

SERVICE PROVIDER AGREEMENT

This SERVICE PROVIDER AGREEMENT (“**Agreement**”) is entered into this ____ day of _____ 2026 (“**Effective Date**”), by and between the CITY OF ALAMEDA, a municipal corporation (“the **City**”), and CERDA-ZEIN REAL ESTATE, INC., a California corporation, whose address is 2514 Santa Clara Avenue, Alameda, California 94501 (“**Provider**”), in reference to the following facts and circumstances:

RECITALS

- A. The City is a municipal corporation duly organized and validly existing under the laws of the State of California with the power to carry on its business as it is now being conducted under the statutes of the State of California and the Charter of the City.
- B. The City is in need of the following services: residential property management services for the properties identified in Exhibit A attached hereto (collectively, the “Properties”). City staff issued a public Request for Proposals on February 2, 2026, and, after a submittal period of thirty (30) days, received five (5) timely submitted proposals. Staff reviewed the proposals, interviewed qualified firms and selected the service provider that best meets the City's need for services.
- C. Provider possesses the skill, experience, ability, background, certification and knowledge to provide the services described in this Agreement on the terms and conditions described herein.
- D. Whereas, the City Council authorized the City Manager to execute this agreement on _____.
- E. The City and Provider desire to enter into an agreement for residential property management services, upon the terms and conditions herein.

AGREEMENT

NOW, THEREFORE, in consideration of the forgoing, which are incorporated herein by reference, and for good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the City and Provider agree as follows:

1. TERM:

The term of this Agreement shall commence on the 1st day of July 2026, and shall terminate on the 31 day of June 2031, unless terminated earlier as set forth herein.

2. SERVICES TO BE PERFORMED:

Provider agrees to do all necessary work at its own cost and expense, to furnish all labor, tools, equipment, materials, except as otherwise specified, and to do all necessary work included in Exhibit B as requested. Provider acknowledges that the work plan included in Exhibit B is tentative and does not commit the City to request Provider to perform all tasks included therein.

3. COMPENSATION TO PROVIDER:

a. By the 7th day of each month, Provider shall submit to the City an invoice for the total amount of work done the previous month. Pricing and accounting of charges are to be according to the fee schedule as set forth in Exhibit C and incorporated herein by this reference. Extra work must be approved in writing by the City Manager or their designee prior to performance and shall be paid on a Time and Material basis as set forth in Exhibit C.

b. Compensation for work done under this Agreement, shall not exceed as follows:

FY 26-27 total compensation shall not exceed \$278,000

FY 27-28 total compensation shall not exceed \$285,000

FY 28-29 total compensation shall not exceed \$292,000

FY 29-30 total compensation shall not exceed \$299,000

FY 30-31 total compensation shall not exceed \$306,000

Total five (5) year total not to exceed compensation for the work is \$1,460,000 including contingency.

For clarification purposes, the parties agree and confirm that the above not-to-exceed compensation for the term of the Agreement includes the leasing commissions due and payable to Provider, pursuant to Exhibit C, as such commissions will fluctuate and reimbursement (with no mark-up) of the actual cost incurred by Provider, for the authorized purchase of materials in accordance with City policy necessary to effectuate necessary work included in Exhibit B.

Use of contingency shall be for items of work outside the original scope and require prior written authorization by the City.

4. TIME IS OF THE ESSENCE:

Provider and the City agree that time is of the essence regarding the performance of this Agreement.

5. STANDARD OF CARE:

Provider shall perform all services under this Agreement in a skillful and competent manner, consistent with the standards generally recognized as being employed by professionals in the same discipline in the State of California. Provider represents that it is skilled in the professional calling necessary to perform all services contracted for in this Agreement. Provider further represents that all of its employees and subcontractors shall have sufficient skill and experience to perform the duties assigned to them pursuant to and in furtherance this Agreement. Provider further represents that it (and its employees and subcontractors) have all licenses, permits, qualifications, and approvals of whatever nature that are legally required to perform the services (including a City Business License, as needed); and that such licenses and approvals shall be maintained throughout the term of this Agreement. As provided for in the indemnification provisions of this Agreement, Provider shall perform (at its own cost and expense and without reimbursement from the City) any services necessary to correct errors or omissions which are caused by Provider's failure to comply with the standard of care provided for herein. Any

employee of the Provider or its sub-providers who is determined by the City to be uncooperative, incompetent, a threat to the adequate or timely completion of any services under this Agreement, or a threat to the safety of persons or property (or any employee who fails or refuses to perform the services in a manner acceptable to the City) shall be promptly removed by the Provider and shall not be re-employed to perform any further services under this Agreement.

6. INDEPENDENT PARTIES:

Provider hereby declares that Provider is engaged as an independent business and Provider agrees to perform the services as an independent contractor. The manner and means of conducting the services and tasks are under the control of Provider except to the extent they are limited by statute, rule or regulation and the express terms of this Agreement. No civil service status or other right of employment will be acquired by virtue of Provider's services. None of the benefits provided by the City to its employees, including but not limited to unemployment insurance, workers' compensation plans, vacation and sick leave, are available from the City to Provider, its employees or agents. Deductions shall not be made for any state or federal taxes, FICA payments, PERS payments, or other purposes normally associated with an employer-employee relationship from any compensation due to Provider. Payments of the above items, if required, are the responsibility of Provider. Any personnel performing the services under this Agreement on behalf of Provider shall also not be employees of City and shall at all times be under Provider's exclusive direction and control.

7. IMMIGRATION REFORM AND CONTROL ACT (IRCA):

Provider assumes any and all responsibility for verifying the identity and employment authorization of all of its employees performing work hereunder, pursuant to all applicable IRCA or other federal, or state rules and regulations. Provider shall indemnify, defend, and hold the City harmless from and against any loss, damage, liability, costs or expenses arising from any noncompliance of this provision by Provider.

8. NON-DISCRIMINATION:

Consistent with the City's policy and state and federal law that harassment and discrimination are unacceptable conduct, Provider and its employees, contractors, and agents shall not harass or discriminate against any job applicant, City employee, or any other person on the basis of any kind of any statutorily (federal, state or local) protected class, including but not limited to: race, religious creed, color, national origin, ancestry, disability (both mental and physical) including HIV and AIDS, medical condition (e.g. cancer), genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, political affiliation, military and veteran status or legitimate union activities. Such non-discrimination shall include but not be limited to all activities related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff, or termination. Provider agrees that any violation of this provision shall constitute a material breach of this Agreement.

9. HOLD HARMLESS:

a. To the fullest extent permitted by law, Provider shall indemnify, defend (with counsel acceptable to the City) and hold harmless the City, its City Council, boards, commissions, officials, employees, agents and volunteers ("Indemnitees") from and against any and all loss,

damages, liability, obligations, claims, suits, judgments, costs and expenses whatsoever, including reasonable attorney’s fees and costs of litigation (“Claims”), arising from or in any manner connected to Provider’s performance of its obligations under this Agreement or out of the operations conducted by Provider even if the City is found to have been negligent. If the Claims filed against Indemnitees allege negligence, recklessness or willful misconduct on the part of Provider, Provider shall have no right of reimbursement against Indemnitees for the costs of defense even if negligence, recklessness or willful misconduct is not found on the part of Provider. Provider shall not have any obligations to indemnify Indemnitees if the loss or damage is found to have resulted solely from the negligence or the willful misconduct of the City. The defense and indemnification obligations of this Agreement are undertaken in addition to, and shall not in any way be limited by, the insurance obligations contained in this Agreement.

b. As to Claims for professional liability only, Provider’s obligation to defend Indemnitees (as set forth above) is limited as provided in California Civil Code Section 2782.8.

c. Provider’s obligation to indemnify, defend and hold harmless Indemnitees shall expressly survive the expiration or early termination of this Agreement.

10. INSURANCE:

a. On or before the commencement of the terms of this Agreement, Provider shall furnish the City’s Risk Manager with certificates showing the type, amount, class of operations covered, effective dates and dates of expiration of insurance coverage in compliance with Sections 10.b. (1) through (5). The Certificate Holder should be The City of Alameda, 2263 Santa Clara, Ave., Alameda, CA 94501. Such certificates, which do not limit Provider’s indemnification, shall also contain substantially the following statement:

“Should any of the above insurance covered by this certificate be canceled or coverage reduced before the expiration date thereof, the insurer affording coverage shall provide thirty (30) days’ advance written notice to the City of Alameda. Attention: Risk Manager.”

Provider shall maintain in force at all times during the performance of this Agreement all appropriate coverage of insurance required by this Agreement with an insurance company licensed to offer insurance business in the State of California with a current A.M. Best’s rating of no less than A:VII or Standard & Poor’s Rating (if rated) of at least BBB unless otherwise acceptable to the City. Provider shall deliver updated insurance certificates to the City at the address described in Section 17.f. prior to the expiration of the existing insurance certificate for the duration of the term of Agreement. Endorsements naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers as additional insured shall be submitted with the insurance certificates.

Signed by: *Nancy Cordoba Zein*
DocuSigned by: *Jose Cordoba Zein*
46E5D54FC8D946899FE44117D044A4...
Provider Initials

b. **COVERAGE REQUIREMENTS:**

Provider shall maintain insurance coverage and limits at least as broad as:

(1) Workers' Compensation:

Statutory coverage as required by the State of California, as well as a Waiver of Subrogation (Rights of Recovery) endorsement.

(2) Liability:

Commercial general liability coverage in the following minimum limits:

Bodily Injury: \$1,000,000 each occurrence
\$2,000,000 aggregate - all other

Property Damage: \$1,000,000 each occurrence
\$2,000,000 aggregate

If submitted, combined single limit policy with per occurrence limits in the amounts of \$2,000,000 and aggregate limits in the amounts of \$4,000,000 will be considered equivalent to the required minimum limits shown above. Provider shall also submit declarations and policy endorsements pages. Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers is required. The Additional Insured Endorsement shall include primary and non-contributory coverage at least as broad as the CG 2010.

(3) Automotive:

Comprehensive automobile liability coverage (any auto) in the following minimum limits:

Bodily injury: \$1,000,000 each occurrence
Property Damage: \$1,000,000 each occurrence

or

Combined Single Limit: \$2,000,000 each occurrence

Additional Insured Endorsement naming the City, its City Council, boards, commissions, officials, employees, agents, and volunteers is required.

(4) Professional Liability:

Professional liability insurance which includes coverage appropriate for the professional acts, errors and omissions of Provider's profession and work hereunder, including, but not limited to, technology professional liability errors and omissions if the services being provided are technology-based, in the following minimum limits:

\$2,000,000 each claim

Technology professional liability errors and omissions shall include, or be endorsed to include, property damage liability coverage for damage to, alteration of, loss of, or destruction of electronic data and/or information "property" of the City in the care, custody, or control of Provider. If not covered under Provider's

liability policy, such “property” coverage of the City may be endorsed onto Provider’s Cyber Liability Policy as covered property as follows: cyber liability coverage in an amount sufficient to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information “property” of the City that will be in the care, custody, or control of Provider.

(5) Cyber Liability:

Coverage shall be sufficiently broad to respond to the duties and obligations as are undertaken by Provider in this Agreement and shall include, but not be limited to, claims involving infringement of intellectual property, copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations with the following minimum limits:

\$2,000,000 per occurrence or claim.

