



**COMMERCIAL LINES POLICY DECLARATIONS**

Policy No: RMP 1000172-05

Agency No:

Producer No: 00032

Previous Policy No: RMP 1000172-04

POLICY PERIOD: From July 01, 2024 To July 01, 2025  
 at 12:01 A.M. Standard Time at your mailing address show below.

Term: 12 MONTHS

Named Insured: Spring Lakes Park

Mailing Address: 225 Mount Hermon Road, Scotts Valley, CA 95066

Street Number

City

State

Zip Code

**BUSINESS DESCRIPTION: Mobile Home Park**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART FOR WHICH A PREMIUM IS INDICATED.  
 THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Auto/Garage Coverage Part .....	\$
Commercial Crime Coverage Part .....	\$ 122
Commercial General Liability Coverage Part .....	\$ 8,141
Commercial Inland Marine Coverage Part .....	\$ 2,222
Commercial Professional Liability Coverage Part .....	\$
Commercial Property Coverage Part .....	\$ 3,301
Personal Liability Coverage Part .....	\$
<b>Premium Total</b>	<b>\$ 13,786</b>
Terrorism – .....	\$ 0
Policy Fee – .....	\$ 250
Inspection Fee – .....	\$ 0
Audit Period: Annual unless otherwise stated:	
<b>TOTAL</b>	<b>\$ 14,036</b>

**Forms and Endorsements:**

FCP Jacket 0816, FOB DS 010218, SCH of Forms (01 2018)

Administrator : King Insurance Support Systems, Inc. PO Box 500399, Sandy Springs, GA 31150

Agency : Donald R. Hardy Agency – P.O. Box 3087, Capitola, CA 95010

Countersigned: \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Authorized Representative



**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**Policy No: RMP 1000172-05**

Effective Date:\* July 01, 2024

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS

NAMED INSURED: **Spring Lakes Park**

Supplemental Declarations is Attached

**LIMITS OF INSURANCE**

General Aggregate Limit (Other Than Products – Completed Operations)	\$2,000,000	
Products – Completed Operations Aggregate Limit	\$2,000,000	
Personal and Advertising Injury Limit	\$1,000,000	Any One Person or Organization
Each Occurrence Limit	\$1,000,000	
Damage to Premises Rented to You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

**RETROACTIVE DATE (CG 00 02 Only)**

Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: NONE

(Enter Date or "None" if no Retroactive Date applies)

**BUSINESS INFORMATION**

Form of Business: Individual  Joint Venture Partnership  Organization (Other than Partnership or Joint Venture)  
 Location(s) (Including Zip Code) of All Premises you Own, Rent or Occupy (Enter "same" if same location as your mailing address):

225 Mount Hermon Road, Scotts Valley, CA 95066

Your Interest in Such Premises:  Owner  Lessee  Tenant  Other:

**PREMIUM**

Classification	Code No.	Premium Basis	Rate		Advance Premium		
			Pr/CO	All Other	Pr/CO	All Other	
Mobile Home Park	46202	222 Spaces			\$	\$ 4,912	
Swimming Pool	48925	1 Unit			\$	\$ 1,085	
Jacuzzi	48925	1 Unit			\$	\$ 362	
Decorative Lakes	45524	1 Unit			\$	\$ 1,085	
Putting Green	44069	1 Unit			\$	\$ 362	
Hired/Non-Owned Auto	-----	-----			\$	\$ 335	
					Total Advance Premium	\$	\$ 8,141

**FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in this policy)**

SCH of Forms (01 2018)

\*Entry optional if shown in Common Policy Declarations

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

DECLARATIONS

COMMERCIAL EXCESS LIABILITY POLICY

CXS4004305

Renewal of Number

Underwritten by: Scottsdale Insurance Company
Home Office: One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
18700 North Hayden Road • Scottsdale, Arizona 85255
1-800-423-7675 • A Stock Company

Policy Number

CXS4027847

ITEM 1. NAMED INSURED AND MAILING ADDRESS

SPRING LAKES PARK

225 MT HERMON ROAD
SCOTTS VALLEY CA 95066

AGENT NAME AND ADDRESS

CRC BINDING (GREENWOOD, CO)
6200 S SYRACUSE WAY STE 100
GREENWOOD VILLAGE CO 80111-4738

Agent No.: 05022 Program No.: BZ

ITEM 2. POLICY PERIOD

From: 07/01/2024 To: 07/01/2025

12:01 A.M. Standard Time at your mailing address shown above.

In return for the payment of the premium, and subject to all the terms of this policy, we agree to provide you with the insurance as stated in this policy.

