

## **FIRST AMENDMENT TO SUBMANAGEMENT AGREEMENT**

This First Amendment of the Agreement, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2025, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "the City"), RiverRock Real Estate Group, LP, a California limited partnership, whose address is 2392 Morse Ave., Suite 100, Irvine, CA 92614 (hereinafter "Manager"), and Cerda-Zein Real Estate, Inc., a California corporation ("Sub-Manager") whose address is 2514 Santa Clara Ave, Alameda, CA, 94501, (hereinafter "Sub-Manager"), is made with reference to the following:

### **RECITALS:**

A. On March 28, 2022, an agreement was entered into by and between the City, Manager, and Sub-Manager (hereinafter "Agreement") for managing, operating, maintaining, and servicing the Managed Properties (Exhibit A of original agreement).

B. Whereas, the City Council authorized the City Manager to execute this Agreement, as amended on \_\_\_\_\_.

C. The City and Provider desire to modify the Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

1. Paragraph 1, TERM, of the Agreement is modified to read as follows:

The term of this Agreement shall commence on the 28<sup>th</sup> of March, 2022, and shall terminate on the 30th day of April, 2026, unless terminated earlier as set forth herein.

2. Exhibit D, SCOPE OF WORK, remains unchanged with the exception of the section titled "Repair, Maintenance/Operations Program" which is to be modified to read as reflected in Exhibit A hereto.

3. Attachment 1 hereto is incorporated and will serve as the standard form of Walk Through Inspection Checklist.

4. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

*Signatures on following page*

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

MANAGER:

RIVERROCK REAL ESTATE GROUP  
a Limited Partnership

CITY:

CITY OF ALAMEDA,  
a municipal corporation

Signed by:

*Michael D. Meyer*

4BB49143A256428

Mike Meyer  
Regional Vice President  
CA License #01327247

Jennifer Ott  
City Manager

RECOMMENDED FOR APPROVAL

SUB-MANAGER:

CERDA-ZEIN REAL ESTATE, INC.  
a California corporation

Signed by:

*Nancy Cerda-Zein*

46E5D54FC8D2488

Nancy Cerda-Zein  
Managing Partner

Signed by:

*Abigail Thorne-Lyman*

2E4D71136B954F6

Abigail Thorne-Lyman  
Director, Base Reuse and Economic  
Development Department

APPROVED AS TO FORM:  
City Attorney

DocuSigned by:

*Len Aslanian*

765D25E39B18464

Len Aslanian  
Assistant City Attorney

DocuSigned by:

*Jose Cerda-Zein*

9554417D944A4

Jose Cerda-Zein  
Broker, CEO

**Exhibit A-1**  
**Updated Section of Scope of Work**  
**Repair, Maintenance/Operations Program**

1. Conducting regular, routine inspections of the Buildings to facilitate continued decent, safe and sanitary condition based on a limited visual walk through survey and noting deficiencies with proper corrective action to be implemented, and notification in writing to the City and its Commercial Property Management Provider. Inspect building exteriors on a monthly basis and interior a minimum of once per calendar year but always at prior to leasing. Turnover inspections shall include video footage and/or photos and a written documentation signed by tenant and PM firm regarding condition of premises.
2. Maintaining all physical areas within the Buildings and exterior grounds to assure that appropriate levels of cleanliness, state of repair, and aesthetic appeal are maintained.
3. Conducting a preventative maintenance and inspection program. Including the usage of the rental housing checklist prior to the move in of a new tenancy. The Parties acknowledge and understand that CZRE is not a home inspection company or provider, and that the 'inspection' listed herein will be performed to the standard of a reasonable property manager providing services under similar circumstances.
4. Evaluating and (in conjunction with Manager) controlling all factors relating to liability, life safety, security, and environmental issues.
5. Maintaining an inventory listing and control of all building equipment and supply items.
6. Supervising all contractors engaged in providing routine or periodic services on behalf of the Buildings and administration of all service contracts; competitively bidding and negotiating contracts for those services as required.
7. Overseeing and administering all necessary improvement projects.
8. Addressing emergency calls within 30 minutes or less.
9. Managing landscape contract and ensuring residential units present a neat and professional looking landscape year round.



# Attachment 1

## City Residential Units

### Walk Through Inspection List

**Property Address:**

Street Address:

Unit #:

**City of Alameda disclaimer.** This list is intended to ensure minimum safety in accordance with the requirements of the California Health and Safety Code for habitability. The inspection was limited to the areas in plain view, there may be additional items not observed due to the lack of access.