As to commercial general liability and automobile liability insurance, such insurance will provide that it constitutes primary insurance with respect to claims insured by such policy, and, except with respect to limits, that insurance applies separately to each insured against whom claim is made or suit is brought. Such insurance is not additional to or contributing with any other insurance carried by or for the benefit of the City.

c. SUBROGATION WAIVER:

Provider hereby agrees to waive rights of subrogation that any insurer of Provider may acquire from Provider by virtue of the payment of any loss. Provider agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether the City has received a waiver of subrogation endorsement from the insurer. The Workers’ Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by Provider, its employees, agents and subcontractors.

d. FAILURE TO SECURE:

If Provider at any time during the term hereof should fail to secure or maintain the foregoing insurance, the City shall be permitted to obtain such insurance in Provider’s name or as an agent of Provider and shall be compensated by Provider for the costs of the insurance premiums at the maximum rate permitted by law and computed from the date written notice is received that the premiums have not been paid.

e. ADDITIONAL INSURED:

The City, its City Council, boards, commissions, officials, employees, agents, and volunteers shall be named as additional insured(s) under all insurance coverages, except workers’ compensation and professional liability insurance. The naming of an additional insured shall not affect any recovery to which such additional insured would be entitled under this policy if not named as such additional insured. An additional insured named herein shall not be held liable for any premium, deductible portion of any loss, or expense of any nature on this policy or any extension thereof. Any other insurance held by an additional insured shall not be required to

contribute anything toward any loss or expense covered by the insurance provided by this policy. Additional Insured coverage under Provider’s policy shall be primary and non-contributory and will not seek contribution from the City’s insurance or self-insurance. Any available insurance proceeds broader than or in excess of the specified minimum insurance coverage requirements and/or limits shall be available to the additional insured(s).

f. SUFFICIENCY OF INSURANCE:

The insurance limits required by the City are not represented as being sufficient to protect Provider. Provider is advised to consult Provider’s insurance broker to determine adequate coverage for Provider. The coverage and limits shall be (1) the minimum coverage and limits specified in this Agreement; or (2) the broader coverage and maximum limits of the coverage carried by or available to Provider; whichever is greater.

g. EXCESS OR UMBRELLA LIABILITY:

If any Excess or Umbrella Liability policies are used to meet the limits of liability required by this Agreement, then said policies shall be true “following form” of the underlying policy coverage, terms, conditions, and provisions and shall meet all of the insurance requirements stated in this Agreement, including but not limited to, the additional insured, SIR, and primary insurance requirements stated therein. No insurance policies maintained by the indemnified parties or Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until all the primary and excess liability policies carried by or available to the Provider are exhausted. **If a Provider is using an Excess Liability policy to supplement any insurance coverage required by this Agreement, they must submit the Excess Liability policy in full.**

11. CONFLICT OF INTEREST:

Provider warrants that it is not a conflict of interest for Provider to perform the services required by this Agreement. Provider may be required to fill out a conflict of interest form if the services provided under this Agreement require Provider to make certain governmental decisions or serve in a staff capacity as defined in Title 2, Division 6, Section 18700 of the California Code of Regulations.

12. PROHIBITION AGAINST TRANSFERS:

a. Provider shall not assign, sublease, hypothecate, or transfer this Agreement, or any interest therein, directly or indirectly, by operation of law or otherwise, without prior written consent of the City Manager. Provider shall submit a written request for consent to transfer to the City Manager at least thirty (30) days in advance of the desired transfer. The City Manager or their designee may consent or reject such request in their sole and absolute discretion. Any attempt to do so without said consent shall be null and void, and any assignee, sublessee, hypothecate or transferee shall acquire no right or interest by reason of such attempted assignment, hypothecation or transfer. However, claims for money against the City under this Agreement may be assigned by Provider to a bank, trust company or other financial institution without prior written consent.

b. The sale, assignment, transfer or other disposition of any of the issued and outstanding capital stock, membership interest, partnership interest, or the equivalent, which shall

result in changing the control of Provider, shall be construed as an assignment of this Agreement. Control means fifty percent or more of the voting power of Provider.

13. APPROVAL OF SUB-PROVIDERS:

a. Only those persons and/or businesses whose names and resumés are attached to this Agreement shall be used in the performance of this Agreement. However, if after the start of this Agreement, Provider wishes to use sub-providers, at no additional costs to the City, then Provider shall submit a written request for consent to add sub-providers including the names of the sub-providers and the reasons for the request to the City Manager at least five (5) days in advance. The City Manager may consent or reject such requests in their sole and absolute discretion.

b. Each sub-provider shall be required to furnish proof of workers' compensation insurance and shall also be required to carry general, automobile and professional liability insurance (as applicable) in reasonable conformity to the insurance carried by Provider.

c. In addition, any tasks or services performed by sub-providers shall be subject to each provision of this Agreement. Provider shall include the following language in their agreement with any sub-provider: "Sub-providers hired by Provider agree to be bound to Provider and the City in the same manner and to the same extent as Provider is bound to the City."

d. The requirements in this Section 13 shall not apply to persons who are merely providing materials, supplies, data or information that Provider then analyzes and incorporates into its work product.

14. PERMITS AND LICENSES:

Provider, at its sole expense, shall obtain and maintain during the term of this Agreement, all appropriate permits, certificates and licenses, including a City business license that may be required in connection with the performance of the services and tasks hereunder.

15. REPORTS:

a. Each and every report, draft, work product, map, record and other document produced, prepared or caused to be prepared by Provider pursuant to or in connection with this Agreement shall be the exclusive property of the City.

b. No report, information or other data given to or prepared or assembled by Provider pursuant to this Agreement shall be made available to any individual or organization by Provider without prior approval of the City Manager or their designee.

c. Provider shall, at such time and in such form as City Manager or their designee may require, furnish reports concerning the status of services and tasks required under this Agreement.

16. RECORDS:

a. Generally, the City has the right to conduct audits of Provider's financial, performance and compliance records maintained in connection with Contractor's operations and services performed under the Agreement. In the event of such audit, Contractor agrees to provide the City with reasonable access to Contractor's employees and make all such financial (including

annual financial statements signed by an independent CPA), performance and compliance records available to the City. City agrees to provide Contractor an opportunity to discuss and respond to any findings before a final audit report is filed.

b. Provider shall maintain complete and accurate records with respect to the services, tasks, work, documents and data in sufficient detail to permit an evaluation of Provider's performance under the Agreement, as well as maintain books and records related to sales, costs, expenses, receipts and other such information required by the City that relate to the performance of the services and tasks under this Agreement (collectively the "**Records**").

c. All Records shall be maintained in accordance with generally accepted accounting principles and shall be clearly identified and readily accessible. Provider shall provide free access to the Records to the representatives of the City or its designees during regular business hours upon reasonable prior notice. The City has the right to examine and audit the Records, and to make copies or transcripts therefrom as necessary, and to allow inspection of all proceedings and activities related to this Agreement. Such Records, together with supporting documents, shall be kept separate from other documents and records and shall be maintained by Provider for a period of three (3) years after receipt of final payment.

d. If supplemental examination or audit of the Records is necessary due to concerns raised by the City's preliminary examination or audit of records, and the City's supplemental examination or audit of the records discloses a failure to adhere to appropriate internal financial controls, or other breach of this Agreement or failure to act in good faith, then Provider shall reimburse the City for all reasonable costs and expenses associated with the supplemental examination or audit.

17. NOTICES:

a. All notices shall be in writing and delivered: (i) by hand; or (ii) sent by registered, express, or certified mail, with return receipt requested or with delivery confirmation requested from the U.S. postal service; or (iii) sent by overnight or same day courier service at the party's respective address listed in this Section.

b. Each notice shall be deemed to have been received on the earlier to occur of: (x) actual delivery or the date on which delivery is refused; or (y) three (3) days after notice is deposited in the U.S. mail or with a courier service in the manner described above (Sundays and City holidays excepted).

c. Either party may, at any time, change its notice address (other than to a post office box address) by giving the other party three (3) days prior written notice of the new address.

d. All notices, demands, requests, or approvals from Provider to the City shall be addressed to the City at:

City of Alameda
Base Reuse and Economic Development Department
950 West Mall Square, Suite 205
Alameda, CA 94501

ATTENTION: Abigail Thorne-Lyman, Director
Ph: (510) 747-6859

e. All notices, demands, requests, or approvals from the City to Provider shall be addressed to Provider at:

Cerda-Zein Real Estate
2514 Santa Clara Avenue
Alameda, CA 94501
ATTENTION: Nancy Cerda-Zein, Managing Partner
Ph: (510) 522-5888

With a copy to:

Jose Cerda-Zein, Broker/CEO
2514 Santa Clara Avenue
Alameda, CA 94501

f. All updated insurance certificates from Provider to the City shall be addressed to the City at:

City of Alameda
Base Reuse and Economic Development Department
950 West Mall Square, Suite 205
Alameda, CA 94501
ATTENTION: Alexis Krieg
Ph: (510) 747-6859/akrieg@alamedaca.gov

18. SAFETY:

a. Provider will be solely and completely responsible for conditions of all vehicles owned or operated by Provider, including, with respect to said vehicles, the safety of all persons and property during performance of the services and tasks under this Agreement. This requirement will apply continuously and not be limited to normal working hours. In addition, Provider will comply with all safety provisions in conformance with U.S. Department of Labor Occupational Safety and Health Act, any equivalent state law, and all other applicable federal, state, county and local laws, ordinances, codes, and any regulations that may be detailed in other parts of the Agreement. Where any of these are in conflict, the more stringent requirements will be followed. Provider's failure to thoroughly familiarize itself with the aforementioned safety provisions will not relieve it from compliance with the obligations and penalties set forth herein.

b. Provider will immediately notify the City within 24 hours of any incident of death, serious personal injury or substantial property damage that occurs in connection with the performance of this Agreement. Provider will promptly submit to the City a written report of all incidents that occur in connection with this Agreement. This report must include the following information: (i) name and address of injured or deceased person(s); (ii) name and address of Provider's employee(s) involved in the incident; (iii) name and address of Provider's liability insurance carrier; (iv) a detailed description of the incident; and (v) a police report.

19. TERMINATION:

a. In the event Provider fails or refuses to perform any of the provisions hereof at the time and in the manner required hereunder, Provider shall be deemed in default in the performance of this Agreement. If such default is not cured within five (5) business days after receipt by Provider from the City of written notice of default, specifying the nature of such default and the steps necessary to cure such default, the City may thereafter immediately terminate the Agreement forthwith by giving to Provider written notice thereof.

b. The foregoing notwithstanding, the City shall have the option, at its sole discretion and without cause, of terminating this Agreement by giving seven (7) days' prior written notice to Provider as provided herein.

c. Upon termination of this Agreement either for cause or for convenience, each party shall pay to the other party that portion of compensation specified in this Agreement that is earned and unpaid prior to the effective date of termination. The obligation of the parties under this Section 19.c. shall survive the expiration or early termination of this Agreement.

d. In the event that City fails or refuses to pay all undisputed amounts due and owing in the time and manner required under this Agreement, the City shall be deemed in default in the performance of this Agreement. If such default is not cured within forty-five (45) business days after receipt by City from the Provider of written notice of default, specifying the nature of such default and the steps necessary to cure such default, the Provider may thereafter immediately terminate the Agreement forthwith by giving to City written notice thereof.