ITEM 3. THE NAMED INSURED IS: [ ] Individual [ ] Partnership [x] Corporation [ ] Joint Venture [ ] Other

ITEM 4. LIMIT(S) OF INSURANCE:

A. Each Occurrence..... \$ 5,000,000
B. Aggregate..... \$ 5,000,000

ITEM 5. SCHEDULE OF CONTROLLING UNDERLYING INSURANCE:

See Schedule of Controlling Underlying Insurance

ITEM 6. PREMIUM COMPUTATION:

[x] Flat Premium: \$ 8,333.00
[ ] Subject to Adjustment:
Estimated Deposit Premium ..... \$ NOT APPLICABLE
Estimated Exposure Base:
Rate: Per:
Policy Minimum Premium..... \$
Audit Period: [ ] Annually [ ] Other:

TOTAL TAXES AND FEES 522.94
POLICY TOTAL 8,855.94

ITEM 7. ENDORSEMENTS ATTACHED TO THE POLICY AT INCEPTION:

See Schedule of Forms and Endorsements

GREENWOOD VILLAGE, CO WL/SA
DONALD R. HARDY INSURANCE AGENCY
PO BOX 308
PITOLA, CA 95010

Wilma Kavoi

THIS COMMERCIAL EXCESS LIABILITY DECLARATIONS WITH THE COVERAGE FORM AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.



**THE BURLINGTON INSURANCE COMPANY**

Home Office, Administrative Office and Claim Office  
City Place II, 185 Asylum Street, 7<sup>th</sup> Floor, Hartford, CT 06103

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

Spring Lakes Park

225 Mt. Hermon Road  
Scotts Valley, CA 95066

**ITEM 2. POLICY PERIOD**

Effective Date: 07/01/2024 12:01 A.M. Expiration Date: 07/01/2025 12:01 A.M.

Standard Time at your mailing address shown above

**Producing Broker**

CRC Insurance Services, Inc.  
841 Bishop Street  
Suite 915  
Honolulu, HI 96813  
Producer Code: 0621  
Co. Use: LRO  
SL License: 0J18645

**ITEM 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

**ITEM 4. EXCESS POLICY LIMITS OF INSURANCE**

Each Occurrence Limit: **\$ 4,000,000**

Aggregate Limit: **\$ 4,000,000**

Which is Part Of:

**ITEM 5. PREMIUM**

Excess Liability Premium **\$ 4,672**

Terrorism Risk Insurance Act Premium **N/A**

Total Policy Premium or Deposit Premium **\$ 4,672**

Other Charges (if applicable)

Total Other Charges **N/A**

**TOTAL AMOUNT DUE \$ 4,672**

**ITEM 6. PREMIUM AUDIT PERIOD (if applicable)**

Annual  Other (specify)

Rating Basis: **N/A**

Premium Basis: **N/A**

Rate is: **N/A**

Rate: **N/A**

Premium is: <b>Flat</b>	Policy Minimum Premium <b>\$ 4,672</b>
----------------------------	---

In the event you cancel this policy, we will retain a minimum premium. See BG-I-015

**ITEM 7. Forms and Endorsements application to this policy: See "Listing or Forms and Endorsements" (IFG-I-0150)**

**THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

**This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and is placed in an insurer or insurers not holding a Certificate of Authority from or regulated by the California Insurance Commissioner**

**SUMMARY OF CHARGES**

Premium	\$4,672.00
Broker Fee	\$250.00
Surplus Lines Tax	\$140.16
Stamping Office Fee	\$8.41
<b>Total</b>	<b>\$5,070.57</b>

**Countersigned Date:** \_\_\_\_\_

Issue Date: 07/09/2024

**By:** \_\_\_\_\_

Authorized Representative

**NOTICE:**

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.

THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.

DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED ENTITY AND MAILING ADDRESS	NAMED ENTITY NUMBER AND PHYSICAL ADDRESS
Item 1. SPRING LAKES PARK 225 MT. HERMON ROAD SCOTTS VALLEY, CA 95066	225 MT. HERMON ROAD SCOTTS VALLEY, CA 95066
POLICY NUMBER	INSURER
0250747687	Continental Casualty Company CNA Center, 151 North Franklin Street Chicago, IL 60606

Item 2. **Policy Period:** 07/01/2024 to 07/01/2025  
12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$2,055.00

**Total Amount Due:** \$2,055.00

Item 4. **Notices to Insurer:**

**Claims:**  
CNA – Community Association Claims Reporting  
P.O. Box 8317  
Chicago, IL 60680-8317  
Email: newlossnfpc@cna.com

**All other notices:**  
Ian H. Graham Insurance, a division of  
Affinity Insurance Services, Inc.  
Managing General Underwriter  
15303 Ventura Boulevard, 12th Floor  
Sherman Oaks, CA 91403

Item 5. **Coverage:**

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

**Defense Costs** are included within the applicable limit of liability for **Association Liability Coverage Part**. Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.