**Unit conditions:**

<b>SECTION 1 - EXTERIOR</b>	<b>Pass</b>	<b>N/A</b>	<b>Fail</b>
1) Front door needs to be adjusted to open/close freely. (this condition will worsen during the rainy season)			
2) All bushes and overgrown vegetation including grass around the property are properly maintained.			
3) Need to add missing gutters and downspouts.			
4) All downspouts have splash blocks to keep rainwater away from the building.			
5) Please check the exterior patio enclosure for water intrusion and seal as necessary.			
6) I recommend adding a level landing to the front door to avoid a tripping hazard. (9" step is too steep)			
<b>SECTION 2 - LIVING ROOM/DINING ROOM</b>			
Receptacles are free of short circuits. (EG. Reversed polarity, open neutral, etc.)			
1) Please check all receptacles. At least one of the receptacles in the living room was found with reversed polarity which is where the neutral and hot conductors are reversed)			
2) All receptacles are properly secured and have a listed cover.			
3) Windows required for ventilation are equipped with screens and able to open freely.			
4) If a living room is adjacent to a sleeping room, it shall be equipped with a carbon monoxide and smoke detector.			
5) Multi-outlet devices shall be removed			
6) All window glass is in good condition, free of damage and properly sealed at the edges.			
<b>SECTION 3 - SLEEPING ROOM/OFFICE NEXT TO THE ENTRY</b>			
1) The area adjacent to the entry/living room leads to a room that may be used for sleeping please add a combination smoke and carbon monoxide detector.			
2) Windows in all sleeping rooms that are considered rescue openings shall be unobstructed and open freely.			
3) Windows required for ventilation shall be equipped with screens and be able to open freely.			
4) All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.			
5) All window glass is in good condition, free of damage and properly sealed at the edges.			
<b>SECTION 4 - KITCHEN</b>			
1) Please obtain the required permit for the kitchen remodel and bring it up to code for outlet spacing, GFCI protection, tamper resistant receptacles, and provide the minimum 2 small appliance circuits, etc.			
2) Anti-tipping bracket in accordance with the manufacturer's installation instructions.			
3) Access to verify that the range hood ductwork is of 26 gauge, metallic and smooth materials.			
4) Multi-outlet devices being used.			
5) Are the plumbing fittings under the sink listed products? (Flexible and corrugated fittings are not listed per the California Plumbing Code.) Please replace the repair coupling under the kitchen sink.			
6) Hot and cold water have sufficient flow.			
7) All plumbing and sewer piping drain properly and are free of leaks.			
8) Light fixtures are in good condition			
9) Switches and receptacles are in good condition			
10) All gas lines are free of leaks and any gaseous odors. (Immediately report gas leaks or gaseous odors to PG&E and owner/manager).			

<b>SECTION 5 - BEDROOM #1 Downstairs</b>				Pass	N/A	Fail
1)	Windows in all sleeping rooms that are considered rescue openings shall be unobstructed and open freely.					
2)	Windows required for ventilation shall be equipped with screens and be able to open freely.					
3)	All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.					
4)	Multi-outlet devices shall be removed					
5)	All window glass is in good condition, free of damage and properly sealed at the edges.					
<b>SECTION 6 - BEDROOM #2 Upstairs</b>						
1)	Windows in all sleeping rooms that are considered rescue openings shall be unobstructed and open freely.					
2)	Windows required for ventilation shall be equipped with screens and be able to open freely.					
3)	All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.					
4)	Multi-outlet devices shall be removed					
5)	All window glass is in good condition, free of damage and properly sealed at the edges.					
<b>SECTION 7 - BEDROOM #3 Upstairs</b>						
1)	Windows in all sleeping rooms that are considered rescue openings shall be unobstructed and open freely.					
2)	Windows required for ventilation shall be equipped with screens and be able to open freely.					
3)	All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.					
4)	Multi-outlet devices shall be removed					
5)	All window glass is in good condition, free of damage and properly sealed at the edges.					
<b>SECTION 8 - BEDROOM #4 Upstairs</b>						
1)	Windows in all sleeping rooms that are considered rescue openings shall be unobstructed and open freely.					
2)	Windows required for ventilation shall be equipped with screens and be able to open freely.					
3)	All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.					
4)	Multi-outlet devices shall be removed					
5)	All window glass is in good condition, free of damage and properly sealed at the edges.					
<b>SECTION 9 - HALLWAYS (Upstairs and Downstairs)</b>						
1)	Hallways leading to a sleeping room shall be equipped with a smoke and carbon monoxide detector. (Please add a combination smoke and carbon monoxide alarm at the bottom of the stairs)					
2)	All smoke detectors work properly, are less than 10 years old, and the alarm sounds when tested.					
3)	Please secure attic access to prevent unauthorized storage					
<b>SECTION 10 - BATHROOMS (Downstairs and upstairs)</b>						
1)	All faucets are in working condition and all handles, valves, diverters are free of leaks and visible damage.					
2)	Hot and cold water have sufficient flow.					
3)	Toilets are secure in place, in good working condition and free of leaks.					
4)	Are the plumbing fittings under the sinks and lavatories listed products? (Flexible and corrugated fittings are not listed per the California Plumbing Code.)					
5)	All receptacles that have been replaced in the bathrooms are Ground Fault Circuit Interrupter (GFCI) protected outlets.					
6)	Existing light fixtures in the shower area (if any) are GFCI protected and waterproof					
7)	Light and switch in working condition					
8)	Tub/shower joints, and toilet base are properly caulked					
9)	The bathrooms are free of visual mold/mildew					