20. ATTORNEYS' FEES:

In the event of any litigation, including administrative proceedings, relating to this Agreement, including but not limited to any action or suit by any party, assignee or beneficiary against any other party, beneficiary or assignee, to enforce, interpret or seek relief from any provision or obligation arising out of this Agreement, the parties and litigants shall bear their own attorney's fees and costs. No party or litigant shall be entitled to recover any attorneys' fees or costs from any other party or litigant, regardless of which party or litigant might prevail.

21. HEALTH AND SAFETY REQUIREMENTS.

Provider acknowledges that the City shall have the right to impose, at the City's sole discretion, requirements that it deems are necessary to protect the health and safety of the City employees, residents, and visitors. Provider agrees to comply with all such requirements, including, but not limited to, mandatory vaccinations, the use of personal protective equipment (e.g. masks), physical distancing, and health screenings. Provider also agrees to make available to the City, at the City's request, records to demonstrate Provider's compliance with this Section.

22. COMPLIANCE WITH ALL APPLICABLE LAWS:

During the term of this Agreement, Provider shall keep fully informed of all existing and future state and federal laws and all municipal ordinances and regulations of the City of Alameda which affect the manner in which the services or tasks are to be performed by Provider, as well as all such orders and decrees of bodies or tribunals having any jurisdiction or authority over the same.

Provider shall comply with all applicable laws, state and federal and all ordinances, rules and regulations enacted or issued by the City.

23. CONFLICT OF LAW:

This Agreement shall be interpreted under, and enforced by the laws of the State of California without regard to any choice of law rules which may direct the application of laws of another jurisdiction. The Agreement and obligations of the parties are subject to all valid laws, orders, rules, and regulations of the authorities having jurisdiction over this Agreement (or the successors of those authorities). Any suits brought pursuant to this Agreement shall be filed with the courts of the County of Alameda, State of California.

24. WAIVER:

A waiver by the City of any breach of any term, covenant, or condition contained herein shall not be deemed to be a waiver of any subsequent breach of the same or any other term, covenant, or condition contained herein, whether of the same or a different character.

25. INTEGRATED CONTRACT:

Subject to the language of Section 30, the Recitals and exhibits are a material part of this Agreement and are expressly incorporated herein. This Agreement represents the full and complete understanding of every kind or nature whatsoever between the parties hereto, and all preliminary negotiations and agreements of whatsoever kind or nature are merged herein. No verbal agreement or implied covenant shall be held to vary the provisions hereof. Any modification of this Agreement will be effective only by written execution signed by both the City and Provider.

26. PREVAILING WAGES:

Provider is aware of the requirements of California Labor Code Section 1720, et seq., and 1770, et seq. as well as California Code of Regulations, Title 8, Section 1600, et seq., (“Prevailing Wage Laws”) which require the payment of prevailing wage rates and the performance of other requirements on “public works” and “maintenance” projects. Provider agrees to fully comply with such Prevailing Wage Laws if the services are being performed as part of an applicable “public works” or “maintenance” project as defined by the Prevailing Wage Laws and if the total compensation is \$1,000 or more. City, upon Provider’s request, shall provide Provider with a copy of the prevailing rates of per diem wages in effect at the commencement of this Agreement. Provider shall make copies of the prevailing rates of per diem wages for each craft, classification, or type of worker needed to execute the services available to interested parties upon request; and shall post copies at the Provider’s principal place of business and at the project site. Provider shall defend, indemnify, and hold the City (its elected officials, officers, employees, and agents) free and harmless from any claim or liability arising out of any failure or alleged failure to comply with the Prevailing Wage Laws.

27. CAPTIONS:

The captions in this Agreement are for convenience only, are not a part of the Agreement and in no way affect, limit or amplify the terms or provisions of this Agreement.

28. COUNTERPARTS:

This Agreement may be executed in any number of counterparts (including by fax, PDF, DocuSign, or other electronic means), each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

29. SIGNATORY:

By signing this Agreement, signatory warrants and represents that they executed this Agreement in their authorized capacity and that by their signature on this Agreement, they or the entity upon behalf of which they acted, executed this Agreement.

30. CONTROLLING AGREEMENT:

In the event of a conflict between the terms and conditions of this Agreement (as amended, supplemented, restated or otherwise modified from time to time) and any other terms and conditions wherever contained, including, without limitation, terms and conditions included within exhibits, the terms and conditions of this Agreement shall control and be primary.

31. NONDISCRIMINATION – FEDERAL REQUIREMENTS:

a. Provider certifies and agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, sex, age, or condition or physical or mental handicap (as defined in 41 C.F.R. Section 60-741, et seq.), in accordance with requirement of state or federal law. Provider shall take affirmative action to ensure that qualified applicants are employed and that employees are treated during employment without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap in accordance with requirements of state and federal law. Such shall include, but not be limited to, the following:

- (1) Employment upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation.
- (2) Selection for training, including interns and apprentices.
 - A. Provider agrees to post in conspicuous places in each of Provider's facilities providing services hereunder, available and open to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - B. Provider shall, in all solicitations or advertisements for employees placed by or on behalf of Provider, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, in accordance with requirements of state and federal law.
 - C. Provider shall send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract

or understanding a notice advising the labor union or workers' representative of Provider's commitments under this paragraph.

- D. Provider certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, in accordance with requirement of state and federal law.
- E. In accordance with applicable state and federal law, Provider shall allow duly authorized county, state and federal representatives access to its employment records during regular business hours in order to verify compliance with the anti-discrimination provisions of this paragraph. Provider shall provide such other information and records as such representatives may require in order to verify compliance with the anti-discrimination provisions of this paragraph.

b. If the City finds that any of the provisions of this paragraph have been violated, the same shall constitute a material breach of Agreement upon which the City may determine to cancel, terminate, or suspend this Agreement. The City reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated. In addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Provider has violated state and federal anti-discrimination laws shall constitute a finding by the City that Provider has violated the anti-discrimination provisions of Agreement.

c. The parties agree that in the event Provider violates any of the anti-discrimination provisions of this paragraph, the City shall be entitled, at its option, to the sum of \$500.00 pursuant to California Civil Code Section 1671 as liquidated damages in lieu of canceling, terminating, or suspending this Agreement.

d. Provider hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), all requirements imposed by the applicable regulations, and all guidelines and interpretations issued pursuant thereto, to the end that no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of Provider receiving Federal Financial Assistance. In addition, Provider shall comply with the Uniform Federal Accessibility Standards, and Provider, Engineer, or Architect responsible for any design, construction or alteration shall certify compliance with those Standards.

e. Provider's attention is directed to laws, including but not limited to:

(1) CIVIL RIGHTS/EQUAL OPPORTUNITY

- A. Civil Rights Act of 1964. Under Title VII of the Civil Rights Act of 1964, no person shall, on the grounds of race, sex, religion, color, or national origin, be excluded from participation in, be denied the

benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

- B. Section 109 of the Housing and Community Development Act of 1974. No person in the United States shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this title.
- C. Section 109 of the Act further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.) or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) shall also apply to any program or activity funded in whole or in part with funds made available pursuant to the Act.

(2) PROGRAM ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

This Agreement is subject to laws and regulations concerning the rights of otherwise qualified individuals with handicaps for equal participation in, and benefit from federally assisted programs and activities, including but not limited to:

- A. Americans with Disabilities Act of 1990 (ADA) (28 C.F.R. 5). Title II, Subpart A of the Americans with Disabilities Act of 1990 applies to all publicly funded activities and programs. Provider shall also comply with the public accommodations requirements of Title III of the ADA, as applicable.
- B. Nondiscrimination on the Basis of Handicap (24 C.F.R. 8). These regulations, which implement Section 504 of the Rehabilitation Act of 1973, as amended, and as cited in Section 109 of the Housing and Community Development Act, apply to all federally assisted activities and programs and are implemented through the regulations at 24 C.F.R. 8.
- C. Architectural Barrier Act of 1968. Any building or facility, excluding privately owned residential structures, designed, constructed, or altered with federal funds, shall comply with the Uniform Federal Accessibility Standards, 1984 (41 C.F.R. 3) and the Handicapped Accessibility Requirements of the State of California Title 24. The Consultant, Engineer or Architect responsible for such design, construction or alteration shall certify compliance with the above standards.

- D. In resolving any conflict between the accessibility standards cited in paragraphs (A), (B) and (C) above, the more stringent standard shall apply.

32. NONDISCRIMINATION – HUD REQUIREMENTS:

a. Provider certifies and agrees that it will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, sex, age, or condition or physical or mental handicap (as defined in 41 C.F.R. Section 60-741, et seq.), in accordance with requirement of state or federal law. Provider shall take affirmative action to ensure that qualified applicants are employed and that employees are treated during employment without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap in accordance with requirements of state and federal law. Such shall include, but not be limited to, the following:

- (1) Employment upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation.
- (2) Selection for training, including interns and apprentices.
 - A. Provider agrees to post in conspicuous places in each of Provider's facilities providing services hereunder, available and open to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - B. Provider shall, in all solicitations or advertisements for employees placed by or on behalf of Provider, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, in accordance with requirements of state and federal law.
 - C. Provider shall send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice advising the labor union or workers' representative of Provider's commitments under this paragraph.
 - D. Provider certifies and agrees that it will deal with its subcontractors, bidders, or vendors without regard to race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, in accordance with requirement of state and federal law.
 - E. In accordance with applicable state and federal law, Provider shall allow duly authorized county, state and federal representatives access to its employment records during regular business hours in order to verify compliance with the anti-discrimination provisions of this paragraph. Provider shall provide such other information and records as such representatives may require in order to verify

compliance with the anti-discrimination provisions of this paragraph.

b. If the City finds that any of the provisions of this paragraph have been violated, the same shall constitute a material breach of Agreement upon which the City may determine to cancel, terminate, or suspend this Agreement. The City reserves the right to determine independently that the anti-discrimination provisions of this Agreement have been violated. In addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Provider has violated state and federal anti-discrimination laws shall constitute a finding by the City that Provider has violated the anti-discrimination provisions of this Agreement.

c. The parties agree that in the event Provider violates any of the anti-discrimination provisions of this paragraph, the City shall be entitled, at its option, to the sum of \$500.00 pursuant to California Civil Code Section 1671 as liquidated damages in lieu of canceling, terminating, or suspending this Agreement.

d. Provider hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Section 794), all requirements imposed by the applicable regulations, and all guidelines and interpretations issued pursuant thereto, to the end that no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of Provider receiving Federal Financial Assistance. In addition, Provider shall comply with the Uniform Federal Accessibility Standards, and Provider, Engineer, or Architect responsible for any design, construction or alteration shall certify compliance with those Standards.

e. Provider's attention is directed to laws, including but not limited to:

(1) CIVIL RIGHTS/EQUAL OPPORTUNITY

- A. Civil Rights Act of 1964. Under Title VII of the Civil Rights Act of 1964, no person shall, on the grounds of race, sex, religion, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
- B. Section 109 of the Housing and Community Development Act of 1974. No person in the United States shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this title.
- C. Section 109 of the Act further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.) or with respect to an otherwise qualified handicapped individual as provided in Section 504 of the

Rehabilitation Act of 1973 (29 U.S.C. 794) shall also apply to any program or activity funded in whole or in part with funds made available pursuant to the Act.

