

Wells Fargo Insurance Services USA, Inc.
CA DOI#oDo8408
45 Fremont Street, Suite 800
San Francisco, CA 94105
Tel 415 541-7900
Fax 415 541-7195

February 1, 2010

To the Owners of:

The Sierra At Jack London Square Owners Association
311 Oak Street
Oakland, CA 94607

Re: Insurance

Ladies and Gentlemen:

Enclosed is an Evidence of Property Insurance and Certificate of Liability Insurance which should be forwarded to your lender. If your lender sends you a letter requesting an evidence showing your name and address and their name and address, please fax it to our office, attention Michelle Shivers-Dixon fax number (415) 495-6261 and she will forward a specific evidence to your lender.

NOTE THAT THE PROPERTY DEDUCTIBLE IS \$10,000. IT IS VERY IMPORTANT THAT YOU PURCHASE A HOMEOWNERS POLICY TO COVER YOUR FIXTURES/BUILDING IMPROVEMENTS YOU ARE REQUIRED TO INSURE PER THE GOVERNING DOCUMENTS, LOSS ASSESSMENTS, PERSONAL PROPERTY, ADDITIONAL LIVING EXPENSE/RENTS AND PERSONAL LIABILITY. YOU COULD BE CHARGED FOR THE \$10,000 DEDUCTIBLE IN THE EVENT YOU ARE NOT ADEQUATELY INSURED, AND/OR IF YOU ARE AT FAULT FOR THE CLAIM.

Please call us if there are any questions on the insurance program.

Sincerely,



Dorothy McCorkindale, CPCU
Senior Vice President

DMC:dmh

Enclosures



Together we'll go far



THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY

PRODUCER Wells Fargo Insurance Services USA, Inc. 45 Fremont Street, Suite 800 San Francisco, CA 94105 Phone (A/C, No, Ext): 415-541-7900	COMPANY A) Affiliated FM Insurance Company						
CODE: _____ SUB CODE: _____							
AGENCY CUSTOMER ID #: _____							
INSURED The Sierra At Jack London Square Owners Association 311 Oak Street Oakland, CA 94607	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">LOAN NUMBER</td> <td style="width:50%;">POLICY NUMBER A) Affiliated: TS666</td> </tr> <tr> <td>EFFECTIVE DATE 2/1/10</td> <td>EXPIRATION DATE 2/1/11</td> </tr> <tr> <td colspan="2" style="text-align:right;">Continuous until Canceled</td> </tr> </table>	LOAN NUMBER	POLICY NUMBER A) Affiliated: TS666	EFFECTIVE DATE 2/1/10	EXPIRATION DATE 2/1/11	Continuous until Canceled	
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EFFECTIVE DATE 2/1/10	EXPIRATION DATE 2/1/11						
Continuous until Canceled							
THIS REPLACES PRIOR EVIDENCE DATED:							

RE:	311 Oak Street Oakland, CA 94607
OWNER:	ANY UNIT OF RECORD AT TIME OF LOSS
UNIT NUMBER	

A) BUILDING, BUSINESS PERSONAL PROPERTY & BUSINESS INCOME Affiliated FM ProVision Form (Excluding Earthquake); Special Form; Including \$50,000,000 Building Ordinance Increased Cost of Construction, \$10,000,000. Building Ordinance Demolition; Replacement Cost; Flood; Agreed Amount; Terrorist Risk Insurance Act included. EARTHQUAKE SPRINKLER LEAKAGE EMPLOYEE / BOARD MEMBER DISHONESTY (National Union Fire Insurance Company Policy #01-450-85-87)	\$ 75500000 \$ INCLUDED \$ 750000	\$ 10,000 \$ 25,000 \$ 5,000
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REMARKS (Including Special Conditions)
438BFUNS

CANCELLATION *10 Days Notice of Cancellation for Non-Payment of Premium
 THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL ENDEAVOR TO GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISION OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/>	MORTGAGEE		ADDITIONAL INSURED
To Any Lender of Record at the time of a loss	<input checked="" type="checkbox"/>	LOSS PAYEE		
	AUTHORIZED REPRESENTATIVE 			

RECORD.**CERTIFICATE OF INSURANCE**ISSUE DATE:
1/30/2010

PRODUCER:

Wells Fargo Insurance Services USA, Inc.
45 Fremont Street, Suite 800
San Francisco CA 94105
CA DOI License #0D08408

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	CHUBB CUSTOM INSURANCE COMPANY
COMPANY LETTER B	FEDERAL INSURANCE COMPANY (CHUBB)
COMPANY LETTER C	TRAVELERS CASUALTY & SURETY CO.
COMPANY LETTER D	
COMPANY LETTER E	

INSURED:

The Sierra At Jack London Square Owners Association
311 Oak Street
Oakland, CA 94607

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input checked="" type="checkbox"/> \$5,000. Deductible Per Occurrence	79497271	2/1/10	2/1/11	GENERAL AGGREGATE PROD-COMP/OP AGG. PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	2,000,000. 2,000,000. 1,000,000. 1,000,000. 100,000. N/A
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	79497272	2/1/10	2/1/11	COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	1,000,000.
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	79217704	2/1/10	2/1/11	EACH OCCURRENCE AGGREGATE	35,000,000. 35,000,000.
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	
C	OTHER INSURANCE Directors & Officers	104103449	2/1/10	2/1/11	Each Occurrence Annual Aggregate	2,000,000 2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

ANY UNIT OWNER OF RECORD AT TIME OF LOSS

NAME AND ADDRESS OF CERTIFICATE HOLDER:

ANY LENDER OF RECORD AT TIME OF LOSS

CANCELLATION:

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

AUTHORIZED REPRESENTATIVE:

