FIELDSTONE OWNERS ASSOCIATION
Emergency Board of Directors Meeting
Meeting Agenda
October 31, 2025, 11:30 am
PHYSICAL MEETING LOCATION: Zoom only

ZOOM DETAILS:
https://us02web.zoom.us/j/82608989731?pwd=09ZosvObObIZwzoT7NMClu8p7t1xb5.1
Meeting ID: 826 0898 9731 Passcode: 021426
Dial-in by phone 669-900-6833
Meeting ID: 826 0898 9731 Passcode: 021426
One tap mobile
+16699006833,,82608989731#,,,,*021426# US (San Jose)

AGENDA

Meeting Called to Order

Board Attendance

BOARD ACTIONS

- Review and approve one of the 3 insurance options (see attached)

Adjournment

OPTION 1

DATE: 10/7/2025

TO: Socher Insurance Agency, Inc.
Alma Sanchez

FROM: Michelle Belden
CID Insurance Programs, Inc.
Phone: (619) 593-2025
Email: Michelle@cidinsurance.com
California License #0C41342

RE: **Fieldstone Owners Association**

The following Commercial Liability quotation is valid until 11/29/2025. This quotation is being offered on the basis shown below and may not necessarily provide the terms and/or coverages requested in your submission. Please review carefully.

IMPORTANT: INSURANCE COVERAGE IS NOT BOUND. To bind Insurance coverage, we will require your written request per the terms and conditions of the foregoing quotation. The request must be received in our office on or before the requested coverage effective date and all items needed prior to binding must be received.

Coverage	Insurance Company	Policy Term	Commission Rate
Commercial Libaility	Mount Vernon Fire Insurance Co.	Annual	10%

Policy Cost Summary		
Policy Type	**Cost Summary**	**Broker Commission**
Commercial Liability*	$3,336.00	$333.60
Wholesale Broker Fee	$200.00	$0.00
Stamping Fee 0.18%	$6.00	$0.00
State Tax 3.00%	$100.08	$0.00
Total Policy(ies) Cost:	**$3,642.08**	**$333.60**
	Net Amount Due:	**$3,308.48**
Minimum earned premium of 25% applies if cancelled within first 90 days of policy term		
(*) Note: 3% Taxes and .18% Fees apply to premium		

PRIOR BINDING REQUIREMENTS:

- Written order to bind coverage including effective date and specified limits
- Fully completed, signed and dated Application that accompanies this quote
- Signed and dated D1 Form
- Signed and dated Terrorism Notice – Additional premium applies if elected

PLEASE NOTE: Coverage will not be bound until ALL prior binding requirements have been met. Policy will be bound on the first business day everything itemized above is received by our office.

BILLING TERMS:

- Net premium due within **30** days of policy effective date. Thereafter, the policy is considered late and is subject to cancellation.

PREMIUM FINANCING:

- Broker is responsible for the set-up, execution, and management of the Premium Finance Agreement.
- If Premium Financing, a copy of the executed finance agreement is required at time of binding coverage.

UNDERWRITING NOTES:

- In compliance with California Assembly Bill 2404, cancellation by the insured may result in a short rate calculation (90% of unearned premium) to determine the return premium. If the L-367 endorsement (25% minimum earned premium) is attached the return premium may be less than the short rate.
- Please refer to the attached quotation(s) for specific policy form(s) and endorsements
- Additional Insured Requests: All requests are subject to underwriting approval and may result in an additional premium and applicable taxes/fees for each request.
- Policy is subject to a favorable inspection and compliance to any/all loss control recommendations per the carrier's requirements.
- Please ask your underwriter if you have coverage form questions
- Please refer to the attached quotation(s) for specific policy form(s) and endorsements
- Additional Insured Requests: All requests are subject to underwriting approval and may result in an additional premium and applicable taxes/fees for each request.
- This proposal is based on exposure and loss history provided within the application for insurance. Any deviations or discrepancies from the information provided could cause this quotation to be amended or become void.
- This quotation is not a binder. Coverage is not bound until you receive written acknowledgement and acceptance from the company in the form of a binder or policy.

PAYMENT TERMS:

- **TERMS:** By acceptance of these terms, Broker agrees to guarantee to CID Insurance all earned premiums and any other charges for which coverage has been bound. Failure to pay earned premium and/or unearned commissions could result in third party collection action and/or suspense of future business with CID Insurance.
- **FEES:** 100% of fees are fully earned at the time of binding coverage.
- **FLAT CANCELLATION:** CID Insurance is not authorized to flat cancel any insurance policy for which coverage has been bound. A flat cancellation is at the discretion of the Insurer. If a flat cancellation is not honored, all earned premium and fees for which coverage has been bound are the responsibility of Broker.
- **REMITTANCE:** Net payment must be received from the Insurance Agency. Payments direct from Insured will not be accepted. Any payment returned by the bank will incur a minimum fee of $50 (subject to change without notice).
- **RETURN PREMIUM:** In the event of return premium, Broker agrees to return any unearned commissions to CID Insurance and any unearned premium to Insured.
- **PREMIUM FINANCING:** CID Insurance reserves the right to accept, reject or modify a finance agreement at any time. A copy of the finance agreement is required at time of binding coverage. Broker is responsible for set-up, execution, and management of finance agreement. All financed premium must be payable to CID Insurance. Return premium on financed policies will be remitted less Broker commission direct to the finance company.

CID INSURANCE PROGRAMS, INC.
7125 El Cajon Blvd, Suite 3
San Diego, CA 92115
(619) 593-2025 Fax: (619) 593-2008
0563966

NPP025S92J6 Version 4

Quote is valid until 11/29/2025

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

Confirm optional coverages:
☐ Do not include any optional coverages.
☐ Include the following optional coverages
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *$167.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Re: Fieldstone Owners Association

To: Socher Insurance Agency, Inc.

Attn: Alma Sanchez
Commission: 10%

From: Michelle Belden-Cole

michelle@cidinsurance.com / (619) 593-2025

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XIV

COVERAGE PART	PREMIUM
Commercial General Liability	$3,336.00
TOTAL PREMIUM DUE TO CARRIER	$3,336.00

ADDITIONAL COSTS	
Wholesaler Broker Fee	$200.00
California Stamping Fee (.180%)	$6.00
California Surplus Lines Tax (3.000%)	$100.08
TOTAL AMOUNT DUE	$3,642.08

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

- Provide inspection contact name, email address and phone number _____

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Does the Association sponsor any athletic teams or hold sporting competitions on premises?	☐ Yes ☐ No
x	Does the association own, maintain or have an affiliation with airport/airstrip or sewage treatment facility?	☐ Yes ☐ No
x	Is there Builder, Developer, or Agent representation on the Board of the Association?	☐ Yes ☐ No
x	Does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act?	☐ Yes ☐ No
x	Does the association own, maintain, contract with or have an affiliation with any of the following: animal stables, bridges for vehicle use, day cares, skiing/resort activities, fire/police/ambulance services, waste management, electricity generation or other utilities?	☐ Yes ☐ No
x	Do the association's bylaws include an age restriction for membership?	☐ Yes ☐ No
x	Have there been any General Liability losses, claims, or known circumstances that could result in a claim in the past five years (including closed no pay)?	☐ Yes ☐ No
x	Are there functioning and operational smoke and/or heat detectors in all residential structures and clubhouses?	☐ Yes ☐ No
x	Are there any plans or ongoing construction or development of homes, units, common facilities or undeveloped lots?	☐ Yes ☐ No
x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?	☐ Yes ☐ No
x	Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?	☐ Yes ☐ No
x	Do the written bylaws require all property owners to become members of the association?	☐ Yes ☐ No
x	What percentage of the units are occupied by student tenants (Not applicable in DC)?	
x	Are any units rented or leased by the association or by individual unit owners?	☐ No ☐ Yes
x	What year was the oldest building constructed?	

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Does the Association obtain certificates of General Liability and Worker's Compensation coverage from all contractors?	☐ Yes ☐ No
x	Are there any short-term (shorter than a month) or vacation rentals?	☐ Yes ☐ No
x	Does the association allow non-association members to use the recreational facilities such as pool(s), fitness facilities or clubhouse?	☐ Yes ☐ No
x	Does the association use any type of security guard service or other personnel to monitor or guard the premises?	☐ Yes ☐ No
x	Are more than 50 percent of the units rented or leased?	☐ Yes ☐ No
x	Is there a Commercial Auto Insurance policy in force?	☐ Yes ☐ No
x	Are vehicles used to transport people or deliver goods or products on a regular basis?	☐ Yes ☐ No
x	Are employees or volunteers required to use their personal automobile to conduct the applicant’s business on a regular basis?	☐ Yes ☐ No
x	Are all pools completely fenced with a self-latching gate, depths are clearly marked, rules are clearly posted, life safety equipment is readily available and there are no diving boards or slides?	☐ Yes ☐ No

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- In compliance with California Assembly Bill 2404, cancellation by the insured may result in a short rate calculation (90% of unearned premium) to determine the return premium. If the L-367 endorsement (25% minimum earned premium) is attached the return premium may be less than the short rate.
- **Updated to condominium association 10/1
- with HNOA 10/7

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 105-362 Fieldston Drive, Murphys, CA 95247

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (association risk only)	62003	Number of Units	43 Per Unit	Incl	54.000	Incl	$2,322
Clubhouse / Cabana or Pool/Guard House - Community Association Product	44277	Square Foot	500 Per Square Foot	Incl	0.048	Incl	$24
Non-Owned & Hired Automobile Liability	90099	Flat	Flat	Incl	150.000	Incl	$165
Swimming Pool or Jacuzzi - condominium association risk only	48927	Pool	1 Per Pool	Incl	825.000	Incl	$825
Additional Insured - Condo Unit Owners	49950	Flat	1 Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #1: $3,336

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY	
Each Occurrence	$1,000,000
Personal Injury and Advertising Injury	$1,000,000
Medical Expense (Any One Person)	$5,000
Damage To Premises Rented to You	$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	$2,000,000
General Liability Deductible	$0

HIRED AND NON-OWNED AUTO	
Each Occurrence	Included
Aggregate Included in General Aggregate	

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

2110	(04/15) Service Of Suit	L-526	(01/15) Absolute War Or Terrorism Exclusion
CG 21 06	(12/23) Exclusion - Access or Disclosure of Confidential or Personal Material or Information	L-549	(04/15) Absolute Professional Liability Exclusion
CG0001	(12/07) Commercial General Liability Coverage Form	L-599	(04/15) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-600	(08/05) Pre-Existing Or Progressive Damage Or Defect Exclusion
CG2004	(11/85) Additional Insured - Condominium Unit Owners	L-610	(04/15) Expanded Definition Of Bodily Injury
CG2147	(12/07) Employment-Related Practices Exclusion	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	L-787	(05/13) Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-100	(04/15) Who Is An Insured Clarification Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-368	(04/15) Separation Of Insureds Clarification Endorsement
Jacket	(07/19) Policy Jacket	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
L-488	(02/11) Non-Owned And/Or Hired Auto Liability		

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Terrorism Coverage	$167.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of $100 or 5.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

CRC GROUP

CA Insurance Lic.0778135 50 California Street, Suite 2000
San Francisco, CA 94111
Phone: 415-956-3236

Alma Sanchez
Socher Insurance
7901 Stoneridge Drive #403
Pleasanton, CA 94588

Oct 14, 2025

Re: Fieldstone Owners Association, Ref# 14313393-A
Proposed Effective 11/2/2025 to 11/2/2026

Dear Alma:

We are pleased to confirm the attached quotation for **Property** being offered with **Great American Risk Solutions Surplus Lines Ins Co.** This carrier is **Non-Admitted** in the state of **CA.** Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

TIV: $25,832,329

Premium:	**$77,718.00**
Broker Fee	$750.00
Inspection Fee - Company	$1,250.00
Surplus Lines Tax	$2,369.04
Stamping Office Fee	$142.14
Grand Total:	**$82,229.18**

Option to Elect Terrorism Coverage

TRIPRA Premium: APPLIES $3,250.00
Additional Taxes: $103.35
Total Including TRIA(if elected) **$85,582.53**

***Premium includes optional Equipment Breakdown, Discharge from Sewer, Drain or Sump, Ordinance or Law**

Commission: 10%

MEP: 35%

Scheduled Limits to Apply

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

California Tax Filings are the responsibility of: ( ) Your Agency (X) CRC

SURPLUS LINES LICENSEE: CRC Corporate License 0778135

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as “contingent commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Premium Finance. AFCO provides premium financing solutions for large, mid-size and small corporate accounts;

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing AFCODirect@afco.com; or **call toll- free 877-317-6437**.