Policy Number: BA040000046876  
Effective Date: 07/06/2024



Renewal Declarations

# BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

<b>Issued By:</b> California Automobile Insurance Company P.O. BOX 10730 SANTA ANA, CA 92711-0730 Billing: (888) 637-2176 Claims: (800) 503-3724	<b>Agent:</b> HARDY, DONALD R. INS AGCY# P O BOX 308 CAPITOLA, CA 95010 Agent Number: 044247 Agent Phone: (831) 475-4314
---	---

ITEM ONE	GENERAL INFORMATION
----------	---------------------

**Named Insured:** SPRING LAKES PARK

**Mailing Address:** 225 MT. HERMON ROAD,  
SCOTTS VALLEY, CA 95066-4011

**Policy Period:** From 07/06/2024 to 07/06/2025 at 12:01 AM Standard Time at your mailing address

**Business Type:** Mobile Home Park

**Business Category:** Finance, Insurance, Real Estate

**Form of Business:** Partnership

**Total Policy Premium:** \$1,309.76

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
IL 00 17 11 98 - Common Policy Conditions	CA 04 24 10 13 - California Auto Medical Payments Coverage
IL 00 21 09 08 - Nuclear Energy Liability Exclusion	MCA AM END 04 19 - Amendatory Endorsement
IL 00 03 09 08 - Calculation of Premium	MCH VEHSHARE 0619 - Vehicle Sharing Exclusion
CA 00 01 10 13 - Business Auto Coverage Form	
CA 01 21 10 13 - Limited Mexico Coverage	
CA 01 43 05 17 - California Changes	
MIL 02 70 04 19 - California Changes - Cancellation and	
CA 23 94 10 13 - Silica or Silica Related Dust Exclusion	
IL N 119 10 15 - California Auto Body Repair Consumer Bill of	
MCA 23 45 06 19 - Public or Livery Passenger Conveyance	
MCANONFAC0516 - Permanently Attached Non-Factory	
MCA 21 54 04 19 - California Uninsured Motorists - Bodily	



**Evanston Insurance Company**  
 Ten Parkway North  
 Deerfield, IL 60015

POLICY NO.  
**MSEQ150131**  
 Renewal of MSEQ140178

**COMMERCIAL PROPERTY EARTHQUAKE INSURANCE POLICY**

NAME OF INSURED AND MAILING ADDRESS:

Spring Lakes Mobile Home Park  
 225 Mt. Hermon Road  
 Scotts Valley, CA 95066

BROKER:

Donald R. Hardy Agency  
 P.O. Box 308  
 Capitola, CA 95010

POLICY PERIOD: 10/25/2023 TO 10/25/2024  
 12:01 A.M. Standard Time at the location of property insured.

LIMIT OF LIABILITY \$ 1,500,000  
 (ANY ONE OCCURRENCE AND IN THE ANNUAL AGGREGATE)

ANNUAL PREMIUM \$ 5,044.80  
 INSPECTION FEE \$ 0.00  
 SURPLUS LINES FEE \$ 160.42  
 POLICY FEE \$ 150.00  
 TOTAL PAYMENT \$ 5,355.22

INSURANCE IS PROVIDED ONLY FOR THOSE COVERAGES INDICATED BELOW AT THE DESCRIBED LOCATION. THE DEDUCTIBLE PERCENTAGE APPLIES TIMES THE TOTAL INSURABLE VALUES PER BUILDING PER OCCURRENCE.

LOCATION OF PROPERTY INSURED:

225 Mt. Hermon Road  
 Scotts Valley, CA 95066

Building No.	Construction	Deductible	Building Values	Contents	Rents	BVEE	Total Insurable Values
1	Wood Frame	5%	\$960,000	\$70,000	\$0	\$15,000	\$1,045,000
2	Wood Frame	5%	\$147,000	\$0	\$0	\$0	\$147,000
3	Wood Frame	5%	\$88,000	\$0	\$0	\$0	\$88,000
4	Wood Frame	5%	\$220,000	\$0	\$0	\$0	\$220,000

SUBJECT TO FORMS: IIABCQUAKE 1 APPLICATION, IIABC 001 (06/23), MJIL 1000 (08/10), MDCP 10 12 (02/20), MECP 0006 (01/16), MEIL 1200-CA (01/20), MPIL 1039-CA (01/20), MPIL 1007 (01/20), MPIL 1083 (04/15), IL 09 53 (01/16), MECP 1326 (09/14), MIL 1214 (09/17) AS APPLICABLE: MECP 1286 (01/16), MECP 1287 (01/16), MECP 0007 (01/16), MDCP 1013 (02/20)

This policy is made and accepted subject to the foregoing provisions and stipulations and those hereinafter stated, which are hereby made a part of this policy, together with such other provisions, stipulations and agreements as may be added hereto, as provided in this policy.

09/21/2023  
 COUNTERSIGNATURE DATE

San Francisco, California  
 COUNTERSIGNED AT

  
 Authorized Agent CRC GROUP  
 Original Signature is in Blue Ink

This Policy is issued in accordance with authorization granted by: Evanston Insurance Company

Program Administrator:

CRC GROUP  
 San Francisco, California

MDCP 1012 (02/20)