(2) EMPLOYMENT AND CONTRACTING OPPORTUNITIES

- A. Section 3. The work to be performed under this Agreement is on a project assisted under a program providing direct Federal financial assistance from the Department of Housing and Urban Development Department and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that to the greatest extent feasible, opportunities for training and employment be given to lower income residents of the area of the Section 3 covered project, and contracts for work in connection with the project be awarded to business concerns which are located in, or owned in substantial part by persons residing in the area of the Section 3 covered project.
- B. The parties to this Agreement will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of the Housing and Urban Development set forth in 24 Part C.F.R. 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of this Agreement. The parties to this Agreement certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.
- C. Provider will send to each labor organization or representative of workers with which it has a collective bargaining agreement or other contract or understanding, if any, a notice advising the said labor organization or workers' representative of its commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.
- D. Provider will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the applicant for or recipient of Federal financial assistance, take appropriate action pursuant to the subcontract upon a finding that the subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development, 24 C.F.R. Part 135. Provider will not subcontract with any subcontractor where it has notice or knowledge that the latter has been found in violation of regulations under 24 C.F.R. Part 135 and will not let any subcontract unless the subcontractor has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.

- E. Compliance with the provisions of Section 3, the regulations set forth in 24 C.F.R. Part 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the Agreement, is a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient, its contractors and subcontractors, its successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 C.F.R. Part 135.

(3) PROGRAM ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

This Agreement is subject to laws and regulations concerning the rights of otherwise qualified individuals with handicaps for equal participation in, and benefit from federally assisted programs and activities including but not limited to:

- A. Americans with Disabilities Act of 1990 (ADA) (28 C.F.R. 35). Title II, Subpart A of the Americans with Disabilities Act of 1990 applies to all publicly funded activities and programs. Provider shall also comply with the public accommodations requirements of Title III of the ADA, as applicable.
- B. Nondiscrimination on the Basis of Handicap (24 C.F.R. 8). These regulations, which implement Section 504 of the Rehabilitation Act of 1973, as amended, and as cited in Section 109 of the Housing and Community Development Act, apply to all federally assisted activities and programs and are implemented through the regulations at 24 C.F.R. 8.
- C. Architectural Barrier Act of 1968. Any building or facility, excluding privately owned residential structures, designed, constructed, or altered with federal funds, shall comply with the Uniform Federal Accessibility Standards, 1984 (41 C.F.R. 3) and the Handicapped Accessibility Requirements of the State of California Title 24. The Consultant, Engineer or Architect responsible for such design, construction or alteration shall certify compliance with the above standards.
- D. In resolving any conflict between the accessibility standards cited in paragraphs (A), (B) and (C) above, the more stringent standard shall apply.

33. RESTRICTIONS ON LOBBYING – FEDERAL REQUIREMENT:

This Agreement is subject to 24 C.F.R. 87 which prohibits the payment of Federal funds to any person for influencing or attempting to influence, any public officer or employee in

connection with the award, making, entering into, extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or agreement.

34. MULCH PROCUREMENT REQUIREMENTS

Providers of landscaping maintenance, renovation, and construction shall:

a. Use compost and SB 1383 eligible mulch, as practicable, produced from recovered organic waste, for all landscaping renovations, construction, or maintenance performed for the City, whenever available, and capable of meeting quality standards and criteria specified. SB 1383 eligible mulch used for land application shall comply with [14 CCR, Division 7, Chapter 12, Article 12](#) and must meet or exceed the physical contamination, maximum metal concentration and pathogen density standards specified in [14 CCR Section 17852\(a\)\(24.5\)\(A\)\(1\) through \(3\)](#).

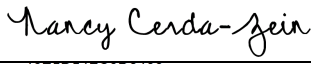
b. Maintain the following records for compost and SB 1383 eligible mulch and submit to the City upon request:

- (1) General description of how and where the product was used and applied;
- (2) Source of product, including name, physical location, and contact information for each entity, operation, or facility from whom the compost and/or SB 1383 eligible mulch were procured;
- (3) Type of product
- (4) Quantity of each product; and,
- (5) Invoice or other record demonstrating purchase or procurement.]

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties have each caused this Agreement to be duly executed on its behalf as of the Effective Date.

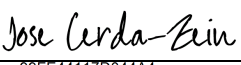
CERDA-ZEIN REAL ESTATE, INC.
a California corporation

Signed by:


46E5D54FC8D2488...
Nancy Cerda-Zein:
Chief Financial Officer


CITY OF ALAMEDA
a municipal corporation

Adam W. Politzer
Interim City Manager

DocuSigned by:



99FE44117D044A...
Jose Cerda-Zein
Chief Executive Officer, Secretary

RECOMMENDED FOR APPROVAL

Signed by:


2E1D71138B954F6...
Abigail Thorne-Lyman
Director, Base Reuse and Economic
Development

APPROVED AS TO FORM:
City Attorney

DocuSigned by:


765D25E39B18464...
Len Aslanian
Assistant City Attorney

EXHIBIT A

Market Rate Residential Properties

Townhouses	Bedrooms	Bathrooms
2450 Barbers Pt Rd Unit A	3	1.5/.5
2450 Barbers Pt Rd Unit B	3	1.5/.5
2450 Barbers Pt Rd Unit C	4	2.5
2450 Barbers Pt Rd Unit D	4	2.5
2601 Barbers Pt Rd Unit A	3	1.5/.5
2601 Barbers Pt Rd Unit B	3	1.5/.5
2601 Barbers Pt Rd Unit C	3	1.5/.5
2601 Barbers Pt Rd Unit D	3	1.5/.5
2651 Barbers Pt Rd Unit A	3	1.5/.5
2651 Barbers Pt Rd Unit B	3	1.5/.5
2651 Barbers Pt Rd Unit C	3	1.5/.5
2651 Barbers Pt Rd Unit D	3	1.5/.5
2600 Lemoore Rd Unit A	4	2.5
2600 Lemoore Rd Unit B	4	2.5
2650 Lemoore Rd Unit A	4	2.5
2650 Lemoore Rd Unit B	4	2.5
2700 Lemoore Rd Unit B	4	2.5

Ranch Homes	Bedrooms	Bathrooms
2811 Barbers Pt Rd	4	2
2820 Barbers Pt Rd	4	2
2821 Barbers Pt Rd	4	2
2830 Barbers Pt Rd	4	2
2831 Barbers Pt Rd	3	2
2840 Barbers Pt Rd	4	2
2841 Barbers Pt Rd	4	2
2850 Barbers Pt Rd	3	2
2860 Barbers Pt Rd	3	2
2861 Barbers Pt Rd	3	2
2870 Barbers Pt Rd	4	2
2901 Barbers Pt Rd	4	2
2701 Lemoore Rd	4	2
2750 Orion St	4	2
2745 Pearl Harbor Rd	4	2
2756 Pearl Harbor Rd	4	2
2760 Pearl Harbor Rd	4	2
2775 Pearl Harbor Rd	3	2
2780 Pearl Harbor Rd	3	2
2790 Pearl Harbor Rd	3	2
2800 Pearl Harbor Rd	3	2
2830 Pearl Harbor Rd	3	2
2840 Pearl Harbor Rd	3	2
2850 Pearl Harbor Rd	3	2
2855 Pearl Harbor Rd	3	2
250 W Essex Dr	4	2
301 W Essex Dr	4	2.5
350 W Essex Dr	4	2

Big Whites	Bedrooms	Bathrooms
2765 Newport Rd	4+	3.5
2801 Newport Rd	4+	3.5
2815 Newport Rd	4+	3.5
2825 Newport Rd	4+	3.5
2805 Pearl Harbor Rd	4+	3.5
2775 San Diego Rd	4+	3.5
2805 San Diego Rd	4+	3.5
2835 San Diego Rd	4+	3.5
2865 San Diego Rd	4+	3.5
2765 Seattle Rd	4+	3.5
2805 Seattle Rd	4+	3.5
2795 San Pedro Rd	4+	3.5
2815 San Pedro Rd	4+	3.5
2835 San Pedro Rd	4+	3.5
2845 San Pedro Rd	4+	3.5
2875 San Pedro Rd	4+	3.5
390 W Essex Dr	6+	3.5

Total Residential Units* **62**

*Subject to change

EXHIBIT B

SCOPE OF WORK TO BE PERFORMED BY RESIDENTIAL PROPERTY MANAGEMENT SERVICES PROVIDER

Management of select Residential Properties located in Alameda Point and listed in **Exhibit B** (“Residential Properties”) that are owned by the City of Alameda (“City”).

The Residential Property Management Services Provider (“Provider”) shall diligently perform its duties, per the Service Provider Agreement and the Scope of Services and shall devote sufficient time and effort to ensure that the City’s Residential Properties are managed, leased, operated, inspected and maintained. Provider shall, to the best of their abilities, use their professional experience and judgment to comply with State of California Real Estate Law, Fair Housing, other applicable local, state, federal laws and the City of Alameda’s Rent Ordinance.

The Provider, as employer, shall hire, pay, supervise and discharge all its employees (collectively “personnel”), as necessary. Such personnel shall, in every instance, be the employees or independent contractors of the Provider and not of the City. Personnel who are responsible for, or have access to, money of the City shall be bonded by a fidelity bond company at the expense of Provider.

City may delegate, at City’s sole discretion, oversight of Provider’s daily activities, regular communications and general reporting to City’s Commercial Property Management Provider.

A. Tenant Relations, Customer Service and Management:

- i. Provider shall act as City’s agent and the primary contact with all tenants and prospective tenants for the Residential Properties listed in Exhibit B.
- ii. Provider shall be familiar with the terms and provisions of the City’s Residential Lease agreement and shall perform all delegable property management duties of the City as landlord to ensure leases remain in full force and effect, with no default by the City, and shall diligently enforce the full performance of all obligations by tenants.
- iii. Market vacant Residential Properties and show Properties to prospective tenants. Provider shall prepare accurate advertising materials, in conformance with applicable real estate laws and regulations for the Properties, submit for City review and approval prior to posting on various online and offline platforms to attract potential tenants.
- iv. Collect applications from prospective tenants for the marketed vacancies. Screen applicants in compliance with applicable real estate laws and

regulations, utilizing standardized background and credit checks, verification of employment, housing assistance (if applicable) and reference checks. Present to the City the qualified and timely application(s) received.