Sincerely,

Jeff Bianchi

JBianchi@crcgroup.com
14313393

IMPORTANT NOTICE:

1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07- lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

Date: _____

Insured: _____

IMPORTANT NOTICE:

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on

the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07- lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

The Surplus Line Association of California
DILIGENT SEARCH REPORT (SL-2 FORM)

Before completing this report, please review the instructions on page 2.

① I, _____, hereby submit that I performed or supervised this diligent search, and I am:

(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number _____; **OR**

(B) licensed and an endorsee on the license of _____ (**Full Name of Organization**), California license number _____

② (A) Name of Insured: Fieldstone Owners Association

(B) Description of Risk: _____
(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, **NOT TYPE OF COVERAGE**)

(C) Type of Insurance or Coverage Code: _____

③ Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

(A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

	INSURER 1	INSURER 2	INSURER 3
NAIC ID			
MONTH, YEAR OF DECLINATION			
FULL NAME OF ADMITTED INSURER			
CONTACT INFORMATION FULL NAME			
PHONE / EMAIL			
OR WEBSITE			

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C). _____

_____

④ Is the type of insurance you are reporting as identified in line 2(C) **private passenger automobile liability or health**? Yes ☐ No ☐

If you answered "yes," please complete the Diligent Search Report Addendum.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

_____

(Signature of Licensee Named on Line 1) (Date)

Great American Risk Solutions Surplus Lines Insurance Company

To: Kristina Trillana
ktrillana@crcgroup.com
CRC Insurance Services, Inc.
50 California St
Ste 2000
San Francisco, CA 94111-4703

Quote Expiration Date: 11/06/2025
Quote ID: 1

From:

Named Insured: Fieldstone Owners Association

Property Quote Confirmation

Policy Period: 11/02/2025 to 11/02/2026
12:01 AM Standard Time at the mailing address shown above

Company: Great American Risk Solutions Surplus Lines Insurance Company (Non-admitted), Rated A+ by A.M. Best

Coverage: Commercial Property Policy

Total Insured Values: $25,832,329 (see limit schedule for breakout)

Premium:

$64,994	**Property (Pure) Premium**
	OPTIONAL COVERAGES
$1,924	**Premium for Equipment Breakdown**
$3,000	**Premium for Discharge from Sewer, Drain or Sump**
$10,500	**Premium for Ordinance or Law**
$3,250	**TRIPRA Coverage**
$83,668	**Total Premium including Optional Coverages**
	Subject to 35% Minimum Retained Premium

Inspection Fee: **$1,250** Inspections are required on all new business and every three years on renewals unless otherwise specified.

TIV Breakdown:

$25,516,481	Building
$25,000	Business Personal Property
$7,543	Outdoor Sign
$195,000	Business Income w/ Extra Expense
$25,416	Pool and Equipment
$20,000	Pool Building
$15,000	BBQ Area and Gazebo
$10,000	Wrought Iron Fencing
$7,000	Lighting
$5,823	Wood Fencing
$5,066	Mailboxes
$25,832,329	**Total Insured Values**

Optional Coverages:

Premises #	Building #	Limit or Sublimit	Optional Coverage Type
All	All	Included	Equipment Breakdown
All	All	$50,000	Discharge from Sewer, Drain or Sump

Premises #	Building #	Limit or Sublimit	Optional Coverage Type
All	All	Included	Ordinance or Law – Coverage A (subject to per building limits)
All	All	10% subject to $119,746 maximum	Coverage B&C Combined

Deductible:

Premises #	Building #	Amount	Deductible	Deductible Type
All	All	$25,000	AOP	Per Occurrence

List of Locations

Premises #	Building #	Address
1	1	105-119 Fieldstone Drive, Murphys, CA 95247
2	1	123-137 Fieldstone Drive, Murphys, CA 95247
3	1	141-155 Fieldstone Drive, Murphys, CA 95247
4	1	159-167 Fieldstone Drive, Murphys, CA 95247
5	1	171-189 Fieldstone Drive, Murphys, CA 95247
6	1	193-205 Fieldstone Drive, Murphys, CA 95247
7	1	209-221 Fieldstone Drive, Murphys, CA 95247
8	1	220-362 Fieldstone Drive, Murphys, CA 95247
9	1	339-343 Fieldstone Drive, Murphys, CA 95247
10	1	355-361 Fieldstone Drive, Murphys, CA 95247
11	1	174-186 Fieldstone Drive, Murphys, CA 95247
12	1	142-146 Fieldstone Drive, Murphys, CA 95247
13	1	116-120 Fieldstone Drive, Murphys, CA 95247
14	1	106-327 Fieldstone Drive, Murphys, CA 95247
15	1	311-323 Fieldstone Drive, Murphys, CA 95247
16	1	293-307 Fieldstone Drive, Murphys, CA 95247
17	1	281-289 Fieldstone Drive, Murphys, CA 95247
18	1	269-277 Fieldstone Drive, Murphys, CA 95247
19	1	253-265 Fieldstone Drive, Murphys, CA 95247
20	1	237-249 Fieldstone Drive, Murphys, CA 95247
21	1	225-233 Fieldstone Drive, Murphys, CA 95247
22	1	256-228 Fieldstone Drive, Murphys, CA 95247
23	1	260-308 Fieldstone Drive, Murphys, CA 95247

Schedule of Values and Coverages

Prem #	Bldg #	Covered Property	Limit	Coinsurance	Cause of Loss	Valuation
1	1	Building	$1,168,450	90%	Special- excluding Wildfire	Replacement Cost
1	1	Business Personal Property	$25,000	90%	Special- excluding Wildfire	Replacement Cost
1	1	Outdoor Sign	$7,543	90%	Special- excluding Wildfire	Replacement Cost

1	1	Business Income w/ Extra Expense	$195,000	100%	Special- excluding Wildfire	
		Premises 1 TIV:	**$1,395,993**			
2	1	Building	$1,031,623	90%	Special- excluding Wildfire	Replacement Cost
		Premises 2 TIV:	**$1,031,623**			
3	1	Building	$1,110,755	90%	Special- excluding Wildfire	Replacement Cost
		Premises 3 TIV:	**$1,110,755**			
4	1	Building	$1,169,711	90%	Special- excluding Wildfire	Replacement Cost
		Premises 4 TIV:	**$1,169,711**			
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		Premises 23 TIV:	**$1,118,007**			
		All Premises Total TIV:	**$25,744,024**			

Scheduled Common Area Property

Premises #	Building #	Covered Property	Property Type	Valuation	Limit
All	All	Pool and Equipment	Business Personal Property	Replacement Cost	$25,416
All	All	Pool Building	Building	Replacement Cost	$20,000
All	All	BBQ Area and Gazebo	Business Personal Property	Replacement Cost	$15,000
All	All	Wrought Iron Fencing	Business Personal Property	Replacement Cost	$10,000
All	All	Lighting	Business Personal Property	Replacement Cost	$7,000
All	All	Wood Fencing	Business Personal Property	Replacement Cost	$5,823
All	All	Mailboxes	Business Personal Property	Replacement Cost	$5,066
				Scheduled Common Area Property Total Limits:	$88,305

Terms and Conditions

Specimen Packet

Policy Forms:

Interline

CASN-D2.05.20	-	California Surplus Lines Notification
SDM1150.06.22	-	Claim Reporting Information
SDM705.11.08	-	Important Information to Policyholders California - To Obtain Information or to Make a Complaint
IL0017.11.98	-	Common Policy Conditions
RSM7122.01.25	-	General Service of Suit Endorsement
IL7268.09.09	-	In Witness Clause
IL0935.07.02	-	Exclusion of Certain Computer-Related Losses

Commercial Property

SDM1188.02.23	-	Policyholder Notice - Water Exclusion (Applicable to Commercial Property Policies)
SDM526.03.24	-	Privacy Notice and Notice of Insurance Information Practices
SDM1200.04.23	-	Statutory Home Office (Great American Risk Solutions Surplus Lines Insurance Company)
CP8801FE.11.85	-	Forms and Endorsements Schedule
RSP7124.11.22	-	Schedule of Locations
RSP7000.08.24	-	Commercial Property Policy Declarations
CP0030.10.12	-	Business Income (and Extra Expense) Coverage Form
CP1030.09.17	-	Causes of Loss-Special Form
CP0017.10.12	-	Condominium Association Coverage Form
RSP7132.06.24	-	Amendment - Appraisal Loss Condition
RSP7108.09.24	-	Amendment - Conditions - Minimum Retained Premium
RSP7142.06.25	-	Amendment-Additional Property Not Covered
RSP7110.04.24	-	Amendment-Definitions-Wildfire
CP0299.06.07	-	Cancellation Changes
CP0090.07.88	-	Commercial Property Conditions

IL7324.07.21	-	Global Sanction Endorsement
RSP7146.06.25	-	Amendment-Additional Covered Property- Specific Valuation
RSP0579.03.25	-	Equipment Breakdown Coverage
CP0411.09.17	-	Protective Safeguards
CP1038.10.12	-	Discharge From Sewer
RSP7106.03.23	-	Limitation-Roof Surface Material-Actual Cash Value-Based On Materials And Age
RSP7147.04.25	-	Limitations On Coverage For Roof Surfacing
CP1440.06.07	-	Outside Signs
RSP7100.01.19	-	Protective Safeguards-Heat Warranty
CP1075.12.20	-	Cyber Incident Exclusion
RSP7144.06.25	-	Exclusion - Dishonest or Criminal Acts
RSP7136.06.25	-	Exclusion - Specified Electrical Systems
CP0140.07.06	-	Exclusion of Loss Due to Virus or Bacteria
RSP7137.04.25	-	Exclusion-Designated Causes of Loss
RSP7111.04.22	-	Exclusion-Pre-Existing Damage
RSP7109.04.24	-	Exclusion-Wildfire
CP0446.12.19	-	California-Ordinance or Law Coverage

Subjectivities:

* To bind coverage, you must notify us in writing on or before the requested effective date of the policy.
* The offer of coverage is valid until the Quote Expiration Date reflected on Page 1 of Quote.
* Subject to Minimum Retained Premium. Flat cancellation is prohibited once the policy is bound.
* Subject to Completed Surplus Lines Filing Confirmation (originally provided with quote) being provided at time of binding or no later than 5 days after binding.
* Subject to Surplus Lines State Notification (originally provided with quote) to be completed and signed when required by State Guidelines.
* Subject to Terrorism coverage election reflected on Terrorism form (originally provided with quote). Form must be signed and completed, reflecting acceptance or rejection, by the Insured and provided at time of binding or no later than 5 days after binding.
* Subject to completed Acord 125 Application with all questions answered and signed by the Insured at time of binding.
* Subject to updated Statement of Values (SOV) signed and dated by Insured at time of binding.
* Subject to currently valued 3-5 years loss runs being provided prior to or at time of request to bind. If loss information received reflects any new information regarding claim or loss activity, the quote is subject to revision.
* Risk is prohibited from soliciting or obtaining CA Fair Plan coverage during GARS Property Policy Term.
* Subject to receipt of inspection contact information, including name, job title, email address, and mobile phone number, within 5 days of binding.
* Subject to satisfactory inspection being ordered and completed by Great American.