<b>SECTION 11- UTILITIES CLOSET</b>	<b>Pass</b>	<b>N/A</b>	<b>Failed</b>
<b>SECTION 11-A - HEATING AND WATER HEATERS</b>			
1) All heating equipment is operational, in safe working condition and properly maintained.			
2) The gas heater is operating normally and is provided with minimum combustion air.			
3) All gas lines are free of leaks and any gaseous odors. (Immediately report gas leaks or gaseous odors to PG&E and owner/manager).			
4) All gas lines in the unit have accessible shut-off valves.			
5) Water heaters are installed correctly and meet the following requirements:			
a) Earthquake straps are secured on the bottom 1/3 and the upper 1/3 portions;			
b) Water heater has a temperature and pressure relief valve. Rigid piping for the TPR valve is installed maintaining a downward slope terminating between 6 and 24 inches above grade;			
c) A drain pan is installed where damage from a leaking water heater may occur;			
d) The draft hood to the vent is secured with a minimum of 3 screws and the vent connector slopes upward maintaining a minimum slope of 1/4 inch per foot;			
e) A bond wire is connected between the metal hot and cold-water supply lines and gas piping.			
<b>SECTION 11-B – ELECTRICAL PANELS</b>			
1) Are the fuses in the panel box that serve each unit rated at 15 amps or less?			
2) For fuse panels with 20 amps or larger fuses, the wiring is sized properly and is capable of handling the load or has been inspected by a licensed electrical contractor.			
3) Are there any noticeable alterations to the panel or wiring system?			
4) Are the circuits labeled as per the area served?			
5) Are there any openings in the panel that may be considered an electrical hazard? (Please make sure the fuse area is accessible to authorized personnel only)			
<b>SECTION 12 - HANDRAIL &amp; GUARDRAIL CONDITION</b>			
1) Handrails and guardrails are tightly fastened, sound and in good condition.			
<b>SECTION 13 - INTERIOR STAIRWAY CONDITION</b>			
1) Stairways, including treads, risers, and landings, are in good condition, adequately fastened, with no damaged, missing, or loose structural members.			
<b>SECTION 14 - WALKWAYS AND PATHWAYS</b>			
All exit pathways and stairways are clear of open storage, trash and debris.			
All electrical fixtures providing lighting and directional signage for the common areas are in working condition.			
<b>SECTION 15 - FLOORS &amp; TRIP HAZARDS</b>			
1) All floors and floor coverings are free of significant trip hazards due to damage or structural defect.			
2) The bathroom floor is finished with a non-absorbent material and is sealed to prevent moisture intrusion.			
<b>SECTION 15 - MISCELLANEOUS CONDITIONS OR DAMAGE:</b>			
1) Kitchen cabinet doors and drawers in good working condition.			
2) Interior doors, knobs and casing are free of damage.			
3) Unit cleanliness			
4) Paint in good condition (This means that the paint is not peeling or have unrepaired surfaces, damage, etc.)			
5) Exterior cleanliness.			
6) Dwelling units do not contain excessive personal storage, and a clear egress path is maintained to all exterior doors and windows.			
<b>SECTION 16 - MOLD OR MILDEW</b>			
1) Is visible mold observed at the time of inspection?			
2) Are there signs that the unit is not being properly ventilated by the resident?			
3) Are all exhaust fans in the unit in good operable condition?			

