315	09398-75-09
	Mailing : 25550 HAWTHORNE BLVD STE 112	Agent No.	Policy Number
	Address : TORRANCE CA 90505-6832		

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 01/01/08 (not prior to time applied for) to 01/01/09 12:01 a.m. Standard Time
If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:
001 2425 W REDONDO BEACH BLVD GARDENA CA 902495912

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

PROPERTY

COVERAGES AND LIMITS OF INSURANCE

COVERAGES	PREMISE NO. 001
BUILDINGS	\$1,000
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$25,000
	COV 3 \$10,000
SPECIFIED PROPERTY	\$75,000
ASSOCIATION FEE AND	\$100,000
EXTRA EXPENSE	
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000
GLASS DEDUCTIBLE	\$100

STEPHEN SEGAL INS
FARMERS
1818 841 0553

ADDITIONAL COVERAGES

COVERAGE	All Premises
MASTER KEY	\$100/\$5,000
BACKUP OF SEWER AND DRAIN	\$25,000



COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence


COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQUIRED PROPERTY	\$250,000

OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.

COVERAGE	All Premises
OUTDOOR SIGNS	\$2,500
EMPLOYEE DISHONESTY	\$100,000
MONEY AND SECURITIES	\$5,000
OUTDOOR PROPERTY	\$2,500

LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$2,000,000 PER OCCURRENCE / \$4,000,000 AGGREGATE
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE
DIRECTORS AND OFFICERS LIABILITY	\$2,000,000

Mortgage Holders:	
Premises No.	Mortgage Holder Name, Address
	 <p>FARMERS GROUP 1114 (818) 641-0533</p>

Countersigned _____ (Date) By _____ (Authorized Representative)