Conditions:

Conditions Under CP0411 - Protective Safeguards:

* Premises All / Building All - All units and common areas must have operating smoke detectors. If smoke detectors are battery operated, management must maintain a log to document quarterly testing and semi-annual battery replacement to be furnished upon request.
* Premises All / Building All - Insured property must have tagged fire extinguishers with current service or inspection tags on each floor, unit, and the common areas of the building. Fire extinguishers must be serviced or inspected as part of an annual professional service contract to be furnished upon request.
* Premises All / Building All - No smoking or smoking accessories in all units and within 30 feet of any building.

Conditions Under RSP7100 - Protective Safeguards-Heat Warranty:

* Premises All / Building All - Heat Maintained at 55 degrees in all areas of building.

Exclusion – Designated Causes Of Loss RSP7137 (Ed 04/25) – The following items(s) will be excluded:

* Premises All / Building All - Inadequate Property Management - No onsite professional property management company during policy term.
* Premises All / Building All - Inadequate Association Guidelines - Association does not have written guidelines, distributed to all association members on an annual basis, that require unit owners to install operational smoke detectors in all units. If smoke detectors are battery operated, unit owners must maintain a log to document for quarterly testing and semi-annual battery replacement to be furnished upon request.

* Premises All / Building All - Inadequate Association Guidelines - Association does not have written guidelines, distributed to all association members on an annual basis, that do not allow smoking or smoking accessories in all units and within 30 feet of any building.
* Premises All / Building All - Inadequate Association Guidelines - Association does not have written guidelines, distributed to all association members on an annual basis, that do not allow fire pits and BBQ grills to be used or stored on decks, balconies, or patios, or within 30 feet of any building.
* Premises All / Building All - Inadequate Association Guidelines - Association does not have written guidelines, distributed to all association members on an annual basis, that require unit owners to lock and secure vacant units.
* Premises All / Building All - Inadequate Association Guidelines - Association does not have written guidelines, distributed to all association members on an annual basis, that: Require unit owners to conduct weekly interior inspections on vacant units, including documentation of inspections in a written log to be furnished upon request
* Premises All / Building All - Wood-Burning Fire Places - Wood-burning fire places do not have National Fire Protection Association-approved fireproof disposal containers for all flammable materials.
* Premises All / Building All - Chimney, Fireplace, and Vent Maintenance - No third-party annual service contract in place for the inspection, maintenance, cleaning, and repairs of all chimneys, fireplaces, and vents. Copy of the service contract and activity logs not available to be furnished to us upon request.

The following are excluded from the policy with RSP7142 (Ed. 06/25) – Additional Property Not Covered:
* Premises All / Building All - Property of others
* Premises All / Building All - Landscaping
* Premises All / Building All - Paved surfaces, streets, walkways, and sidewalks
* Premises All / Building All - Underground utilities including irrigation

Disclaimers:

* Special Note: This Policy does not provide coverage for the perils of Earthquake or Flood. These Causes of Loss are specifically excluded under the Policy through exclusions.

* Terrorism forms will be added to the policy. Specific forms will be determined by the insured's acceptance or rejection of terrorism coverage. Forms added will be the state mandatory forms for accepted or rejected terrorism coverage. Form names and numbers will be shown on the binder when coverage has been accepted or rejected.

You must inform us if you are binding coverage under the Terrorism Risk Insurance Act as amended. The attached Surplus Lines Filing Confirmation must be completed and returned to us at binding in order to bind or assign a policy number.

This quote is based upon the application received by the Company and may not contain all of the terms and conditions or limits requested in that application. This quote may be withdrawn at any time prior to acceptance by an underwriter of Risk Solutions but in no event will it remain open beyond 30 days from the above quote date. Coverage may not be bound without prior consent from an underwriter of Risk Solutions.

We appreciate that you have options in placing this New Business. Thank you for allowing Great American Risk Solutions (GARS) E&S Brokerage Property the opportunity to quote this account on your behalf. If you have any questions or concerns regarding this Quote Proposal, please contact me at your earliest convenience.

Sincerely,

POLICYHOLDER DISCLOSURE
OFFER OF TERRORISM COVERAGE

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention. The federal share percentage is 80%.

The Terrorism Risk Insurance Act, as amended in 2020, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act.

See the section of this Notice titled **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in this disclosure.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

In this state, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage for Acts of Terrorism, that rejection does not apply to fire losses resulting from an act of terrorism --- coverage for such fire losses will be provided in your policy. The additional premium just for such fire coverage is stated in the **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**. If you reject the offer described above for terrorism coverage, this premium is due.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
Please note: regardless of your selection, a premium is due. The specific amount is included in the option you choose.

_____ **I hereby elect to purchase Terrorism coverage** for acts of terrorism that are certified under the federal program as an act of terrorism **for a premium of: $3,250**. I understand that if the quoted premium is not submitted by 12/2/2025 12:00:00 AM an **exclusion** of certain terrorism losses will be made a part of this policy.

_____ **I hereby reject the offer of terrorism coverage.** I understand that an **exclusion** of terrorism losses will be made part of this policy. **Premium for certain terrorism losses for fire only coverage** is $0

_____ CPP _____
Policyholder/Applicant's Signature & Date Policy Number

_____
Print Name

CALIFORNIA SURPLUS LINES NOTIFICATION

IMPORTANT NOTICE:

1. **THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**

2. **THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**

3. **THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**

4. **THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO VISIT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG. THE NAIC—THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS—IS THE REGULATORY SUPPORT ORGANIZATION CREATED AND GOVERNED BY THE CHIEF INSURANCE REGULATORS IN THE UNITED STATES.**

5. **FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER. YOU CAN FIND A LINK TO EACH STATE FROM THIS NAIC INTERNET WEBSITE: HTTPS://NAIC.ORG/STATE_WEB_MAP.HTM.**

6. **FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

7. **CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV/01-CONSUMERS/120-COMPANY/07-LASLI/LASLI.CFM.**

8. **IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

SOCHER
A HUB International Company

Socher Insurance Agency, a HUB International company
877.317.9300
888.577.1587 Fax
CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845
hoainsurance.net
hubinternational.com

10/27/2025

Fieldstone Owners Association
PROPERTY & LIABILITY INSURANCE PROPOSAL
Policy Term: 11/2/2025 – 11/2/2026

COVERAGE	AMOUNT	DEDUCTIBLE	INSURANCE COMPANY	PREMIUM
*Building/Property:	$25,516,481 WF Exclu	$25,000	Great American Risk S.S.L.I.C.	$82,229.18 *35% MEP*
	WILDFIRE EXCLUDED			
General Liability:	$1,000,000/$2,000,000	$0	Mt. Vernon Fire Ins. Co.	$3,308.48 *25% MEP*
Non-Owned & Hired Auto:	Included	$0	Mt. Vernon Fire Ins. Co.	Included
Equipment Breakdown:	N/A	$0	N/A	N/A
Directors & Officers Liability:	$1,000,000	$1,000	Continental Casualty Co.	$1,132.00
Umbrella Liability:	$5,000,000	$0	Federal Insurance Co.	$1,393.00
Employee Dishonesty:	$425,000	$500	Continental Casualty Co.	$680.00
Workers Compensation:	$1,000,000	$0	Hanover American Ins. Co.	$367.00
MEP: Minimum Earned Premium			**TOTAL PREMIUM:**	**$89,109.66**

ADDITIONAL INFORMATION:

- Replacement Cost means that the insurance carrier will pay the covered loss up to the limits as stated on the insurance declarations pages.
- Building coverage is Scheduled, Special Causes of Loss Form, Replacement Cost Basis, 90% Co-Insurance and no Inflation Guard.
- Building coverage includes Equipment Breakdown, Building Ordinance Coverage, Sewer Drain Backup ($50,000), Business Income/Extra Expense ($195,000), and Business Personal Property ($25,000).
- Building Ordinance Coverage limits as follows: Coverage A (Included), Coverage B and C combined ($119,746)
- Great American Risk S.S.L.I.C. will "Follow" the governing documents regarding coverage for the interior of the units.
- Above Premium includes any Carrier/Wholesaler taxes and/or fees if applicable. Terrorism/TRIA is excluded.

Scheduled Common Area Property

Premises #	Building #	Covered Property	Property Type	Valuation	Limit
All	All	Pool and Equipment	Business Personal Property	Replacement Cost	$25,416
All	All	Pool Building	Building	Replacement Cost	$20,000
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All	All	Mailboxes	Business Personal Property	Replacement Cost	$5,066
				Scheduled Common Area Property Total Limits:	$88,305

We look forward to servicing your Association's insurance needs. Please let me know if you have any questions.

Glad to be of service,

Tina Keele, CIRMS – Vice President
916-712-1916 | tina.keele@hubinternational.com

SOCHER
A HUB International Company

Socher Insurance Agency, a HUB International company
877.317.9300
888.577.1587 Fax
CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845
hoainsurance.net
hubinternational.com

Schedule of Values and Coverages

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		All Premises Total TIV:	**$25,744,024**			

OPTION 2

NO BROKER FEE NOTICE

California Code of Regulation Title 10, Section 2189.3(b) prohibits a broker-agent from charging any fee, directly or indirectly, for services related to procuring coverage from the California FAIR Plan. The California Department of Insurance defines "services" to include any advice or assistance.

California FAIR Plan Association

PROSPECTIVE POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

We are providing this disclosure as required by the Terrorism Risk Insurance Program Reauthorization Act of 2007. No action is required on your part.

Coverage for losses caused by some acts of terrorism is included in your premium quotation for a policy subject to its terms, conditions and limits. You should know that effective January 1, 2008, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by the federal law. Under this formula the federal share equals 85% of that portion of covered terrorism losses that exceed the applicable insurer deductible.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceed $100 billion. Further, if aggregate insured losses exceed $100 billion in a Program Year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceed $100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The quoted premium does not include a specific premium charge for loss resulting from terrorist acts.