- v. Draft new leases, renewals and notices using the City's approved template forms, provide transaction management services including execution of new leases, renewals and noticing to enforce lease terms and terminations.
- vi. The Provider shall collect all rents, security deposits, fees and other amounts due to the City from tenants.
- vii. Coordinate, track and manage new tenant move-ins, move-outs, relocations and security deposits for the Residential Properties.
- viii. Provider shall be knowledgeable of the City of Alameda's Rent Ordinance and help to ensure compliance of covered properties. Provider will assist City in calculating any rent credits or relocation assistance due and provide details to City for approval and payment.
- ix. Provider shall maintain business-like relations with tenants, receive and track requests, complaints and the like from tenants and respond within two (2) business days and act, if required to do so, upon the foregoing in reasonable fashion.
- x. Written communication is encouraged through mail, email, and other easily tracked mechanisms. Provider to have an online portal for information pertaining to the properties for tenants. Provider will maintain adequate channels for communication and response for afterhours emergencies.
- xi. Provider shall maintain tenant contact information and notify tenants of special events, construction, testing activities, utility outages, state power alerts, road closures and street work, as requested by City.
- xii. Provider will help coordinate and participate in periodic Tenant Community Meetings, as requested by City.
- xiii. Provider will coordinate and notify tenants in advance of inspections, tours, annual inspections and other necessary entries to Residential Properties in conformance with lease provisions.

B. Financial Management:

- i. Provider shall use its professional market expertise in determining rental rates and security deposits in conformance with applicable real estate laws and regulations, for approval by City.
- ii. Provider shall diligently undertake the calculation, tracking and collection and deposit of rents, tenant bill backs, fees and other amounts payable and due to the City. Provider will track tenant security deposits and any rent credits or relocation funds approved by City.
- iii. Provider shall diligently track and report late payments/delinquencies and provide a monthly record to City. Provider will work directly with tenants with delinquencies and determine a repayment schedule to be submitted to City for approval.
- iv. Provider shall process payment for approved bills, expenses and vendor invoices, taxes, and reimbursements from City's account.
- v. Provider shall maintain and make accessible to City complete books and records in accordance with generally accepted accounting principles applied on a consistent basis in connection with its management and operation of the City's Properties.
- vi. Prepare operating budget, monthly management and detailed financial reports, annual operating budget and annual report. Provider must ensure accurate allocations and categorizations. Any miscalculation, error or lack of clarity on lease credits, revenue or expenditure accounting must be immediately reported to City in writing.
- vii. Provide financial reports related to the Properties to City (or City's delegated agent) no later than the 12th of each month, subject to change at the City's discretion.
- viii. Provider shall bill City contacted management fees in accordance with Service Provider Agreement by no later than the 7th of each month, subject to change at the City's discretion.

C. Property Maintenance & Operations:

- i. Provider will track maintenance and repair requests and manage all tenant related issues for the Residential Properties. Including coordinating repairs (in-house or through a third party vendor), preventive maintenance, managing unit turnovers and market-ready processes, overseeing exterior landscaping and ensuring residential units present a neat and professional looking appearance year-round.

- ii. Provider shall coordinate and cause work to be performed and use commercially reasonable efforts to ensure all emergency repairs or services necessary for the preservation of the property or to avoid the suspension of occupancy or danger to life or property.
- iii. Provider shall engage and administer third-party vendors as necessary to fulfill its obligations hereunder. For any third-party vendor contract that exceeds \$5,000, they shall direct contract with the City. For any other contract price (\$5,000 or less), Provider shall contract with the vendor provided the City does not object to the vendor.
- iv. Provider shall (a) have an approved scope of work (b) provide or obtain budgets or estimates for work (b) negotiate service terms (if necessary) (c) supervise the performance of work and; (d) obtain required and up-to-date Certificate(s) of Insurance for third party vendors performing work.
- v. Routine annual property inspections shall be coordinated and performed by Provider, in alignment with lease terms for Residential Properties. Inspections are intended to assess current conditions and seek to identify and report to City liability, life safety, security, and habitability concerns. During the inspection photographic documentation should be obtained and an Inspection Form completed to report findings to City.
- vi. Maintain an inventory listing of all City owned equipment and supply items utilized by Provider in their operations.
- vii. Participate in meetings with City and City's contractors for large capital improvement projects planned for the Residential Properties. Assist in tenant coordination, notification and implementing relocation, if requested.
- viii. The Provider will ensure twenty-four (24) hours, seven (7) days per week after-hour emergency service coverage. The Provider's designated emergency personnel will be required to respond on-site if necessary.
- ix. Provider shall perform all other services which are normally performed in connection with the operation and management of similar professionally managed residential developments. This includes participation in weekly or bi-weekly virtual meetings with City and support of City's activities related to leasing, licensing marketing and real property development.

D. Legal & Administrative:

- i. Provider shall ensure it has sufficient staff to manage, lease and ensure the timely billing and collection of rents for City's Residential Property Portfolio.
- ii. Provider shall comply with the Fair Housing Act of 1968 and all other applicable federal, state, and local fair housing and rent stabilization laws, rules and regulations and any and all orders or requirements of any governmental authority having jurisdiction there over affecting the City's properties. For its own operations, Provider, at its sole expense, shall obtain and maintain all appropriate certificates and licenses, including, but not limited to, a City of Alameda Business License.
- iii. Any proposed legal action in connection with a tenant, including actions to evict tenants in default and to recover possession of such tenants' premises, shall be referred to the City Attorney's office acting as general counsel for the City for review and handling. Provider shall cooperate with City.
- iv. Provider shall promptly deliver to the City all notices received, including claims of injury or damage, from any contractor, subcontractor, governmental or official entity, any tenant or any other party with respect to the Properties.
- v. Provider shall maintain property records and documentation and respond to City's request for records in a timely manner and work cooperatively with City and City's agents and Commercial Property Manager.

EXHIBIT C

FEE AND EXPENSES

Full Description of Fees:

Monthly Management Fee:	10% of the gross monthly rental income
Leasing Commission:	30% of 1 month's base rent for new lease
Regular Maintenance:	\$75.00 per hour (during business hours 9AM to 5 PM Monday - Friday)
Reimbursable Materials:	As approved, at cost with receipt and in compliance with City's Purchasing Policies
After Hours Response:	\$112.50 per hour
Special circumstances:	\$50.00 per half hour, as requested by City (examples: attending court, giving a deposition, travel time is billable)
Annual interior inspections:	\$75.00 per unit
Exterior inspections:	\$75.00 per hour, as requested by City
Project Management Fee:	10% of the final invoice for project management, as requested by City, (for coordination of work beyond regular routine maintenance).

CERTIFICATE OF LIABILITY INSURANCE

ERRORS AND OMISSIONS/PROFESSIONAL LIABILITY

Date: **10/02/25**

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.

<p>INSURED CERDA-ZEIN REAL ESTATE, INC. DBA: OMM MASON MANAGEMENT 1417 EVERETT ST. ALAMEDA, CA 94501</p>	<p>PRODUCER Diane Hansen CA CDI#0G94723</p>
---	--

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

<p>TYPE OF INSURANCE</p> <p>Real Estate E&O Claims Made and Reported Policy</p>	<p>INSURER AFFORDING COVERAGE</p> <p>United States Liability Ins.</p>	<p>POLICY NUMBER</p> <p>PM1555468D</p>
<p>POLICY EFFECTIVE DATE</p> <p>10/06/25 12:01 a.m. Standard Time at the mailing address of the Named Insured above</p>	<p>POLICY EXPIRATION DATE</p> <p>10/06/26 12:01 a.m. Standard Time at the mailing address of the Named Insured above</p>	<p>RETROACTIVE/PRIOR ACTS DATE</p> <p>10/06/2020 This insurance will not apply to any regular act, error, omissions or personal injury which occurred before this date</p>
<p>LIMITS OF LIABILITY Each Occurrence/Wrongful Act</p> <p>\$ 2,000,000</p>	<p>LIMITS OF LIABILITY General Aggregate</p> <p>\$ 2,000,000</p>	<p>DEDUCTIBLE RETENTION Per Claim</p> <p>\$ 5,000</p>

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.

DS
 LC

5/14/2026

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.

PO Box 2915
Bloomington, IL 61702-2915



State Farm General Insurance Company

JOSE CERDA-ZEIN
1417 EVERETT ST
ALAMEDA CA 94501-4631

Your State Farm Agent

Larry Bolton
934 Central Avenue
Alameda CA 94501
Bus: 510-521-4272
Email: larry.bolton.b8k1@statefarm.com

Amended Declarations

Policy number: 97-AP-E005-2

Effective date: July 18, 2025

Policy period: 12 months

Expiration date: July 18, 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

OFFICE POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

JOSE CERDA-ZEIN

ENTITY

Sole Proprietorship-Individual

POLICY PREMIUM

***This is not a bill.** If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below are for the policy period and policy characteristics as described in this Declarations.*

Increase in premium: \$44.00

Discounts applied:

Business Experience Rating

Renewal Discount

Years in Business

REASONS FOR DECLARATIONS

Your policy is amended effective July 18, 2025 due to some recent policy changes you requested. Enclosed is a copy of your new endorsements, if any.



SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	Seasonal Increase - Business Personal Property
001	1417 EVERETT ST ALAMEDA CA 94501-4631	\$448,200	\$30,400	25%
002	2514 SANTA CLARA AVE ALAMEDA CA 94501-4634	No Coverage	\$31,600	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I – INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: 322.2
Cov B - Consumer Price Index: 319.8

SECTION I – DEDUCTIBLES

BASIC DEDUCTIBLE \$1,000

SPECIAL DEDUCTIBLES:

Employee Dishonesty: \$250
Equipment Breakdown: \$1,000
Money and Securities: \$250

Other deductibles may apply - refer to policy.

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	See Schedule
Arson Reward	\$5,000
Back-up of Sewer or Drain	See Schedule
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%



Coverage	Limit of Insurance
Money Orders and Counterfeit Money	\$1,000
Money and Securities	See Schedule
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	See Schedule
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$5,000
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	See Schedule
Signs	See Schedule
Unauthorized Business Card Use	\$5,000
Valuable Papers and Records	See Schedule

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - SCHEDULE

The coverages and corresponding limits shown below apply only to the described premises as shown.

