

ACORD™ CERTIFICATE OF PROPERTY INSURANCE

DATE
3/18/2010

PRODUCER PH (866) 384-8579 FAX (214) 751-2390
Associations Insurance Agency, Inc.
 5401 N Central Expressway
 Suite 200
 Dallas TX 75205

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A Chubb Custom Insurance Company

COMPANY
B Columbia Casualty Company

COMPANY
C

COMPANY
D

INSURED
The Gardens of Sunnyvale
 c/o Massingham & Associates Management
 2247 National Avenue
 Hayward CA 94545

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	7958-00-81	4/15/2010	4/15/2011	<input checked="" type="checkbox"/> BUILDING	\$ 53,367,800
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ Included
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Included
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> Standard Ded.	\$ 5,000
	<input type="checkbox"/> INLAND MARINE				\$	
	TYPE OF POLICY				\$	
	CAUSES OF LOSS				\$	
	<input type="checkbox"/> NAMED PERILS				\$	
	<input type="checkbox"/> OTHER				\$	
B	<input checked="" type="checkbox"/> CRIME	738540-10	4/15/2010	4/15/2011	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 500,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 1,000
	<input type="checkbox"/> BOILER & MACHINERY				\$	
	<input type="checkbox"/> OTHER				\$	

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY
 Loc# 00001: Per Schedule on File

SPECIAL CONDITIONS/OTHER COVERAGES

CERTIFICATE HOLDER

CANCELLATION

INSURANCE VERIFICATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Dana Hodge/DB

Dana Rawls Hodge

COMMENTS/REMARKS

Coverage: Real & Personal Property; Business Interruption; Loss of Rents; Extra Expense; Expediting Expense; Service Interruption TE; Newly Acquired Locations (90 days reporting); Course of Construction/Installation; Contractors Equipment; Trees, Shrubs, & Landscaping; Inland Transit; Pollutant Clean-Up; Debris Removal; Demolition & Increased Cost of Construction; Valuable Papers; Accounts Receivable; Fine Arts; EDP (Including Media); and Equipment Breakdown.

Valuation: 100% Replacement Cost for Real & Personal Property of the Named Insured if replaced, otherwise Actual Cash Value. In no event shall the limit exceed the reported Total Insured Value. The policy should be consulted for various sublimits and full details of complete limits for All Other Perils, Windstorm, and Flood. Actual Loss Sustained for Time Element. Agreed Amount Applies.

Other Property Deductibles:

Wind or Hail Deductible Other Than Named Storm: \$10,000 per occurrence combined property damage and time element

Other Flood: \$50,000 per occurrence combined property damage and time element (coverage excluded in Special Flood Hazard Areas as defined by FEMA)

The certificate holder, if a mortgagee or lienholder, is a loss payee as their interest may appear as respects Property Coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/18/2010

PRODUCER (866)384-8579 FAX: (214)751-2390 Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 200 Dallas TX 75205	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED The Gardens of Sunnyvale c/o Massingham & Associates Management 2247 National Avenue Hayward CA 94545	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity</td> <td>18058</td> </tr> <tr> <td>INSURER B: Columbia Casualty Company</td> <td>31127</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity	18058	INSURER B: Columbia Casualty Company	31127	INSURER C:		INSURER D:		INSURER E:	
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COVERAGES

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INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	PHPKGL1011	4/15/2010	4/15/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPKGL1011	4/15/2010	4/15/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	UMS0025248	4/15/2010	4/15/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B		OTHER DIRECTORS & OFFICERS	738540-10	4/15/2010	4/15/2011	LIMIT \$ 1,000,000 DEDUCTIBLE \$ 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<p style="text-align: center;">CERTIFICATE HOLDER</p> <p style="text-align: center;">*INSURANCE VERIFICATION*</p>	<p style="text-align: center;">CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE Dana Hodge/DB </p>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.