California FAIR Plan Association

COMMERCIAL INSURANCE QUOTATION

(E-QUOTED)

CALIFORNIA FAIR PLAN PROPERTY INSURANCE
725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

DATE OF THIS NOTICE 10/14/2025
QUOTATION NUMBER CHVQ0402319651
QUOTATION EXPIRATION DATE 11/13/2025

YOUR INSURANCE BROKER
Jack A. Socher Ins. Agency Inc
7901 Stoneridge Dr, STE 403
Pleasanton, CA 94588-4530
PHONE NUMBER (650) 837-0071

APPLICANT NAME AND MAILING ADDRESS
FIELDSTONE OWNERS ASSOCIATION,
344 FIELDSTONE DRIVE
MURPHYS, CA 95247

PROPERTY LOCATION
105-119 FIELDSTONE DR
MURPHYS, CA 95247

RATING INFORMATION

CONSTRUCTION TYPE Frame **Fire Deductible:** 10% **AOP Deductible:** 10%

COVERAGES, LIMITS, PERILS AND PREMIUMS

SELECTED COVERAGES	LIMITS
Building(s)	$ 32,066,291
Business Personal Property	$ 0
Personal Property of Others	$ 0
Business Income 25% Monthly Limitation	$ 300,150

PERILS INSURED AGAINST	PREMIUMS
Fire and Lightning	$ 79,757
Extended Coverages	$ 6,889
Vandalism and Malicious Mischief	INCLUDED
Sprinkler Leakage	EXCLUDED
Wildfire Premium	**$ 38,114**
Total Annual Premium	**$ 124,760**
Temporary Supplement Fee	**$ 6,616**

IMPORTANT NOTICES

This quotation is provisional and is subject to change. Additional terms and conditions are on the other side of this form. READ THEM CAREFULLY. A one year policy will be issued on the captioned risk upon our receipt of the premium as indicated. THIS OFFER OF COVERAGE IS VOID IF THE PREMIUM IS NOT RECEIVED AT THE FAIR PLAN'S OFFICE BY **11/13/2025** IMMEDIATE ACTION REQUIRED. A form may be attached to this quotation requiring your immediate attention.

FIELDSTONE OWNERS ASSOCIATION,
344 FIELDSTONE DRIVE
MURPHYS, CA 95247

ADDITIONAL TERMS AND CONDITIONS OF THIS QUOTATION

1. The effective date of coverage will be either:

   a. One (1) day after the date the premium (and any required underwriting information) is received in the California FAIR Plan's office, or;
   b. A later date may be specified if desired, provided it is no later than the quotation expiration date on this notice.

2. If the premium is not received in California FAIR Plan's office by the quotation expiration date, this offer or coverage becomes null and void and a new application must be submitted.

3. This Quotation is provisional and was made prior to our receipt and review of an inspection report. The final premium could be more or less than our Quotation. If upon review of the inspection report, the rates differ from those used to compute the provisional premium, any additional premium due must be received in the California FAIR Plan's office by the due date shown on the Premium Due Notice. Any excess premium will be returned. Earned premium resulting from cancellation of coverage will be based on the final premium and not the provisional premium. If upon review of the inspection report we find the property uninsurable by our underwriting rules, coverage will be terminated.

4. Acceptability of this risk is based on the information provided on the application.

5. This Quotation is valid only for the exact amount of coverage and perils described and only when the premium is remitted as outlined in number 1 above. Payment must be made in the exact gross amount of this billing.

6. This Quotation is void if there is unrepaired damage to the property to be insured. Upon such discovery by the FAIR Plan, the policy will be rescinded and any premium received will be returned and no insurance will be deemed to have been in effect.

COMMERCIAL HIGH VALUE INSURANCE QUOTATION

CALIFORNIA FAIR PLAN PROPERTY INSURANCE
(800) 339-4099
cfpnet.com

Quotation Date: 10/14/2025
Quotation Expiration Date: 11/13/2025
Quotation Number: CHVQ0402319651
Account Reference: 0402402193

INSURED NAME AND MAILING ADDRESS
Fieldstone Owners Association,
344 Fieldstone Drive

Murphys, CA 95247

PROPERTY LOCATION
105-119 Fieldstone Dr

Murphys, CA 95247

CONTACT YOUR INSURANCE BROKER WITH QUESTIONS
Jack A. Socher Ins. Agency Inc
7901 Stoneridge Dr, STE 403
Pleasanton, CA 94588-4530
PHONE NUMBER (650) 837-0071

YOUR MORTGAGE COMPANY

Quotation Amount	$124,760.00	
Supplemental Fee	$6,616.00	
Total Quotation	**$131,376.00**	
Payment Plan	**Down Payment**	**Frequency/Installment**
11 Pay	$27,417.99	Monthly/10,400.75
3 Pay	$56,524.50	Every 3 months/37,432.50
Or Pay In Full	**$131,376.00**	

Your first payment will include the full supplemental Fee in the amount due.

Payment must be received by 11/13/2025 or the quotation will lapse and a new application will need to be submitted.
Pay online 24/7 via Credit Card or E-Check at:
https://action.cfpnet.com/#/make-payment

For Overnight Mail Only:
Lockbox Services 840244
ATTN: CALIFORNIA FAIR PLAN ASSOCIATION
3440 FLAIR DRIVE
EL MONTE, CA 91731

- Refer to the quotation documentation forms for all details on coverage, effective date, requirements, restrictions, and general information. Do not include any forms with your payment other than the payment coupon.
- If the check is not honored when we first present it to your financial institution, or an online payment is reversed for any reason, a policy will not be issued. Any notice we may send conditionally acknowledging payment of premium will be void if California FAIR Plan Association has not received payment, in good funds, by the payment due date. If we have cashed the check or otherwise accepted your payment, it will be refunded. A new application will need to be submitted.
- Each installment incurs a $4.50 fee, and it is included in the amount due. Returned payments will incur a $25.00 fee.
- The California FAIR Plan Association makes basic property insurance available to California consumers who would otherwise be unable to obtain such insurance through the normal insurance market. As authorized, the FAIR Plan may charge each High Value Commercial Property policyholder its fair share if necessary to pay the Plan's operating expenses and High Value Commercial Property policyholder claims. This 'Temporary Supplemental Fee' amount, if charged, is displayed on a notice, bill, or your policy declarations.

Tear along the perforation

PAYMENT COUPON

Write your Quotation Number on your check
Make sure to include this payment coupon

Min. Amount Due (11 Pay):	27,417.99
3 Pay:	56,524.50
Pay In Full:	**$131,376.00**

Code: 001 ID: 02402193

Quotation Expiration Date: **11/13/2025**
Quotation Number: CHVQ0402319651
Amount Remitted: $

Fieldstone Owners Association
344 Fieldstone Drive
Murphys, CA 95247

CALIFORNIA FAIR PLAN ASSOCIATION
PO BOX 840244
LOS ANGELES, CA 90084-0244

CALIFORNIA FAIR PLAN PROPERTY INSURANCE

725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

Date of Notice: 10/14/2025
Policy Number: CHVQ0402319651

Named Insured
Fieldstone Owners Association,

Property Location Address
105-119 Fieldstone Dr
Murphys, CA 95247

Wildfire Premium: $38,114.00
Wildfire Risk Scores:
L1: 3
L2: 7

NOTICE OF OUR USE OF A WILDFIRE RISK MODEL AND OUR CONSIDERATION OF MITIGATION FACTORS

A recently passed regulation (10 CCR § 2644.9) pertaining to Wildfire Risk Mitigation requires that insurers that consider wildfire risk in its rating also take into account and reflect mitigation measures that the property owner may take to reduce their risk to wildfire.

The California FAIR Plan Association uses a third party model to assess your property's risk of wildfire (Z-Fire by Zesty.ai). We use two scores provided by Z-Fire, Level 1 and Level 2, to calculate the portion of the premium reflecting wildfire risk. Level 1 determines the probability of exposure to wildfire on a scale of 1 to 10, while Level 2 determines your property's vulnerability on a scale of 1 to 10. Level 1 scores are based on statistical models using historical wildfire events in your area, while Level 2 scores are based on individual property characteristics ascertained from satellite imagery. For both of these scores 1 reflects low risk and 10 reflects very high risk. Your wildfire territory is based on an assessment of overall wildfire risk that assigns a score to each address. Your wildfire territory ranges from True 0 to 30 and is associated with factors that range from 0.000 (wildfire territory True 0) to 1.942 (wildfire territory 30). Your assigned wildfire territory classification is **2.**

If you disagree with the wildfire scores assigned, you may appeal the scores as described below.

The Risk Scores and Classification of Your Property

Score Type	Score Value	Score Classification
Level 1	**3** / 10	**Moderate**
Level 2	**7** / 10	**High**

Based on the table above, the wildfire portion of your total premium is calculated as **$38,114.00**

Fieldstone Owners Association,
344 Fieldstone Drive
Murphys, CA 95247

The Factors that Impact the Wildfire Risk Score

Score Type	Impacting Factors
Level 1	**The key factors increasing the exposure to wildfire risk are low distance to historical wildfire perimeters, low distance to an area with high wildfire suppression difficulty, and average annual temperature.**
Level 2	**The key factors increasing the vulnerability of your property's risk are high slope of the parcel where your property is located, high surrounding vegetation density within 30 feet of your property, and high neighboring vegetation density from 30 to 100 feet of your property.**

NOTICE OF RIGHT TO APPEAL WILDFIRE RISK SCORES

You have the right to appeal the wildfire risk scores. If you wish to appeal, please notify your broker. You may also e-mail cfpuw@cfpnet.com or mail your appeal letter to us at California FAIR Plan, Attn: UW Dept., PO Box 76924, Los Angeles, CA 90076.

If you do appeal the scores, the FAIR Plan will acknowledge receipt of the appeal in writing as required. Within 30 calendar days of receipt of the appeal, the FAIR Plan will respond in writing with a reconsideration and decision.

SOCHER
The Leader in HOA Insurance Since 1987

877.317.9300
888.577.1587 *Fax*
hoainsurance.net

CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

October 27, 2025

Fieldstone Owners Association
CALIFORNIA FAIR PLAN, SUPERWRAP, PROPERTY AND LIABILITY INSURANCE PROPOSAL
Policy Term: 11/2/2025 to 11/2/2026

COVERAGE	AMOUNT	DEDUCTIBLE	INSURANCE COMPANY	PREMIUM
Fire/V&MM Only:	1) $32,066,291 2) $300,150	10%	California FAIR Plan Association	$131,376.00
SuperWrap:	1) $32,066,291 2) $241,500 3) $3,206,629 4) $50,000	$50,000 $0 $50,000 $0	*SiriusPoint Specialty Ins. Corp.	$84,122.65 *25% MEP*
General Liability: *(NOHA Included)*	$1,000,000/ $2,000,000	$0	*Mt. Vernon Fire Ins Co.	$3,308.48 *25% MEP*
Umbrella Liability:	$5,000,000	$0	Federal Insurance Co.	$1,393.00
Directors and Officers Liability:	$1,000,000	$1,000	Continental Casualty Co.	$1,132.00
Fidelity Bond:	$425,000	$500	Continental Casualty Co.	$680.00
Workers Comp:	$1,000,000	$0	Hanover American Ins. Co	$367.00

*Non-Admitted
MEP= Minimum Earned Premium
ADDITIONAL INFORMATION:

BROKER FEE: $0
TOTAL ANNUAL PREMIUM: $222,379.13

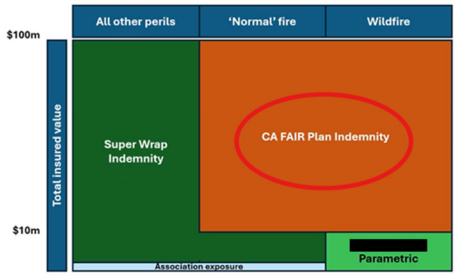
California Fair Plan:

1) Building/Property coverage 2) Business Income/Loss of Income Assessments. Building/Property coverage is scheduled as per the attached quotation.

The CFP policy is Replacement Cost, Named Perils Form (Fire, Lightening, Vandalism, Malicious Mischief) and Extended Coverage (wind or hail, explosion, riot or civil commotion, aircraft, or Vehicle damage and Volcanic Eruption) and 90% co-insurance.

Interior Coverage: The interior coverage is walls-in excluding Betterments & Improvements.

To bind, premium must be paid direct by ETF, Debit Card or Credit Card by visiting #{onlinePaymentLink}.



SOCHER
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877.317.9300
888.577.1587 *Fax*
hoainsurance.net

CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

CFP Coverage Schedule:

Building Number	Coverage Limit
1	$1,538,680
2	$1,358,570
3	$1,462,735
4	$1,540,340
5	$1,506,310
6	$4,396
7	$1,358,570
8	$1,462,735
9	$1,463,565
10	$1,415,425
11	$1,371,850
12	$1,506,310
13	$1,415,425
14	$1,371,850
15	$1,540,340
16	$1,358,570
17	$1,558,600
18	$1,358,570
19	$1,525,400
20	$1,358,570
21	$1,540,340
22	$1,576,860
23	$1,472,280
Building Coverage Total	**$32,066,291**

* This schedule is from the California FAIR Plan quotation. It is important to review in its entirety as it will be the maximum coverage provided. A signature will be required by Socher Insurance Agency on the CFP application.

SOCHER
The Leader in HOA Insurance Since 1987

877.317.9300
888.577.1587 Fax
hoainsurance.net

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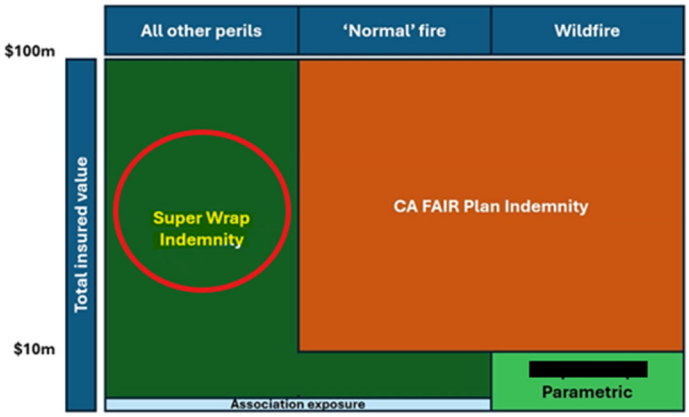
NV Broker License: #498347
AZ Broker License: #1800015845

SUPERWRAP INCLUDING ALL OTHER PERILS:

1) Building/Property coverage 2) Business Income/Loss of Income Assessments 3) Fire Coverage (CFP Deductible and Extended Coverages) 4) Parametric Wildfire as shown below:

The SuperWrap policy form is Replacement Cost, and enhances a standard DIC policy by covering perils insured under the CFP to offset all or part of its deductible:



Building coverage includes Equipment Breakdown (INCLUDED), Building Ordinance Coverage A, B ($300,000 per building) and C ($300,000 per building), Sewer Drain Backup ($75,000), NO coinsurance, 4% Inflation Guard.

This insurance policy cannot be purchased without the California Fair Plan policy being purchased.

The quote includes the following coverages:	*Coverage Limit:*	*Deductible:*
Insuring Agreement:	Single Entity	
Employee Theft-Stated Value	$25,000	$1,000
Employee Theft - Property Managers	Included	
Ordinance or Law- Demolition Cost:	$300,000	$50,000
Ordinance or Law- Increased Cost of Const:	$300,000	$50,000
Building **"Replacement Cost"**	**$32,066,291**	***$50,000 AOP***
Personal Property:	$25,000	$10,000
Business Income/Extra Expense:	$214,500	
Equipment Breakdown:	Included	
Sewer/Drain Backup: Inside/Outside-Stated Value	$75,000	$50,000
Property Enhancement: **"Gold"**	Included	
Outdoor Property: In-Ground Sprinkler Systems and Piping:	$5,000	$500
Outdoor Property: Trees, Shrubs and Plants	$10,000	$500
FAIR Plan Companion Coverage • Extended Coverages	$3,206,629 Included	$50,000
Parametric Wildfire • Wildfire in Smoke Range • Association Perimeter Breach • Aggregate Endorsement Limit	 $25,000 $50,000 $50,000	

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The Leader in HOA Insurance Since 1987

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888.577.1587 *Fax*
hoainsurance.net

CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

IN GENERAL:

General Liability, Directors and Officers Liability, Umbrella Liability, Workers Comp and Fidelity Bond are all California admitted insurance carriers.

Above Premium includes any Carrier/Wholesaler taxes and/or fees. Fees are 100% Fully Earned.

Terrorism: Property (California Fair Plan) - Excluded; (SuperWrap/Parametric) Excluded but available upon request.

The California FAIR Plan and AOP/DIC quotes as received by our office are attached for your review. Please examine carefully and let me know if you have any questions or need a copy of the policy forms/endorsements.

The above are only summaries of coverage; in no way would the language in this indication supersede policy language. Policy language will always govern coverage decisions.

Thank you for this opportunity.

My best,

Tina Keele, CIRMS – Vice President
916-712-1916 | tina.keele@hubinternational.com

OPTION 3

NO BROKER FEE NOTICE

California Code of Regulation Title 10, Section 2189.3(b) prohibits a broker-agent from charging any fee, directly or indirectly, for services related to procuring coverage from the California FAIR Plan. The California Department of Insurance defines "services" to include any advice or assistance.

California FAIR Plan Association

PROSPECTIVE POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

We are providing this disclosure as required by the Terrorism Risk Insurance Program Reauthorization Act of 2007. No action is required on your part.

Coverage for losses caused by some acts of terrorism is included in your premium quotation for a policy subject to its terms, conditions and limits. You should know that effective January 1, 2008, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by the federal law. Under this formula the federal share equals 85% of that portion of covered terrorism losses that exceed the applicable insurer deductible.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceed $100 billion. Further, if aggregate insured losses exceed $100 billion in a Program Year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceed $100 billion. In such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The quoted premium does not include a specific premium charge for loss resulting from terrorist acts.

California FAIR Plan Association

COMMERCIAL INSURANCE QUOTATION

(E-QUOTED)

CALIFORNIA FAIR PLAN PROPERTY INSURANCE
725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

DATE OF THIS NOTICE 10/14/2025
QUOTATION NUMBER CHVQ0402319651
QUOTATION EXPIRATION DATE 11/13/2025

YOUR INSURANCE BROKER
Jack A. Socher Ins. Agency Inc
7901 Stoneridge Dr, STE 403
Pleasanton, CA 94588-4530
PHONE NUMBER (650) 837-0071

APPLICANT NAME AND MAILING ADDRESS
FIELDSTONE OWNERS ASSOCIATION,
344 FIELDSTONE DRIVE
MURPHYS, CA 95247

PROPERTY LOCATION
105-119 FIELDSTONE DR
MURPHYS, CA 95247

RATING INFORMATION

CONSTRUCTION TYPE Frame **Fire Deductible:** 10% **AOP Deductible:** 10%

COVERAGES, LIMITS, PERILS AND PREMIUMS

SELECTED COVERAGES	LIMITS
Building(s)	$ 32,066,291
Business Personal Property	$ 0
Personal Property of Others	$ 0
Business Income 25% Monthly Limitation	$ 300,150

PERILS INSURED AGAINST	PREMIUMS
Fire and Lightning	$ 79,757
Extended Coverages	$ 6,889
Vandalism and Malicious Mischief	INCLUDED
Sprinkler Leakage	EXCLUDED
Wildfire Premium	**$ 38,114**
Total Annual Premium	**$ 124,760**
Temporary Supplement Fee	**$ 6,616**

IMPORTANT NOTICES

This quotation is provisional and is subject to change. Additional terms and conditions are on the other side of this form. READ THEM CAREFULLY. A one year policy will be issued on the captioned risk upon our receipt of the premium as indicated. THIS OFFER OF COVERAGE IS VOID IF THE PREMIUM IS NOT RECEIVED AT THE FAIR PLAN'S OFFICE BY **11/13/2025** IMMEDIATE ACTION REQUIRED. A form may be attached to this quotation requiring your immediate attention.

FIELDSTONE OWNERS ASSOCIATION,
344 FIELDSTONE DRIVE
MURPHYS, CA 95247

ADDITIONAL TERMS AND CONDITIONS OF THIS QUOTATION

1. The effective date of coverage will be either:

   a. One (1) day after the date the premium (and any required underwriting information) is received in the California FAIR Plan's office, or;
   b. A later date may be specified if desired, provided it is no later than the quotation expiration date on this notice.

2. If the premium is not received in California FAIR Plan's office by the quotation expiration date, this offer or coverage becomes null and void and a new application must be submitted.

3. This Quotation is provisional and was made prior to our receipt and review of an inspection report. The final premium could be more or less than our Quotation. If upon review of the inspection report, the rates differ from those used to compute the provisional premium, any additional premium due must be received in the California FAIR Plan's office by the due date shown on the Premium Due Notice. Any excess premium will be returned. Earned premium resulting from cancellation of coverage will be based on the final premium and not the provisional premium. If upon review of the inspection report we find the property uninsurable by our underwriting rules, coverage will be terminated.

4. Acceptability of this risk is based on the information provided on the application.

5. This Quotation is valid only for the exact amount of coverage and perils described and only when the premium is remitted as outlined in number 1 above. Payment must be made in the exact gross amount of this billing.

6. This Quotation is void if there is unrepaired damage to the property to be insured. Upon such discovery by the FAIR Plan, the policy will be rescinded and any premium received will be returned and no insurance will be deemed to have been in effect.

COMMERCIAL HIGH VALUE INSURANCE QUOTATION

CALIFORNIA FAIR PLAN PROPERTY INSURANCE
(800) 339-4099
cfpnet.com

Quotation Date: 10/14/2025
Quotation Expiration Date: 11/13/2025
Quotation Number: CHVQ0402319651
Account Reference: 0402402193

INSURED NAME AND MAILING ADDRESS
Fieldstone Owners Association,
344 Fieldstone Drive

Murphys, CA 95247

PROPERTY LOCATION
105-119 Fieldstone Dr

Murphys, CA 95247

CONTACT YOUR INSURANCE BROKER WITH QUESTIONS
Jack A. Socher Ins. Agency Inc
7901 Stoneridge Dr, STE 403
Pleasanton, CA 94588-4530
PHONE NUMBER (650) 837-0071

YOUR MORTGAGE COMPANY

Quotation Amount	$124,760.00	
Supplemental Fee	$6,616.00	
Total Quotation	**$131,376.00**	
Payment Plan	**Down Payment**	**Frequency/Installment**
11 Pay	$27,417.99	Monthly/10,400.75
3 Pay	$56,524.50	Every 3 months/37,432.50
Or Pay In Full	**$131,376.00**	

Your first payment will include the full supplemental Fee in the amount due.

Payment must be received by 11/13/2025 or the quotation will lapse and a new application will need to be submitted.
Pay online 24/7 via Credit Card or E-Check at:
https://action.cfpnet.com/#/make-payment

For Overnight Mail Only:
Lockbox Services 840244
ATTN: CALIFORNIA FAIR PLAN ASSOCIATION
3440 FLAIR DRIVE
EL MONTE, CA 91731

- Refer to the quotation documentation forms for all details on coverage, effective date, requirements, restrictions, and general information. Do not include any forms with your payment other than the payment coupon.
- If the check is not honored when we first present it to your financial institution, or an online payment is reversed for any reason, a policy will not be issued. Any notice we may send conditionally acknowledging payment of premium will be void if California FAIR Plan Association has not received payment, in good funds, by the payment due date. If we have cashed the check or otherwise accepted your payment, it will be refunded. A new application will need to be submitted.
- Each installment incurs a $4.50 fee, and it is included in the amount due. Returned payments will incur a $25.00 fee.
- The California FAIR Plan Association makes basic property insurance available to California consumers who would otherwise be unable to obtain such insurance through the normal insurance market. As authorized, the FAIR Plan may charge each High Value Commercial Property policyholder its fair share if necessary to pay the Plan's operating expenses and High Value Commercial Property policyholder claims. This 'Temporary Supplemental Fee' amount, if charged, is displayed on a notice, bill, or your policy declarations.