Location number	Coverage	Limit of Insurance
001	Accounts Receivable	
	On Premises Limit	\$50,000
	Off Premises Limit	\$15,000
	Back-up of Sewer or Drain	\$15,000
	Money and Securities	
	On Premises Limit	\$10,000
	Off Premises Limit	\$5,000
	Outdoor Property	\$5,000
	Property of Others (applies only to those premises provided Coverage B-Business Personal Property)	\$2,500
	Signs	\$2,500
	Valuable Papers and Records	
	On Premises Limit	\$50,000



Location number	Coverage	Limit of Insurance
	Off Premises Limit	\$15,000
002	Accounts Receivable	
	On Premises Limit	\$50,000
	Off Premises Limit	\$15,000
	Back-up of Sewer or Drain	\$15,000
	Money and Securities	
	On Premises Limit	\$10,000
	Off Premises Limit	\$5,000
	Outdoor Property	\$5,000
	Property of Others (applies only to those premises provided Coverage B-Business Personal Property)	\$2,500
	Signs	\$2,500
	Valuable Papers and Records	
	On Premises Limit	\$50,000
	Off Premises Limit	\$15,000

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Dependent Property - Loss of Income	\$5,000
Employee Dishonesty	\$10,000
Loss of Income and Extra Expense	18 Months Actual Loss Sustained
Utility Interruption - Loss of Income	\$10,000

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	1417 EVERETT ST ALAMEDA CA 94501-4631
002	2514 SANTA CLARA AVE ALAMEDA CA 94501-4634



SECTION II - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	\$5,000,000
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000
Real Estate Agents - Property Managers Coverage	Included in Coverage L
Aggregate Limits	Limit of Insurance
General Aggregate	\$10,000,000
Products/Completed Operations Aggregate	\$10,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

- CMP-4101 Businessowners Coverage Form**
- CMP-4260.2 Amendatory Endorsement (California)**
- CMP-4418 Real Estate Property Managed**
- CMP-4587 Exclusion - Silica or Silica-Related Dust**
- CMP-4698 Back-up of Sewer or Drain**
- CMP-4703.1 Utility Interruption - Loss of Income**
- CMP-4704.1 Dependent Property - Loss of Income**
- CMP-4705.2 Loss of Income and Extra Expense**
- CMP-4709 Money and Securities**
- CMP-4710 Employee Dishonesty**
- CMP-4755 Limitation of Liability Coverage to the Premises**
- CMP-4786.2 Additional Insured - Owners, Lessees or Contractors (Scheduled)**
- CMP-4787 Waiver of Transfer of Rights of Recovery Against Others To Us**
- CMP-4788.1 Additional Insured - Managers or Lessors of Premises**
- CMP-4819.1 Unauthorized Business Card Use**
- FD-6007 Inland Marine Attaching Declarations**
- FE-6999.3 Policyholder Disclosure Notice of Terrorism Insurance Coverage**

SCHEDULE OF ADDITIONAL INTEREST(S)

Interest type:	Owners, Lessees, or Contractors (Scheduled)	Interest type:	Owners, Lessees, or Contractors (Scheduled)
Endorsement number:	CMP-4786.2	Endorsement number:	CMP-4786.2
Loan number:	N/A	Loan number:	N/A
BROWN, MICHAEL & BIRNKRANT, THEODORE 2206 Buena Vista Ave Alameda CA 94501-1423		CITY OF ALAMEDA ITS CITY COUNCIL BOARDS, COMMISSIONS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURE 2263 SANTA CLARA AVE ALAMEDA CA 94501	



Interest type: Owners, Lessees, or Contractors (Schedul
Endorsement number: CMP-4786.2
Loan number: N/A
 RIVERROCK REAL ESTATE GROUP, CITY OF ALAMEDA, THE CITY C
 OUNCIL, ALAMEDA POWER AND TELECOM, THE HOUSING AUTHORITY
 OF THE
 950 W Mall Sq
 Alameda CA 94501-7575

Interest type: Managers or Lessors of Premises
Endorsement number: CMP-4788.1
Loan number: N/A
 JANICE L MASON TRUST AND OMM INC
 2836 Waterton St
 Alameda CA 94501-6320

This policy is issued by the State Farm General Insurance Company.

PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm General Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

President

Secretary

PO Box 2915
Bloomington, IL 61702-2915



State Farm General Insurance Company

JOSE CERDA-ZEIN
1417 EVERETT ST
ALAMEDA CA 94501-4631

Your State Farm Agent

Larry Bolton
934 Central Avenue
Alameda CA 94501
Bus: 510-521-4272
Email: larry.bolton.b8k1@statefarm.com

Inland Marine Attaching Declarations

Policy number: 97-AP-E005-2

Effective date: July 18, 2025

Policy period: 12 months

Expiration date: July 18, 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

ATTACHING INLAND MARINE

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual policy premium: Included

The above premium amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS, OPTIONS AND ENDORSEMENTS

FE-6271 **Amendatory Endorsement (California)**
FE-8739 **Inland Marine Conditions**
FE-8745 **Inland Marine Computer Property Form**
See below for schedule page with limits

ATTACHING INLAND MARINE SCHEDULE PAGE

Endorsement number	Coverage	Limit of insurance	Deductible amount	Annual premium
FE-8745	Inland Marine Computer Property Form	\$25,000	\$500	Included
	Loss of Income and Extra Expense	\$25,000		Included

Other limits and exclusions may apply - refer to your policy.

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. 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 that is 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 this policy, any covered 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. 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.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

08-22-2020

©, Copyright, State Farm Mutual Automobile Insurance Company, 2020

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — OWNERS, LESSEES, OR CONTRACTORS (Scheduled)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 97-AP-E005-2

Named Insured:

JOSE CERDA-ZEIN

Name And Address Of Additional Insured Person Or Organization:

CITY OF ALAMEDA ITS CITY COUNCIL BOARDS, COMMISSIONS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR
2263 SANTA CLARA AVE
ALAMEDA CA 94501

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by:

a. Ongoing Operations

- (1) Your acts or omissions; or
- (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for that additional insured; or

b. Products – Completed Operations

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

However, Paragraph 1. above is subject to the following:

- a. The insurance afforded to the additional insured only applies to the extent permitted by law;
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance provided to the additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and
- c. If the contract or agreement between you and the additional insured is governed by California Civil Code Section 2782 or 2782.05, the insurance provided to the additional insured is the lesser of that which:
 - (1) Is allowed for the satisfaction of a defense or indemnity obligation by California Civil Code Section 2782 or 2782.05 for your sole liability; or
 - (2) You are required by contract or agreement to provide for such additional insured.

We have no duty to defend or indemnify the additional insured under this endorsement until a claim or "suit" is tendered to us.

2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for

which you are provided coverage.

3. With respect to the insurance afforded to the additional insured, the following is added to **SECTION II — LIMITS OF INSURANCE**:

If coverage provided to the additional insured is required by contract or agreement, the most we will pay on behalf of the additional insured will be the lesser of the amount of insurance:

- a. Required by the contract or agreement; or
- b. Available under the applicable Limits Of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

4. With respect to the insurance afforded to the additional insured, the following is added to Paragraph 3. **Duties In The Event Of Occurrence, Offense, Claim Or Suit** of **SECTION II — GENERAL CONDITIONS**:

The additional insured must:

- a. See to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense;
 - b. Tender the defense and indemnity of any claim or "suit" to us and to all other insurers who may have insurance potentially available to the additional insured; and
 - c. Agree to make available any other insurance the additional insured has for defense or damages for which we would provide coverage under **SECTION II — LIABILITY**.
5. With respect to the insurance afforded the additional insured, the following replaces **SECTION II —LIABILITY** of Paragraph 7. **Other Insurance** of **SECTION I AND SECTION II — COMMON POLICY CONDITIONS**:
- a. This insurance is primary to and will not seek contribution from any other insurance available to the additional insured, provided that the additional insured is a named insured under such other insurance.
 - b. Regardless of any agreement between you and the additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the additional insured has been added as an additional insured on other policies.

All other policy provisions apply.

PO Box 2368
 Bloomington IL 61702-2368

DECLARATIONS PAGE

PAGE 1 OF 2

NAMED INSURED 00260 05-1AF2-1 A A

POLICY NUMBER 270 0112-E03-05I
 POLICY PERIOD NOV 03 2025 to MAY 03 2026
 12:01 A.M. Standard Time

CERDA-ZEIN, JOSE & NANCY
 1417 EVERETT ST
 ALAMEDA CA 94501-4631

STATE FARM PAYMENT PLAN NUMBER
 1164039102

AGENT
 LARRY BOLTON
 2516-A SANTA CLARA AVE
 ALAMEDA, CA 94501-4678

PHONE: (510)521-4272

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
 IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.**

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2024	CADILLAC	ESCALADE E	SPORT WG	1GYS4PKL2RR160039	103HCV1L

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage Bodily Injury Limits Each Person, Each Accident \$1,000,000 \$1,000,000 Property Damage Limit Each Accident \$1,000,000	\$544.63
C	Medical Payments Coverage Limit - Each Person \$5,000	\$24.27
D	Comprehensive Coverage - \$500 Deductible	\$224.26
G	Collision Coverage - \$1,000 Deductible	\$520.46
H	Emergency Road Service Coverage	\$6.42
R1	Car Rental and Travel Expenses Coverage Limit - Car Rental Expense Each Day, Each Loss \$50 \$1,500	\$30.99
U	Uninsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$250,000 \$500,000	\$82.46
U1	Uninsured Motor Vehicle Property Damage Coverage	\$8.15
Total premium for NOV 03 2025 to MAY 03 2026.		\$1,441.64 This is not a bill.

IMPORTANT MESSAGES

IMPORTANT NOTICE

For your protection California law requires the following to appear with this policy: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Replaced policy number 2700112-05H.

Notice of insurance information collection practices - personal, family, or household insurance transactions:
 We may collect customer information from persons other than the individual or individuals applying for coverage. Such customer information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law.

You have the right to submit a written request to access, correct, amend, or delete your personal information and the right to receive a response within 30 days of submitting your request. If we deny your request, you have the right to file a statement with us containing the information you feel is accurate and fair along with the reasons you disagree with our denial. Instructions on how to file such request and our full privacy notice can be found www.statefarm.com/customer-care/privacy-security/privacy or contact your State Farm Agent.

Location used to determine rate charged-1350 HANSEN AVE, ALAMEDA CA 94501.

CONTINUED

See Reverse Side 43

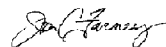
This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

- 1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
- 2. **No Contingent Liability.** This policy is non-assessable.
- 3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

Important . . .

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and Stat® Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

Or file a complaint through the Department of Insurance's Internet Web site (www.insurance.ca.gov)

**Or call toll free
1-800-927-HELP (4357)**

NOTICE

We are required to furnish you with the following information:

- 1. An automobile liability insurance company may cancel a policy before the end of the current policy period for reasons described in the provision titled **Cancellation** which is located in the **General Terms** section of your policy (refer to the Contents in the beginning of your policy for the page number).
- 2. An automobile liability insurance company may increase the premium or refuse to renew the policy for any of the following reasons:
 - a. Accident involvement by an insured, and whether an insured is at fault in the accident.
 - b. A change in, or an addition of, an insured vehicle.
 - c. A change in, or addition of, an insured under the policy.
 - d. A change in the location of garaging of an insured vehicle.
 - e. A change in the use of the insured vehicle.
 - f. Convictions for violating any provision of the Vehicle Code or the Penal Code relating to the operation of a motor vehicle.
 - g. The payment made by an insurer due to a claim filed by an insured or a third party.

An automobile liability insurance company may increase the premium or refuse to renew the policy for reasons that are not listed above but which are lawful and not unfairly discriminatory.



PO Box 2368
Bloomington IL 61702-2368

DECLARATIONS PAGE

PAGE 2 OF 2

00260 05-1AF2-1 A A
NAMED INSURED 000260 0058
CERDA-ZEIN, JOSE & NANCY
1417 EVERETT ST
ALAMEDA CA 94501-4631

POLICY NUMBER 270 0112-E03-05I
POLICY PERIOD NOV 03 2025 to MAY 03 2026
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
1164039102

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET -
FORM 9805B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU
WITH ANY SUBSEQUENT RENEWAL NOTICE.
01 6097DS LEASED MOTOR VEHICLES-GM FINANCIAL LEASING, PO BOX 398045,
MINNEAPOLIS MN 55439-8045.
02 6097DS LEASED MOTOR VEHICLES-MERCEDES-BENZ FINANCIAL INSURANCE SERVICES,
PO BOX 685, ROANOKE TX 76262-0685.
03 6028BU ADDITIONAL INSURED-CERDA-ZEOM REAL ESTATE, 1417 EVERETT ST,
ALAMEDA CA 94501-4631.
04 6028BU ADDITIONAL INSURED-RIVERROCK REAL ESTATE GROUP, CITY OF ALAMEDA,
THE CITY COUNCIL,ALAMEDA POWER&TELECOM, 950 W MALL SQ, ALAMEDA CA
94501-7575.
05 6028BU ADDITIONAL INSURED-THE HOUSING AUTHORITY OF THE CITY OF ALAMEDA,
AND ISAOA, 950 W MALL SQ, ALAMEDA CA 94501-7575.
6125A AMENDATORY ENDORSEMENT.
6126MD EXCESS COVERAGE FOR PERSONAL VEHICLE SHARING.
6129J AMENDATORY ENDORSEMENT.