[illegible]

☐ I certify I have inspected the aforementioned unit and the information above is true and correct.

☐ I certify I was unable to inspect the aforementioned unit because the tenant(s) refused to allow entry.

Name of Certifier (Please print): \_\_\_\_\_ Relationship to Property: \_\_\_\_\_

Owner or Manager Name \_\_\_\_\_

**Mailing Address and Phone #:** \_\_\_\_\_

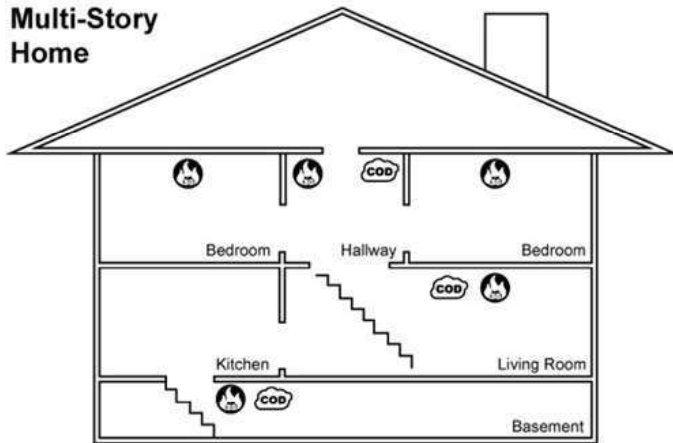
Signature and Date: \_\_\_\_\_

## NOTES:

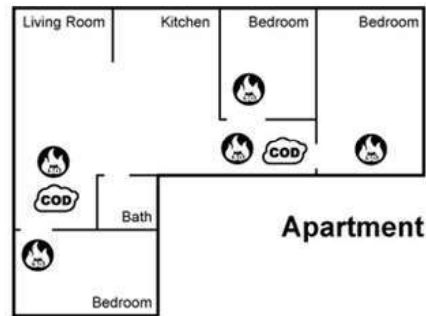
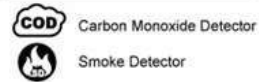
**DOOR LOCKS:** Double cylinder deadbolts that use a key on both sides are prohibited by ordinance on all doors.

**SMOKE AND CARBON MONOXIDE DETECTORS AND ALARMS:** Smoke detectors that are replaced

**Multi-Story Home**



**LEGEND**



must have 10-year batteries and smoke alarms older than 10 years should be replaced with a 10-year battery life smoke detector. It is recommended to replace a carbon monoxide alarm upon expiration or after 10 years of service with a 10-year battery life carbon monoxide alarm.

**Attics and Basements:** If the attic is habitable, it should also have alarms in it.

### Is my underfloor area a basement requiring an alarm?

The code requires a smoke and CO alarm in all basements. If there is an underfloor area in your building that has a finished floor surface, it qualifies as a basement. Areas that are strictly crawl spaces do not require an alarm. However, if the underfloor area is accessed through a door or stairway and could be used for storage, alarms should be installed.

**HEATING:** It is recommended that all heating equipment be inspected by a licensed HVAC contractor at least every 5 years.

### **PLUMBING:**

- Stains on walls, ceilings, and floors often indicate water damage and/or an ongoing leak(s) that needs to be repaired.
- If the flow from the tap is less than the circumference of a #2 pencil (1/4 inch), it is not sufficient and may indicate a partially clogged pipe.

**FIRE EXTINGUISHER:** The date on the tag is the last inspection date and the unit is good for one year from this date.

**ELECTRICAL PANELS WITH FUSES:** If screw-based fuses greater than 15 amps are installed, an electrical danger may be present unless the wiring has been updated OR been evaluated by a licensed electrician and is capable of handling the current load. It is a potential fire hazard if the fuse size exceeds the limit of the associated wire size. The City strongly recommends you contact a licensed electrician if you are unsure about the proper fuses for the building or units.