Tear along the perforation

PAYMENT COUPON

Write your Quotation Number on your check
Make sure to include this payment coupon

Min. Amount Due (11 Pay):	27,417.99
3 Pay:	56,524.50
Pay In Full:	**$131,376.00**

Code: 001 ID: 02402193

Quotation Expiration Date: **11/13/2025**
Quotation Number: CHVQ0402319651
Amount Remitted: $

Fieldstone Owners Association
344 Fieldstone Drive
Murphys, CA 95247

CALIFORNIA FAIR PLAN ASSOCIATION
PO BOX 840244
LOS ANGELES, CA 90084-0244

CALIFORNIA FAIR PLAN PROPERTY INSURANCE

725 S. Figueroa Street, Suite 3900
Los Angeles, CA 90017
(800) 339-4099
www.cfpnet.com

Date of Notice: 10/14/2025
Policy Number: CHVQ0402319651

Named Insured
Fieldstone Owners Association,

Property Location Address
105-119 Fieldstone Dr
Murphys, CA 95247

Wildfire Premium: $38,114.00
Wildfire Risk Scores:
L1: 3
L2: 7

NOTICE OF OUR USE OF A WILDFIRE RISK MODEL AND OUR CONSIDERATION OF MITIGATION FACTORS

A recently passed regulation (10 CCR § 2644.9) pertaining to Wildfire Risk Mitigation requires that insurers that consider wildfire risk in its rating also take into account and reflect mitigation measures that the property owner may take to reduce their risk to wildfire.

The California FAIR Plan Association uses a third party model to assess your property's risk of wildfire (Z-Fire by Zesty.ai). We use two scores provided by Z-Fire, Level 1 and Level 2, to calculate the portion of the premium reflecting wildfire risk. Level 1 determines the probability of exposure to wildfire on a scale of 1 to 10, while Level 2 determines your property's vulnerability on a scale of 1 to 10. Level 1 scores are based on statistical models using historical wildfire events in your area, while Level 2 scores are based on individual property characteristics ascertained from satellite imagery. For both of these scores 1 reflects low risk and 10 reflects very high risk. Your wildfire territory is based on an assessment of overall wildfire risk that assigns a score to each address. Your wildfire territory ranges from True 0 to 30 and is associated with factors that range from 0.000 (wildfire territory True 0) to 1.942 (wildfire territory 30). Your assigned wildfire territory classification is **2.**

If you disagree with the wildfire scores assigned, you may appeal the scores as described below.

The Risk Scores and Classification of Your Property

Score Type	Score Value	Score Classification
Level 1	**3** / 10	**Moderate**
Level 2	**7** / 10	**High**

Based on the table above, the wildfire portion of your total premium is calculated as **$38,114.00**

Fieldstone Owners Association,
344 Fieldstone Drive
Murphys, CA 95247

The Factors that Impact the Wildfire Risk Score

Score Type	Impacting Factors
Level 1	**The key factors increasing the exposure to wildfire risk are low distance to historical wildfire perimeters, low distance to an area with high wildfire suppression difficulty, and average annual temperature.**
Level 2	**The key factors increasing the vulnerability of your property's risk are high slope of the parcel where your property is located, high surrounding vegetation density within 30 feet of your property, and high neighboring vegetation density from 30 to 100 feet of your property.**

NOTICE OF RIGHT TO APPEAL WILDFIRE RISK SCORES

You have the right to appeal the wildfire risk scores. If you wish to appeal, please notify your broker. You may also e-mail cfpuw@cfpnet.com or mail your appeal letter to us at California FAIR Plan, Attn: UW Dept., PO Box 76924, Los Angeles, CA 90076.

If you do appeal the scores, the FAIR Plan will acknowledge receipt of the appeal in writing as required. Within 30 calendar days of receipt of the appeal, the FAIR Plan will respond in writing with a reconsideration and decision.

DATE: 10/7/2025

TO: Socher Insurance Agency, Inc.
Alma Sanchez

FROM: Michelle Belden
CID Insurance Programs, Inc.
Phone: (619) 593-2025
Email: Michelle@cidinsurance.com
California License #0C41342

RE: **Fieldstone Owners Association**

The following Commercial Liability quotation is valid until 11/29/2025. This quotation is being offered on the basis shown below and may not necessarily provide the terms and/or coverages requested in your submission. Please review carefully.

IMPORTANT: INSURANCE COVERAGE IS NOT BOUND. To bind Insurance coverage, we will require your written request per the terms and conditions of the foregoing quotation. The request must be received in our office on or before the requested coverage effective date and all items needed prior to binding must be received.

Coverage	Insurance Company	Policy Term	Commission Rate
Commercial Libaility	Mount Vernon Fire Insurance Co.	Annual	10%

Policy Cost Summary		
Policy Type	**Cost Summary**	**Broker Commission**
Commercial Liability*	$3,336.00	$333.60
Wholesale Broker Fee	$200.00	$0.00
Stamping Fee 0.18%	$6.00	$0.00
State Tax 3.00%	$100.08	$0.00
Total Policy(ies) Cost:	**$3,642.08**	**$333.60**
	Net Amount Due:	**$3,308.48**
Minimum earned premium of 25% applies if cancelled within first 90 days of policy term		
(*) Note: 3% Taxes and .18% Fees apply to premium		

PRIOR BINDING REQUIREMENTS:

- Written order to bind coverage including effective date and specified limits
- Fully completed, signed and dated Application that accompanies this quote
- Signed and dated D1 Form
- Signed and dated Terrorism Notice – Additional premium applies if elected

PLEASE NOTE: Coverage will not be bound until ALL prior binding requirements have been met. Policy will be bound on the first business day everything itemized above is received by our office.

BILLING TERMS:

- Net premium due within **30** days of policy effective date. Thereafter, the policy is considered late and is subject to cancellation.

PREMIUM FINANCING:

- Broker is responsible for the set-up, execution, and management of the Premium Finance Agreement.
- If Premium Financing, a copy of the executed finance agreement is required at time of binding coverage.

UNDERWRITING NOTES:

- In compliance with California Assembly Bill 2404, cancellation by the insured may result in a short rate calculation (90% of unearned premium) to determine the return premium. If the L-367 endorsement (25% minimum earned premium) is attached the return premium may be less than the short rate.
- Please refer to the attached quotation(s) for specific policy form(s) and endorsements
- Additional Insured Requests: All requests are subject to underwriting approval and may result in an additional premium and applicable taxes/fees for each request.
- Policy is subject to a favorable inspection and compliance to any/all loss control recommendations per the carrier's requirements.
- Please ask your underwriter if you have coverage form questions
- Please refer to the attached quotation(s) for specific policy form(s) and endorsements
- Additional Insured Requests: All requests are subject to underwriting approval and may result in an additional premium and applicable taxes/fees for each request.
- This proposal is based on exposure and loss history provided within the application for insurance. Any deviations or discrepancies from the information provided could cause this quotation to be amended or become void.
- This quotation is not a binder. Coverage is not bound until you receive written acknowledgement and acceptance from the company in the form of a binder or policy.

PAYMENT TERMS:

- **TERMS:** By acceptance of these terms, Broker agrees to guarantee to CID Insurance all earned premiums and any other charges for which coverage has been bound. Failure to pay earned premium and/or unearned commissions could result in third party collection action and/or suspense of future business with CID Insurance.
- **FEES:** 100% of fees are fully earned at the time of binding coverage.
- **FLAT CANCELLATION:** CID Insurance is not authorized to flat cancel any insurance policy for which coverage has been bound. A flat cancellation is at the discretion of the Insurer. If a flat cancellation is not honored, all earned premium and fees for which coverage has been bound are the responsibility of Broker.
- **REMITTANCE:** Net payment must be received from the Insurance Agency. Payments direct from Insured will not be accepted. Any payment returned by the bank will incur a minimum fee of $50 (subject to change without notice).
- **RETURN PREMIUM:** In the event of return premium, Broker agrees to return any unearned commissions to CID Insurance and any unearned premium to Insured.
- **PREMIUM FINANCING:** CID Insurance reserves the right to accept, reject or modify a finance agreement at any time. A copy of the finance agreement is required at time of binding coverage. Broker is responsible for set-up, execution, and management of finance agreement. All financed premium must be payable to CID Insurance. Return premium on financed policies will be remitted less Broker commission direct to the finance company.

CID INSURANCE PROGRAMS, INC.
7125 El Cajon Blvd, Suite 3
San Diego, CA 92115
(619) 593-2025 Fax: (619) 593-2008
0563966

NPP025S92J6 Version 4

Quote is valid until 11/29/2025

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

Confirm optional coverages:
☐ Do not include any optional coverages.
☐ Include the following optional coverages
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - (add: *$167.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Re: Fieldstone Owners Association

To: Socher Insurance Agency, Inc.

Attn: Alma Sanchez
Commission: 10%

From: Michelle Belden-Cole

michelle@cidinsurance.com / (619) 593-2025

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

NON PROFIT PACKAGE POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XIV

COVERAGE PART	PREMIUM
Commercial General Liability	$3,336.00
TOTAL PREMIUM DUE TO CARRIER	$3,336.00

ADDITIONAL COSTS	
Wholesaler Broker Fee	$200.00
California Stamping Fee (.180%)	$6.00
California Surplus Lines Tax (3.000%)	$100.08
TOTAL AMOUNT DUE	$3,642.08

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

- Provide inspection contact name, email address and phone number _____

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Does the Association sponsor any athletic teams or hold sporting competitions on premises?	☐ Yes ☐ No
x	Does the association own, maintain or have an affiliation with airport/airstrip or sewage treatment facility?	☐ Yes ☐ No
x	Is there Builder, Developer, or Agent representation on the Board of the Association?	☐ Yes ☐ No
x	Does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act?	☐ Yes ☐ No
x	Does the association own, maintain, contract with or have an affiliation with any of the following: animal stables, bridges for vehicle use, day cares, skiing/resort activities, fire/police/ambulance services, waste management, electricity generation or other utilities?	☐ Yes ☐ No
x	Do the association's bylaws include an age restriction for membership?	☐ Yes ☐ No
x	Have there been any General Liability losses, claims, or known circumstances that could result in a claim in the past five years (including closed no pay)?	☐ Yes ☐ No
x	Are there functioning and operational smoke and/or heat detectors in all residential structures and clubhouses?	☐ Yes ☐ No
x	Are there any plans or ongoing construction or development of homes, units, common facilities or undeveloped lots?	☐ Yes ☐ No
x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?	☐ Yes ☐ No
x	Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?	☐ Yes ☐ No
x	Do the written bylaws require all property owners to become members of the association?	☐ Yes ☐ No
x	What percentage of the units are occupied by student tenants (Not applicable in DC)?	
x	Are any units rented or leased by the association or by individual unit owners?	☐ No ☐ Yes
x	What year was the oldest building constructed?	