Agent: LARRY BOLTON

R

Telephone: (510)521-4272

Prepared NOV 04 2025 1AF2-B8E


This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

- 1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
- 2. **No Contingent Liability.** This policy is non-assessable.
- 3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

Important . . .

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and Stat® Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: **California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013**

Or file a complaint through the Department of Insurance's Internet Web site (www.insurance.ca.gov)

**Or call toll free
1-800-927-HELP (4357)**

NOTICE

We are required to furnish you with the following information:

- 1. An automobile liability insurance company may cancel a policy before the end of the current policy period for reasons described in the provision titled **Cancellation** which is located in the **General Terms** section of your policy (refer to the Contents in the beginning of your policy for the page number).
- 2. An automobile liability insurance company may increase the premium or refuse to renew the policy for any of the following reasons:
 - a. Accident involvement by an insured, and whether an insured is at fault in the accident.
 - b. A change in, or an addition of, an insured vehicle.
 - c. A change in, or addition of, an insured under the policy.
 - d. A change in the location of garaging of an insured vehicle.
 - e. A change in the use of the insured vehicle.
 - f. Convictions for violating any provision of the Vehicle Code or the Penal Code relating to the operation of a motor vehicle.
 - g. The payment made by an insurer due to a claim filed by an insured or a third party.

An automobile liability insurance company may increase the premium or refuse to renew the policy for reasons that are not listed above but which are lawful and not unfairly discriminatory.

AMENDATORY ENDORSEMENT

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.

PHYSICAL DAMAGE COVERAGES

Limits and Loss Settlement – Comprehensive Coverage and Collision Coverage

Item 1.a. is changed to read:

1. **We** have the right to choose to settle with **you** or the owner of the **covered vehicle** in one of the following ways:
 - a. Pay the cost to repair the **covered vehicle** minus any applicable deductible. No deductible applies to the repair of windshield glass.
 - (1) **We** have the right to choose one of the following to determine the cost to repair the **covered vehicle**:
 - (a) The cost agreed to by both the owner of the **covered vehicle** and **us**;
 - (b) A bid or repair estimate approved by **us**; or
 - (c) A repair estimate that is written based upon or adjusted to:
 - (i) reasonable repair costs and labor rates as determined by **us** for the repair market where the **covered vehicle** is to be repaired;
 - (ii) the prevailing competitive price. Prevailing competitive price means prices charged by a majority of the repair market as determined by a survey made by **us** for the area where the **covered vehicle** is to be repaired;
 - (iii) the lower of paintless dent repair pricing established by an agreement **we** have with a third party or the paintless dent repair price that is competitive in the market; or
 - (iv) a combination of (i), (ii), or (iii) above.

If asked, **we** will identify at least one facility that will perform the repairs with the pricing and labor rates identified by **us**.

The repair estimate will include parts sufficient to restore the **covered vehicle** to its pre-loss condition. **You** agree with **us** that the repair estimate may include new, used, recycled, and reconditioned parts. Any of these parts may be either original equipment manufacturer parts or non-original equipment manufacturer parts, and **you** agree these parts are sufficient to restore the **covered vehicle** to its pre-loss condition.

You also agree that replacement glass need not have any insignia, logo, trademark, etching, or other marking that was on the replaced glass.

- (2) The cost to repair the **covered vehicle** does not include any reduction in the value of the **covered vehicle** after it has been repaired, as compared to its value before it was damaged.
- (3) If the repair or replacement of a part results in betterment of that part, then **you** or the owner of the **covered vehicle** must pay for the amount of the betterment;

6126MD EXCESS COVERAGE FOR PERSONAL VEHICLE SHARING

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. LIABILITY COVERAGE

a. Exclusions

Exclusion 15. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** FOR THE OWNERSHIP, MAINTENANCE, OR USE OF **YOUR CAR** OR A **NEWLY ACQUIRED CAR** WHILE USED IN **PERSONAL VEHICLE SHARING**. This exclusion does not apply to **you** and **resident relatives** when, and only if, the full amount of all available limits of all other liability bonds, policies, and self-insurance plans that apply have been used up by payment of judgments or settlements, or have been offered in writing.

b. If Other Liability Coverage Applies

The first paragraph of item 2. is changed to read:

The Liability Coverage provided by this policy applies as primary coverage for the ownership, maintenance, or use of **your car** or a **trailer** attached to it, except while **your car** or a **trailer** attached to it is used in **personal vehicle sharing**. The Liability Coverage provided by this policy applies as excess coverage for the ownership, maintenance, or use of **your car** or a **trailer** attached to it while **your car** or a **trailer** attached to it is used in **personal vehicle sharing**.

2. MEDICAL PAYMENTS COVERAGE

a. Exclusions

- (1) Exclusion 3. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** WHO IS **OCCUPYING** A VEHICLE WHILE IT IS RENTED OR LEASED TO OTHERS BY AN **INSURED**. This exclusion does not apply to **you** and **resident relatives** while **occupying your car** or a **newly acquired car** while used in **personal vehicle sharing** when, and only if, the full amount of all available limits of all other sources of medical payments coverage or similar vehicle insurance that apply have been paid.

- (2) Exclusion 15. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** WHO IS **OCCUPYING YOUR CAR** OR A **NEWLY ACQUIRED CAR** WHILE USED IN **PERSONAL VEHICLE SHARING**. This exclusion does not apply to **you** and **resident relatives** when, and only if, the full amount of all available limits of all other sources of medical payments coverage or similar vehicle insurance that apply have been paid.

or Similar Vehicle Insurance Applies

The first paragraph of item 3. is changed to read:

The Medical Payments Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car* or a *trailer* attached to it, except while *your car* or a *trailer* attached to it is used in *personal vehicle sharing*. The Medical Payments Coverage provided by this policy applies as excess coverage for *you* and *resident relatives* who sustain *bodily injury* while *occupying your car* or a *trailer* attached to it while *your car* or a *trailer* attached to it is used in *personal vehicle sharing*.

3. UNINSURED MOTOR VEHICLE COVERAGE

a. Exclusions

Exclusion 6. is replaced by the following:

THERE IS NO COVERAGE FOR AN *INSURED* WHO IS *OCCUPYING YOUR CAR* OR A *NEWLY ACQUIRED CAR* WHILE USED IN *PERSONAL VEHICLE SHARING*. This exclusion does not apply to *you* and *resident relatives* when, and only if, the full amount of all available limits of all other sources of uninsured motor vehicle coverage that apply have been paid.

b. If Other Uninsured Motor Vehicle Coverage Applies

The first paragraph of item 2. is changed to read:

The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, except while *your car* is used in *personal vehicle sharing*. The Uninsured Motor Vehicle Coverage provided by this policy applies as excess coverage for *you* and *resident relatives* who sustain *bodily injury* while *occupying your car* while *your car* is used in *personal vehicle sharing*.

4. PHYSICAL DAMAGE COVERAGES

a. Exclusions

(1) Exclusion 2. is replaced by the following:

THERE IS NO COVERAGE FOR ANY *COVERED VEHICLE* WHILE IT IS RENTED OR LEASED TO OTHERS BY AN *INSURED*. This exclusion does not apply to *your car* or a *newly acquired car* while used in *personal vehicle sharing* when, and only if, the full amount of all available limits of all other sources of physical damage coverage or similar coverage that apply have been paid.

(2) Exclusion 20. is replaced by the following:

THERE IS NO COVERAGE FOR *YOUR CAR* OR A *NEWLY ACQUIRED CAR* WHILE USED IN *PERSONAL VEHICLE SHARING*. This exclusion does not apply when, and only if, the full amount of all available limits of all other sources of physical damage

coverage or similar coverage that apply have been paid.

b. If Other Physical Damage Coverage or Similar Coverage Applies

The first paragraph of item 3. is changed to read:

The physical damage coverages provided by this policy apply as

primary coverage for a *loss to your car*, except while *your car* is used in *personal vehicle sharing*. The physical damage coverages provided by this policy apply as excess coverage for a *loss to your car* while it is used in *personal vehicle sharing*.

PO Box 2368
Bloomington IL 61702-2368



AT2 A-1AF2 A
CERDA-ZEIN, JOSE & NANCY
1417 EVERETT ST
ALAMEDA CA 94501-4631

AUTO RENEWAL

PREMIUM PAID: \$1,621.35

DO NOT PAY.

Your premium is billed through the State Farm Payment Plan

State Farm Payment Plan Number: 1164039102

Your State Farm Agent

LARRY BOLTON

Office: 510-521-4272

Address: 2516-A SANTA CLARA AVE
ALAMEDA, CA 94501-4678

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Thank you for choosing State Farm.

Policy Number: 270 0112-E03-05I

Policy Period: May 3, 2026 to November 3, 2026

Vehicle:

2024 CADILLAC ESCALADE E

Principal Driver:

JOSE L CERDA-ZEIN

Notice of insurance information collection practices - personal, family, or household insurance transactions:

We may collect customer information from persons other than the individual or individuals applying for coverage. Such customer information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law.

You have the right to submit a written request to access, correct, amend, or delete your personal information and the right to receive a response within 30 days of submitting your request. If we deny your request, you have the right to file a statement with us containing the information you feel is accurate and fair along with the reasons you disagree with our denial. Instructions on how to file such request and our full privacy notice can be found

(continued on next page)

Policy Number: 270 0112-E03-05I
Prepared March 11, 2026
1004583

Page number 1 of 5

143562 202 01-15-2018



**CONVENIENCE SAVES
TIME, MONEY
... AND TREES.**

You have the option to pay your bills online by opting for ePayment on statefarm.com®.

Get to a better State®.



www.statefarm.com/customer-care/privacy-security/privacy or contact your State Farm Agent.

Your auto insurance rates are impacted by the mileage your vehicle is driven. To ensure we've priced our insurance coverage accurately based on the number of miles you drive, we obtained valid mileage information for this vehicle through a third party provider and/or from you. Annual mileage was determined using this data and applied. Please contact your State Farm agent with questions within 30 days of your policy's renewal date.

Location used to determine rate charged-1350 HANSEN AVE, ALAMEDA CA 94501.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2024 CADILLAC ESCALADE E	1GYS4PKL2RR160039	JOSE CERDA-ZEIN, a married individual, who will have 31 years of driving experience as of May 03, 2026.	Business.

Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2023 MERCEDES GLE350
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 FORD RANGER

The premium on the expiring policy term was based on 8,800 miles per year.

The premium on the renewal policy term was based on 18,000 miles per year.