**BUILDINGS CONSTRUCTED IN 1960 OR EARLIER:** If screw-based fuses greater than 15 amps are installed and the unit was built in 1960 or before, an electrical danger may be present unless the wiring has been updated OR been evaluated by a licensed electrician and is capable of handling the current load. The City strongly recommends you contact a licensed electrician if you are unsure about the proper fuses for the building or units.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>State Farm</b> LARRY BOLTON, AGENT, LIC # 0744817 934 CENTRAL AVE ALAMEDA, CA 94501	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 510-521-4272      FAX (A/C, No): 510-521-9180 E-MAIL: ADDRESS:  <table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Mutual Automobile Insurance Company	25178	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: State Farm Mutual Automobile Insurance Company	25178														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> JOSE & NANCY CERDA-ZEIN CERDA-ZEIN REAL ESTATE 1417 EVERETT ST ALAMEDA CA 94501															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
F	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	97-EB-T048-3	07/18/2024	07/18/2025	EACH OCCURRENCE \$ 6,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
							GENERAL AGGREGATE \$ 12,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	Y	Y	C06 0286-E07-05Q	11/07/2024	11/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$
	270 0112-E03-05D			11/03/2024	11/03/2025	BODILY INJURY (Per person) \$ 1,000,000	
	493 5309-C20-05A			09/20/2024	09/20/2025	BODILY INJURY (Per accident) \$ 1,000,000	
	499 3570-A07-05			01/07/2025	01/07/2026	PROPERTY DAMAGE (Per accident) \$ 1,000,000	
						\$	
F	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
	\$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CITY OF ALAMEDA, ITS CITY COUNCIL, BOARDS, COMMISSIONS, OFFICIALS, EMPLOYEES, AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED AS THEIR INTERESTS MAY APPEAR.

DS  
Lc

3/26/2025

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF ALAMEDA 2263 SANTA CLARA AVENUE  ALAMEDA CA 94501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

### **6028BU ADDITIONAL INSURED (Prior Notice of Termination)**

---

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. A **person** or organization shown on the Declarations Page as an Additional Insured is provided Liability Coverage, but only to the extent that **person** or organization qualifies as an **insured** as defined in Liability Coverage.
2. An Additional Insured has the same right of recovery under Liability Coverage as if they had not been shown on the Declarations Page as an Additional Insured.
3. If Liability Coverage is changed or terminated as to the interest of the Additional Insured, unless another number of days notice is shown on the Declarations Page, **we** will provide the Additional Insured:
  - a. 10 days notice of such change or termination if the policy is nonrenewed or the cancellation is for nonpayment of premium; and
  - b. 20 days notice of such change or termination if the cancellation is for any reason other than nonpayment of premium.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>Hindsight Insurance Services</b> <b>3478 Buskirk Ave. Suite 1000</b> <b>Pleasant Hill, CA 94523</b>	<b>CONTACT NAME:</b> Jessica Callahan <b>PHONE (A/C, No. Ext):</b> 800-264-4637 <b>FAX (A/C, No):</b> 888-259-5561 <b>E-MAIL ADDRESS:</b> Jessica@Hindsightins.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : <b>Security National Insurance Company</b></td> <td><b>19879</b></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Security National Insurance Company</b>	<b>19879</b>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : <b>Security National Insurance Company</b>	<b>19879</b>														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b>  <b>Cerda Zein Real Estate Inc.</b> <b>1417 Everett St</b> <b>Alameda, CA 94501</b>															

**COVERAGES****CERTIFICATE NUMBER: 00002247-0****REVISION NUMBER: 6**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <b>Y</b>	N / A	<b>SNP1518247</b>	<b>11/02/2024</b>	<b>11/02/2025</b>	<b>X</b> PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

evidence of workers comp insurance

**CERTIFICATE HOLDER****CANCELLATION**

<b>City of Alameda</b> <b>2263 Santa Clara Avenue</b> <b>Alameda, CA 94501</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  <div style="text-align: right;">(JAC)</div>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

ERRORS AND OMISSIONS/PROFESSIONAL LIABILITY

Date: 10/01/24

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCE, AND THE CERTIFICATE HOLDER.

<b>INSURED</b> Cerde-Zein Real Estate 2515 Santa Clara Ave Alameda CA 94501	<b>PRODUCER</b> Diane Hansen CA CDI#0G94723
--	---

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS 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 POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

<b>TYPE OF INSURANCE</b>  Real Estate E&O Claims Made and Reported Policy	<b>INSURER AFFORDING COVERAGE</b>  United States Liability Ins.	<b>POLICY NUMBER</b>  PM1555468C
<b>POLICY EFFECTIVE DATE</b>  10/06/24 12:01 a.m. Standard Time at the mailing address of the Named Insured above	<b>POLICY EXPIRATION DATE</b>  10/06/25 12:01 a.m. Standard Time at the mailing address of the Named Insured above	<b>RETROACTIVE/PRIOR ACTS DATE</b>  08/01/09 This insurance will not apply to any regular act, error, omissions or personal injury which occurred before this date
<b>LIMITS OF LIABILITY</b> Each Occurrence/Wrongful Act  \$ 2,000,000	<b>LIMITS OF LIABILITY</b> General Aggregate  \$ 2,000,000	<b>DEDUCTIBLE RETENTION</b> Per Claim  \$ 5,000

**Claims Made and Reported Policy:**  
This insurance coverage is on a claims made and reported basis. Coverage applies only to those Claims that are first made against You and reported to the **insurer/carrier** during the Policy Period and any Extended Reporting Period as those terms are described in the Policy. Coverage does not apply to any Wrongful Acts committed before the Retroactive Date/Prior Acts Date.

**Cancellation:**  
This certificate cannot be cancelled flat. In the event of cancellation of this certificate the Insurer shall be entitled to an earned premium for the time in force (a) a short rate of the annual premium if cancelled by the Insured, or (b) at a pro rate of the annual premium if cancelled by the Insurer. If the Certificate is subject to a MINIMUM RETAINED PREMIUM and is cancelled by the Insured, the greater of the minimum retained premium or the short rate premium shall apply.





## 24/7 CLAIM REPORTING

In our continuing effort to provide you with excellent claim service, you may now report a claim and get claim assistance 24 hours a day/7 days a week.

**For claim reporting, call toll free 1-888-875-5231 or visit [USLI.COM](http://USLI.COM) and select the “report a claim” option.**

For emergency claims requiring immediate assistance, please use the toll free option. Your call will be referred to a claims professional who will respond within an hour of your call with direction and assistance.

Thank you for placing your trust in our company. We pledge to work hard every day to earn and maintain that trust.



**USLI.COM**  
**888-523-5545**

EXTENSION OF DECLARATIONS

Policy No. PM 1555468C

Effective Date: 10/06/2024  
12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Errors And Omissions Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
Jacket	07/19	Policy Jacket
PM 100	03/01	Property Managers Professional Liability Policy Form
PM 101	06/01	Coverage Part A Property Managers Errors And Omissions
PM 102	06/01	Coverage Part B (Tenant Discrimination)
PM 108	07/19	Errors and Omissions Retroactive Date Endorsement
PM 115	10/99	Tenant Discrimination Retroactive Date Endorsement
* PM 136	02/14	Lock Box Coverage Endorsement
PM 137	11/02	USA & Territories Endorsement
PM 138	02/14	Amendment of Conditions
PM 140	07/19	Personal Injury Coverage Endorsement
PM 141	09/06	Application Definition Clarification Endorsement
PM 142	02/14	Real Estate Endorsement - Errors and Omissions Coverage
PM 143	02/14	Real Estate Endorsement - Tenant Discrimination
PM 151	11/11	Increased Limits Of Liability Pending Or Prior Litigation Date Endorsement, Part A.
PM 166	07/19	Coverage Part A. Clarification Endorsement
PM 167	07/19	Coverage Part B. Clarification Endorsement
PM CA	04/06	California State Amendatory Endorsement
PROF-002	07/03	Mold, Fungus, Bacteria, Virus And Organic Pathogen Endorsement - Professional
PROF-003	11/01	War or Terrorism Exclusion

Endorsements marked with an asterisk (\*) have been added to this policy or have a new edition date and are attached with this certificate.

PROPERTY MANAGERS PROFESSIONAL LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE.

No. PM 1555468C

Effective Date: 10/06/2024  
12:01 AM STANDARD TIME

ITEM I. NAMED INSURED AND PRINCIPAL ADDRESS

CERDA-ZEIN REAL ESTATE, INC.  
DBA: OMM MASON MANAGEMENT  
1417 EVERETT ST.  
ALAMEDA, CA 94501

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 10/06/2024 To: 10/06/2025

ITEM III. COVERAGE PART A. Property Managers Errors and Omissions

LIMITS OF LIABILITY	\$2,000,000	EACH CLAIM	\$2,000,000	ANNUAL AGGREGATE
DEDUCTIBLE:	\$5,000	EACH CLAIM		
PREMIUM:	\$9,076			
RETROACTIVE DATE:	08/01/2009			

ITEM IV. COVERAGE PART B. Tenant Discrimination

LIMITS OF LIABILITY	\$250,000	EACH CLAIM	\$250,000	ANNUAL AGGREGATE
DEDUCTIBLE:	\$2,500	EACH CLAIM		
PREMIUM:	\$246			
RETROACTIVE DATE:	10/06/2020			

ITEM V. COVERAGE PART C. Employment Practices Liability

NOT PURCHASED

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at  
See Endorsement EOD (01/95)