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Does the Association obtain certificates of General Liability and Worker's Compensation coverage from all contractors?	☐ Yes ☐ No
x	Are there any short-term (shorter than a month) or vacation rentals?	☐ Yes ☐ No
x	Does the association allow non-association members to use the recreational facilities such as pool(s), fitness facilities or clubhouse?	☐ Yes ☐ No
x	Does the association use any type of security guard service or other personnel to monitor or guard the premises?	☐ Yes ☐ No
x	Are more than 50 percent of the units rented or leased?	☐ Yes ☐ No
x	Is there a Commercial Auto Insurance policy in force?	☐ Yes ☐ No
x	Are vehicles used to transport people or deliver goods or products on a regular basis?	☐ Yes ☐ No
x	Are employees or volunteers required to use their personal automobile to conduct the applicant’s business on a regular basis?	☐ Yes ☐ No
x	Are all pools completely fenced with a self-latching gate, depths are clearly marked, rules are clearly posted, life safety equipment is readily available and there are no diving boards or slides?	☐ Yes ☐ No

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- In compliance with California Assembly Bill 2404, cancellation by the insured may result in a short rate calculation (90% of unearned premium) to determine the return premium. If the L-367 endorsement (25% minimum earned premium) is attached the return premium may be less than the short rate.
- **Updated to condominium association 10/1
- with HNOA 10/7

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 105-362 Fieldston Drive, Murphys, CA 95247

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Condominiums - residential - (association risk only)	62003	Number of Units	43 Per Unit	Incl	54.000	Incl	$2,322
Clubhouse / Cabana or Pool/Guard House - Community Association Product	44277	Square Foot	500 Per Square Foot	Incl	0.048	Incl	$24
Non-Owned & Hired Automobile Liability	90099	Flat	Flat	Incl	150.000	Incl	$165
Swimming Pool or Jacuzzi - condominium association risk only	48927	Pool	1 Per Pool	Incl	825.000	Incl	$825
Additional Insured - Condo Unit Owners	49950	Flat	1 Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #1: $3,336

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY	
Each Occurrence	$1,000,000
Personal Injury and Advertising Injury	$1,000,000
Medical Expense (Any One Person)	$5,000
Damage To Premises Rented to You	$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	$2,000,000
General Liability Deductible	$0

HIRED AND NON-OWNED AUTO	
Each Occurrence	Included
Aggregate Included in General Aggregate	

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

IV. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

2110	(04/15) Service Of Suit	L-526	(01/15) Absolute War Or Terrorism Exclusion
CG 21 06	(12/23) Exclusion - Access or Disclosure of Confidential or Personal Material or Information	L-549	(04/15) Absolute Professional Liability Exclusion
CG0001	(12/07) Commercial General Liability Coverage Form	L-599	(04/15) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-600	(08/05) Pre-Existing Or Progressive Damage Or Defect Exclusion
CG2004	(11/85) Additional Insured - Condominium Unit Owners	L-610	(04/15) Expanded Definition Of Bodily Injury
CG2147	(12/07) Employment-Related Practices Exclusion	L-783 NPP	(07/18) Amendment of Liquor Liability Exclusion
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)	L-787	(05/13) Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-100	(04/15) Who Is An Insured Clarification Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-368	(04/15) Separation Of Insureds Clarification Endorsement
Jacket	(07/19) Policy Jacket	TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
L-488	(02/11) Non-Owned And/Or Hired Auto Liability		

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Terrorism Coverage	$167.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of $100 or 5.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

CRC GROUP

CA Insurance Lic.0778135 50 California Street, Suite 2000
San Francisco, CA 94111
Phone: 415-956-3236

Oct 22, 2025

Socher Insurance
7901 Stoneridge Drive #403
Pleasanton, CA 94588

Re: Fieldstone Owners Association, Ref# 14469050-A
Proposed Effective 11/13/2025 to 11/13/2026

We are pleased to confirm the attached quotation being offered with **Acceptance Casualty Insurance Company.** This carrier is **Non-Admitted** in the state of **CA.** Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Limits: As Per Property DIC Coverage Quote Attached

Premium:	**$32,869.00**
Broker Fee	$750.00
Surplus Lines Tax	$986.07
Stamping Office Fee	$59.16
Grand Total:	**$34,664.23**

Option to Elect Terrorism Coverage

TRIPRA Premium: INCLUDED
Additional Taxes:
Total Including TRIA(if elected) **$34,664.23**

Commission: 11%

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

California Tax Filings are the responsibility of: ( ) Your Agency (X) CRC
SURPLUS LINES LICENSEE: CRC Corporate License 0778135

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby

confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as “contingent commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Premium Finance. AFCO provides premium financing solutions for large, mid-size and small corporate accounts;

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing AFCODirect@afco.com; or **call toll- free 877-317-6437**.

Sincerely,

Jeff Bianchi

JBianchi@crcgroup.com
14469050

Difference in Conditions Quote

Named Insured	Fieldstone Owners Association
Effective Date	11/13/2025
Writing Company	Acceptance Casualty Insurance Company
Premium	$32,869
Minimum Earned Premium	50% / $2,500 minimum

DIFFERENCE IN CONDITIONS COVERAGE FORM (PCM00500123)

Loc Schedule / Scheduled Limits	Per SOV Submitted	**Total Insured Value**	$32,366,441

All Other Perils Deductible (AOP)	$75,000	**Coinsurance**	80%
Water Damage Deductible	$75,000	**Valuation**	Replacement Cost

Back up of Sewers and Drains Coverage (PCM 1171 01 23)	Covered	**No**
	Occ / Aggregate Limit	**N/A**
	Deductible	**N/A**

Sprinkler Leakage (PCM 1193 05 24)	Covered	**No**
	Deductible	**N/A**

Vandalism (PCM 1194 05 24)	Covered	**No**

Business Income and Rental Value Coverage (Including Extra Expense) (PCM 1183)	Covered	**Yes**
	Values	**Per Location as shown on SOV**
	Coinsurance	**80%**
	Deductible	**72 hrs**
	Ordinary Payroll	**Not Covered**

Ice Damming (PCM11961224)	**Deductible**	**Occurrence Limit**	**Aggregate Limit**
	$75,000	$25,000	$50,000

Ordinance & Law (PCM 1175)	Covered	**Deductible**	**Coverage B & C Limit**
	No	N/A	N/A

ADDITIONAL COVERAGES AND COVERAGE EXTENSIONS

Coverage	Limit Of Insurance	Coverage	Limit Of Insurance
Debris Removal	**$25,000**	Non-Owned Detached Trailers	**$5,000**
Emergency Service Charge	**$1,000**	Property off Premises	**$10,000**
Fire Protective Equipment Discharge	**$1,000**	Electronic Data Processing: Data And Media*	**$2,500**
Pollutant Cleanup And Removal	**$10,000**		
Preservation Of Property	**30 Days**	Electronic Data Processing: Equipment*	**$2,500**
Reward Reimbursement	**$1,000**		
Accounts Receivable*	**$5,000**	Limited Coverage For "Fungi", Wet Rot And Dry Rot	**$15,000**
Claim Preparation Expenses	**$1,000**		
Fine Arts*	**$2,500**	Personal Effects & Personal Property Of Others	**$2,500**
Newly Acquired Or Constructed Property			
Building	**$1,000**	Reimbursement of Key and Lock Costs	**$1,000**
Business Personal Property	**$500**		
Time Period	**30 days**	Valuable Papers And Records*	**$5,000**

*** Accounts Receivable, Electronic Data Processing Data And Media, Electronic Data Processing Equipment, Fine Arts and Valuable Papers And Records are provided on an "All Risk" basis.**

Difference in Conditions Quote

Named Insured	Fieldstone Owners Association
Effective Date	11/13/2025

Other Forms and Endorsements	
Form Number	**Form Name**
CM 00 01 03 04	COMMERCIAL INLAND MARINE CONDITIONS
IL 00 17 11 98	COMMON POLICY CONDITIONS
PCM11700123	DIFFERENCE IN CONDITIONS EXISTING DAMAGE EXCLUSION
PCM11770123	DIFFERENCE IN CONDITIONS COLLAPSE COVERAGE
PCM11800123	DIFFERENCE IN CONDITIONS WATER DAMAGE COVERAGE
CM99080821	CYBER INCIDENT EXCLUSION
IL 09 52 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL01020220	CALIFORNIA CHANGES - ACTUAL CASH VALUE
L 02 70 07 20	CALIFORNIA CHANGES – CANCELLATION
IL 01 04 07 20	CALIFORNIA CHANGES
PCM11961224	ICE DAMMING
PIL20201220	RACE, NATIONAL ORIGIN & GENDER FORM - CALIFORNIA

Additional Conditions / Comments
Quote expires on the Proposed Policy Effective date unless agreed upon in writing
Premium to be paid in on Agency Bill
Receipt of the completed and signed Surplus Lines Tax Filing Confirmation form.
A copy of the CA Fair Plan policy with 30 days
Accord 125 & 140, if not already submitted
3 yrs of Loss Runs, if not already submitted
SOV w/Const, Sq Ft, # of Stories, Bldg Age and indicate if the building has Automatic sprinklers, if not already submitted
A copy of the Fair Plan Quote, if not already submitted
If there is a need to backdate, a No Known Loss Letter is required to Bind

Premium Tax Notice
Unless otherwise stated, the premium amounts stated in the Premium Section are net of premium tax. The surplus lines agent, broker, or producer is solely responsible for declaring and paying any and all premium taxes due.

IAT INSURANCE GROUP

Difference in Conditions Quote

SOV

Address	Building	BPP	BI/EE
105-119 Fieldstone Drive, Murphys, CA	$1,538,680		$13,050
123-137 Fieldstone Drive, Murphys, CA	$1,358,570		$13,050
141-155 Fieldstone Drive, Murphys, CA	$1,462,735		$13,050
159-167 Fieldstone Drive, Murphys, CA	$1,540,340		$13,050
171-189 Fieldstone Drive, Murphys, CA	$1,506,310		$13,050
193-205 Fieldstone Drive, Murphys, CA	$1,540,340		$13,050
209-221 Fieldstone Drive, Murphys, CA	$1,358,570		$13,050
220-362 Fieldstone Drive, Murphys, CA	$1,462,735		$13,050
339-343 Fieldstone Drive, Murphys, CA	$1,463,565		$13,050
355-361 Fieldstone Drive, Murphys, CA	$1,415,425		$13,050
174-186 Fieldstone Drive, Murphys, CA	$1,371,850		$13,050
142-146 Fieldstone Drive, Murphys, CA	$1,506,310		$13,050
116-120 Fieldstone Drive, Murphys, CA	$1,415,425		$13,050
106-327 Fieldstone Drive, Murphys, CA	$1,371,850		$13,050
311-323 Fieldstone Drive, Murphys, CA	$1,540,340		$13,050
293-307 Fieldstone Drive, Murphys, CA	$1,358,570		$13,050
281-289 Fieldstone Drive, Murphys, CA	$1,558,600		$13,050
269-277 Fieldstone Drive, Murphys, CA	$1,358,570		$13,050
253-265 Fieldstone Drive, Murphys, CA	$1,525,400		$13,050
237-249 Fieldstone Drive, Murphys, CA	$1,358,570		$13,050
225-233 Fieldstone Drive, Murphys, CA	$1,540,340		$13,050
256-228 Fieldstone Drive, Murphys, CA	$1,576,860		$13,050
260-308 Fieldstone Drive, Murphys, CA	$1,472,280		$13,050

NOTICE OF DISCLOSURE FOR AGENT, BROKER & MANAGING GENERAL AGENCY COMPENSATION

If you want to learn more about the compensation IAT pays agents, brokers or managing general agencies please visit:

https://www.iatinsurancegroup.com/docs/default-source/legal/producer-compensation-disclosure.pdf.

This notice is provided on behalf of IAT Insurance

IAT INSURANCE GROUP

TERRORISM COVERAGE NOTICE

Coverage for acts of terrorism is included in your policy.

You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is $ **Included** with your premium and does not include any charges for the portion of losses covered by the United States government under the Act.

NOTICE TO STANDARD FIRE STATE POLICYHOLDERS: In certain states ("standard fire states"), a terrorism exclusion makes an exception for **(and thereby provides coverage for) fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy, subject to all other policy terms, conditions and exclusions.**

Surplus Lines Tax Information Form

If any prefilled information is incorrect, please contact your underwriter.

Insured Information	
Policy/Quote Number:	
Name of Insured:	Fieldstone Owners Association
Primary Location Address:	105-119 Fieldstone Drive Murphys CA 95247

Surplus Lines License Information	
Surplus Lines Tax Filing State:	California
Surplus Lines Licensee Name:	
License Number:	
License State:	California
License Expirtation Date:	

Policy Information	
Total Premium:	$32,869
Policy Fee	
Other Fee(s):	
Stamping Fee:	
Surplus Lines Tax:	
Other Tax(es):	
Description of Other Fees(s):	
Description of Other Tax(es):	

Contact Information (For questions regarding Surplus Lines Taxes for this policy)	
Name:	
Email:	
Phone:	

IMPORTANT NOTICE:

1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07- lasli/lasli.cfm.

8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

Date: _____

Insured: _____

IMPORTANT NOTICE:

1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

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the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

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The Surplus Line Association of California
DILIGENT SEARCH REPORT (SL-2 FORM)

Before completing this report, please review the instructions on page 2.

① I, _____, hereby submit that I performed or supervised this diligent search, and I am:

(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number _____; **OR**

(B) licensed and an endorsee on the license of _____ (**Full Name of Organization**), California license number _____

② (A) Name of Insured: Fieldstone Owners Association

(B) Description of Risk: _____
(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, **NOT TYPE OF COVERAGE**)

(C) Type of Insurance or Coverage Code: _____

③ Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

(A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

	INSURER 1	INSURER 2	INSURER 3
NAIC ID			
MONTH, YEAR OF DECLINATION			
FULL NAME OF ADMITTED INSURER			
CONTACT INFORMATION FULL NAME			
PHONE / EMAIL			
OR WEBSITE			

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C). _____

_____

④ Is the type of insurance you are reporting as identified in line 2(C) **private passenger automobile liability or health**? Yes ☐ No ☐

If you answered "yes," please complete the Diligent Search Report Addendum.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

_____

(Signature of Licensee Named on Line 1) (Date)

The Surplus Line Association of California
DILIGENT SEARCH REPORT (SL-2 FORM)

DILIGENT SEARCH REPORT (SL-2 FORM) ADDENDUM PRIVATE PASSENGER AUTOMOBILE LIABILITY INSURANCE COVERAGE OR HEALTH INSURANCE COVERAGE

1. If **Private Passenger Automobile Liability Insurance** is identified on line 2(C), complete the following:

   (A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?

   https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS&sectionNum=1861.025.

   (CHECK ONE) YES ☐ **NO** ☐

   (B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

   (CHECK ONE) YES ☐ **NO** ☐

   If YES, has this risk been submitted to and found to be ineligible by CAARP?

   (CHECK ONE) YES ☐ **NO** ☐

   If your answer is NO, this coverage cannot be placed with a non-admitted insurer. (See California Insurance Code section 1763.5)

   https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS&sectionNum=1763.5.

2. If **Health Insurance** is identified on line 2(C), does the insured qualify as a "Small Employer" under California Insurance Code section 10700(x)?

   https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=INS&division=2.&title=&part=2.&chapter=8.&article=1.

   (CHECK ONE) YES ☐ **NO** ☐

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CA Broker License: #0C97535
NV Broker License: #498347
AZ Broker License: #1800015845

October 27, 2025

Fieldstone Owners Association
CALIFORNIA FAIR PLAN, SUPERWRAP, PROPERTY AND LIABILITY INSURANCE PROPOSAL
Policy Term: 11/2/2025 to 11/2/2026

COVERAGE	AMOUNT	DEDUCTIBLE	INSURANCE COMPANY	PREMIUM
Fire/V&MM Only:	1) $32,066,291 2) $300,150	10%	California FAIR Plan Association	$131,376.00
Wrap/DIC:	$32,366,441	$75,000	*Acceptance Casualty Ins. Co.	$34,664.23
General Liability: *(NOHA Included)*	$1,000,000/ $2,000,000	$0	*Mt. Vernon Fire Ins Co.	$3,308.48 *25% MEP*
Umbrella Liability:	$5,000,000	$0	Federal Insurance Co.	$1,393.00
Directors and Officers Liability:	$1,000,000	$1,000	Continental Casualty Co.	$1,132.00
Fidelity Bond:	$425,000	$500	Continental Casualty Co.	$680.00
Workers Comp:	$1,000,000	$0	Hanover American Ins. Co	$367.00

*Non-Admitted
MEP= Minimum Earned Premium
ADDITIONAL INFORMATION:

BROKER FEE: $0
TOTAL ANNUAL PREMIUM: $172,920.71

California Fair Plan:

1) Building/Property coverage 2) Business Income/Loss of Income Assessments. Building/Property coverage is scheduled as per the attached quotation.

The CFP policy is Replacement Cost, Named Perils Form (Fire, Lightening, Vandalism, Malicious Mischief) and Extended Coverage (wind or hail, explosion, riot or civil commotion, aircraft, or Vehicle damage and Volcanic Eruption) and 90% co-insurance.

Interior Coverage: The interior coverage is walls-in excluding Betterments & Improvements.

To bind, premium must be paid direct by ETF, Debit Card or Credit Card by visiting #{onlinePaymentLink}.

Wrap/DIC/All-Other-Perils:

1) Building/Property coverage 2) Business Income/Loss of Income Assessments 3) Other Property as scheduled.

The DIC/AOP policy form is Replacement Cost, All risks of direct physical loss specifically excluded by CA Fair Plan as further defined in MRSI Endorsement PRES0009 with 80% co-insurance.

Building coverage includes Equipment Breakdown (Excluded), Building Ordinance Coverage A, B and C (EXCLUDED), Sewer Drain Backup (EXCLUDED).

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This insurance policy cannot be purchased without the California Fair Plan policy being purchased.

Please note the policies above that are subject to a Minimum Earned Premium or MEP which the carrier will calculate if a cancellation occurs.

IN GENERAL:

Above Premium includes any Carrier/Wholesaler taxes and/or fees.

Terrorism: Property (California Fair Plan) - Excluded; (DIC – AOP) Excluded – can be added by request for additional premium.

The California FAIR Plan and AOP/DIC quotes as received by our office are attached for your review. Please examine carefully and let me know if you have any questions or need a copy of the policy forms/endorsements.

The above are only summaries of coverage; in no way would the language in this indication supersede policy language. Policy language will always govern coverage decisions.

Thank you for this opportunity.

My best,

Tina Keele, CIRMS – Vice President
916-712-1916 | tina.keele@hubinternational.com

CFP Coverage Schedule:

Building Number	Coverage Limit
1	$1,538,680
2	$1,358,570
3	$1,462,735

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4	$1,540,340
5	$1,506,310
6	$4,396
7	$1,358,570
8	$1,462,735
9	$1,463,565
10	$1,415,425
11	$1,371,850
12	$1,506,310
13	$1,415,425
14	$1,371,850
15	$1,540,340
16	$1,358,570
17	$1,558,600
18	$1,358,570
19	$1,525,400
20	$1,358,570
21	$1,540,340
22	$1,576,860
23	$1,472,280
Building Coverage Total	**$32,066,291**

* This schedule is from the California FAIR Plan quotation. It is important to review in its entirety as it will be the maximum coverage provided. A signature will be required by Socher Insurance Agency on the CFP application.

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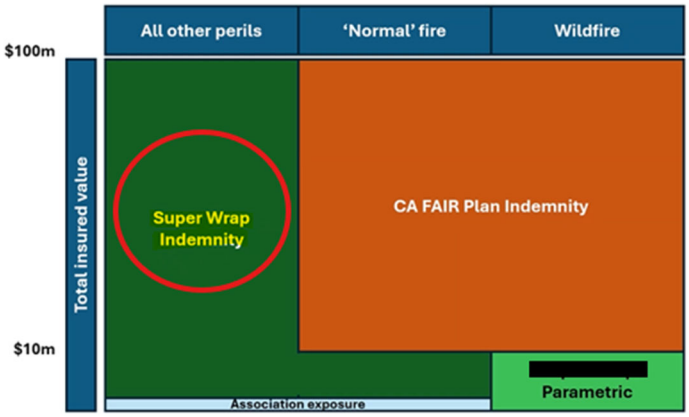
SUPERWRAP INCLUDING ALL OTHER PERILS:

1) Building/Property coverage 2) Business Income/Loss of Income Assessments 3) Fire Coverage (CFP Deductible and Extended Coverages) 4) Parametric Wildfire as shown below:

The SuperWrap policy form is Replacement Cost, and enhances a standard DIC policy by covering perils insured under the CFP to offset all or part of its deductible:



Building coverage includes Equipment Breakdown (INCLUDED), Building Ordinance Coverage A, B ($300,000 per building) and C ($300,000 per building), Sewer Drain Backup ($75,000), NO coinsurance, 4% Inflation Guard.

This insurance policy cannot be purchased without the California Fair Plan policy being purchased.

The quote includes the following coverages:	*Coverage Limit:*	*Deductible:*
Insuring Agreement:	Single Entity	
Employee Theft-Stated Value	$25,000	$1,000
Employee Theft - Property Managers	Included	
Ordinance or Law- Demolition Cost:	$300,000	$50,000
Ordinance or Law- Increased Cost of Const:	$300,000	$50,000
Building **"Replacement Cost"**	**$32,066,291**	***$50,000 AOP***
Personal Property:	$25,000	$10,000
Business Income/Extra Expense:	$214,500	
Equipment Breakdown:	Included	
Sewer/Drain Backup: Inside/Outside-Stated Value	$75,000	$50,000
Property Enhancement: **"Gold"**	Included	
Outdoor Property: In-Ground Sprinkler Systems and Piping:	$5,000	$500
Outdoor Property: Trees, Shrubs and Plants	$10,000	$500
FAIR Plan Companion Coverage • Extended Coverages	$3,206,629 Included	$50,000
Parametric Wildfire • Wildfire in Smoke Range • Association Perimeter Breach • Aggregate Endorsement Limit	 $25,000 $50,000 $50,000	

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IN GENERAL:

General Liability, Directors and Officers Liability, Umbrella Liability, Workers Comp and Fidelity Bond are all California admitted insurance carriers.

Above Premium includes any Carrier/Wholesaler taxes and/or fees. Fees are 100% Fully Earned.

Terrorism: Property (California Fair Plan) - Excluded; (SuperWrap/Parametric) Excluded but available upon request.

The California FAIR Plan and AOP/DIC quotes as received by our office are attached for your review. Please examine carefully and let me know if you have any questions or need a copy of the policy forms/endorsements.

The above are only summaries of coverage; in no way would the language in this indication supersede policy language. Policy language will always govern coverage decisions.

Thank you for this opportunity.

My best,

Tina Keele, CIRMS – Vice President
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