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and

model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Driving Experience as of May 03, 2026	Marital Status
JOSE L CERDA-ZEIN	31 years	Married



Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

NANCY CERDA-ZEIN

It is your responsibility to inform us of all regular drivers of your vehicles and changes to those drivers throughout the life of your policy. Failure to disclose drivers may result in denial of coverage. Regular drivers, regardless of their relationship to the primary named insured or their residence address, include:

- All drivers who drive the vehicle(s) on the policy once or more in a typical month
- All drivers who regularly drive the vehicle(s) at least three months of the year

- For business related vehicles, also include the business owner(s) and employee(s) that drive the vehicle(s) in any capacity

Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your premium may be influenced by the information shown for these drivers.

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 1,000,000/1,000,000	
	Property Damage 1,000,000	\$629.59
C	Medical Payments 5,000	\$25.97
D	500 Deductible Comprehensive	\$266.51
G	1000 Deductible Collision	\$562.36
H	Emergency Road Service	\$6.42
R1	Car Rental & Travel Expense	
	\$50 Per Day, \$1,500 Max	\$30.99
U	Uninsured Motor Vehicle	
	Bodily Injury 250,000/500,000	\$90.56
U1	Uninsured Motor Vehicle	
	Property Damage	\$8.95
Total Premium		\$1,621.35

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.



DISCOUNTS *These adjustments have already been applied to your premium.*

Multiple Line	✓
Multicar	✓
Vehicle Safety	✓
Driving Safety Record	✓
California Good Driver	✓
Loyalty	✓
Total Discounts	\$6,129.32

SURCHARGES AND DISCOUNTS

Driving Safety Record Rating Plan

Your driving safety record, along with other rating factors, determines what you pay for Liability, Medical Payments, Comprehensive, Collision, and Uninsured Motor Vehicle Coverages. Policyholders with no accidents and convictions pay less than those with accidents and convictions.

The Driving Safety Record Rate Level that is assigned to your policy moves up, down, or stays the same every policy renewal, depending upon your driving record. For every 12 months since the renewal following the occurrence of a chargeable accident or the conviction of a minor violation, the initial assigned Driver Record Level for that chargeable accident or conviction shall be lowered by 1 level. For each 12 month period since the conviction of a major violation, the initial assigned Driver Record Level for that conviction shall be lowered by 2 levels. The Rate Level is increased if there are subsequent chargeable accidents or convictions.

Definition of Chargeable Accidents

Chargeable accidents for new business are those which resulted in bodily injury or death or in payment(s) by an insurer due to damage to any property in the amount of

more than \$1000. For accidents occurring prior to December 11, 2011, an accident shall be chargeable provided it resulted in death or in payment(s) by an insurer due to damage to any property in the amount of more than \$750.

For applicants without prior insurance at the time of the accident, an accident shall be chargeable provided it resulted in damage to any property in the amount of more than \$1000 (more than \$750 if the accident occurred prior to December 11, 2011).

Chargeable accidents for renewal business are those which resulted in bodily injury or death or State Farm claim payments totaling more than \$1000 (more than \$750 for accidents occurring prior to December 11, 2011) under property damage liability coverage and collision coverage combined.

For more information about the rating plan, please contact your State Farm agent.

Superior Driver Rate Level

ADDITIONAL INFORMATION

IMPORTANT NOTICE

For your protection California law requires the following to appear with this policy: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional information regarding discounts or coverages, see your State Farm agent or visit statefarm.com®.

Endorsement 6130Q effective MAY 03 2026.

Important Notice Regarding Your Premium

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors including:

- The coverage you have
- Where you live
- The kind of car you drive

(continued on next page)

- How the car is used
- Who drives the car

Any premium adjustment is reflected on this Auto Renewal. If you have any questions, please contact your agent.

Buying a new car? Remember to contact your agent!

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.

PO Box 2368
Bloomington IL 61702-2368

DECLARATIONS PAGE

PAGE 1 OF 2

NAMED INSURED 00255 05-1AF2-1 A A

POLICY NUMBER C06 0286-E07-05V
POLICY PERIOD NOV 07 2025 to MAY 07 2026
12:01 A.M. Standard Time

CERDA-ZEIN, JOSE & NANCY
1417 EVERETT ST
ALAMEDA CA 94501-4631

STATE FARM PAYMENT PLAN NUMBER
1164039102

AGENT
LARRY BOLTON
2516-A SANTA CLARA AVE
ALAMEDA, CA 94501-4678

PHONE: (510)521-4272

**DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.**

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2023	MERCEDES	GLE350	SPORT WG	4JGFB4KBXPA893594	103HCV1L

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage Bodily Injury Limits Each Person, Each Accident \$1,000,000 \$1,000,000 Property Damage Limit Each Accident \$1,000,000	\$497.02
C	Medical Payments Coverage Limit - Each Person \$5,000	\$27.41
D	Comprehensive Coverage - \$500 Deductible	\$174.69
G	Collision Coverage - \$1,000 Deductible	\$433.77
H	Emergency Road Service Coverage	\$6.42
R1	Car Rental and Travel Expenses Coverage Limit - Car Rental Expense Each Day, Each Loss \$50 \$1,500	\$30.99
U	Uninsured Motor Vehicle Coverage Bodily Injury Limits Each Person, Each Accident \$250,000 \$500,000	\$82.87
U1	Uninsured Motor Vehicle Property Damage Coverage	\$8.19
Total premium for NOV 07 2025 to MAY 07 2026.		\$1,261.36 This is not a bill.

IMPORTANT MESSAGES

IMPORTANT NOTICE

For your protection California law requires the following to appear with this policy: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Replaced policy number C060286-05U.

Notice of insurance information collection practices - personal, family, or household insurance transactions:
We may collect customer information from persons other than the individual or individuals applying for coverage. Such customer information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law.

You have the right to submit a written request to access, correct, amend, or delete your personal information and the right to receive a response within 30 days of submitting your request. If we deny your request, you have the right to file a statement with us containing the information you feel is accurate and fair along with the reasons you disagree with our denial. Instructions on how to file such request and our full privacy notice can be found www.statefarm.com/customer-care/privacy-security/privacy or contact your State Farm Agent.

Location used to determine rate charged-1350 HANSEN AVE, ALAMEDA CA 94501.

CONTINUED

See Reverse Side 55

This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

- 1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
- 2. **No Contingent Liability.** This policy is non-assessable.
- 3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

Important . . .

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and Stat® Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

Or file a complaint through the Department of Insurance's Internet Web site (www.insurance.ca.gov)

**Or call toll free
1-800-927-HELP (4357)**

NOTICE

We are required to furnish you with the following information:

- 1. An automobile liability insurance company may cancel a policy before the end of the current policy period for reasons described in the provision titled **Cancellation** which is located in the **General Terms** section of your policy (refer to the Contents in the beginning of your policy for the page number).
- 2. An automobile liability insurance company may increase the premium or refuse to renew the policy for any of the following reasons:
 - a. Accident involvement by an insured, and whether an insured is at fault in the accident.
 - b. A change in, or an addition of, an insured vehicle.
 - c. A change in, or addition of, an insured under the policy.
 - d. A change in the location of garaging of an insured vehicle.
 - e. A change in the use of the insured vehicle.
 - f. Convictions for violating any provision of the Vehicle Code or the Penal Code relating to the operation of a motor vehicle.
 - g. The payment made by an insurer due to a claim filed by an insured or a third party.

An automobile liability insurance company may increase the premium or refuse to renew the policy for reasons that are not listed above but which are lawful and not unfairly discriminatory.



PO Box 2368
Bloomington IL 61702-2368

DECLARATIONS PAGE

PAGE 2 OF 2

00255 05-1AF2-1 A A
NAMED INSURED 000255 0058
CERDA-ZEIN, JOSE & NANCY
1417 EVERETT ST
ALAMEDA CA 94501-4631

POLICY NUMBER C06 0286-E07-05V
POLICY PERIOD NOV 07 2025 to MAY 07 2026
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
1164039102

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET -
FORM 9805B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU
WITH ANY SUBSEQUENT RENEWAL NOTICE.
01 6097DS LEASED MOTOR VEHICLES-MERCEDES-BENZ FINANCIAL INSURANCE SERVICES,
PO BOX 685, ROANOKE TX 76262-0685.
02 6028BU ADDITIONAL INSURED-RIVERROCK REAL ESTATE GROUP ITS BOARDS,
COMMISSIONS OFFICERS, EMPLOYEES & AGENTS, 950 W MALL SQ, ALAMEDA CA
94501-7575.
03 6028BU ADDITIONAL INSURED-CITY OF ALAMEDA, CITY COUNCIL ITS BOARDS,
COMMISSIONS OFFICERS, EMPLOYEES & AGENTS, 950 W MALL SQ, ALAMEDA CA
94501-7552.
04 6028BU ADDITIONAL INSURED-ALAMEDA POWER & TELECOM ITS BOARDS,
COMMISSIONS OFFICERS, EMPLOYEES & AGENTS, 950 W MALL SQ, ALAMEDA CA
94501-7575.
05 6028BU ADDITIONAL INSURED-HOUSING AUTHORITY CITY OF ALAMEDA ITS BOARDS
COMMISSION OFFICERS, EMPLOYEES & AGENTS, 950 W MALL SQ, ALAMEDA CA
94501-7575.
6125A AMENDATORY ENDORSEMENT.
6126MD EXCESS COVERAGE FOR PERSONAL VEHICLE SHARING.
6129J AMENDATORY ENDORSEMENT.

Agent: LARRY BOLTON R

Telephone: (510)521-4272

Prepared NOV 06 2025 1AF2-B8E

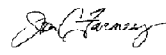
This policy is issued by State Farm Mutual Automobile Insurance Company.

MUTUAL CONDITIONS

- 1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
- 2. **No Contingent Liability.** This policy is non-assessable.
- 3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


Secretary


President

Important . . .

California law requires us to provide you with information for filing complaints with the State Insurance Department regarding the coverage and service provided under this policy.

Complaints should be filed only after you and Stat® Farm or your agent or other company representative have failed to reach a satisfactory agreement on a problem.

Please forward such complaints to: California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

Or file a complaint through the Department of Insurance's Internet Web site (www.insurance.ca.gov)

**Or call toll free
1-800-927-HELP (4357)**

NOTICE

We are required to furnish you with the following information:

- 1. An automobile liability insurance company may cancel a policy before the end of the current policy period for reasons described in the provision titled **Cancellation** which is located in the **General Terms** section of your policy (refer to the Contents in the beginning of your policy for the page number).
- 2. An automobile liability insurance company may increase the premium or refuse to renew the policy for any of the following reasons:
 - a. Accident involvement by an insured, and whether an insured is at fault in the accident.
 - b. A change in, or an addition of, an insured vehicle.
 - c. A change in, or addition of, an insured under the policy.
 - d. A change in the location of garaging of an insured vehicle.
 - e. A change in the use of the insured vehicle.
 - f. Convictions for violating any provision of the Vehicle Code or the Penal Code relating to the operation of a motor vehicle.
 - g. The payment made by an insurer due to a claim filed by an insured or a third party.

An automobile liability insurance company may increase the premium or refuse to renew the policy for reasons that are not listed above but which are lawful and not unfairly discriminatory.

AMENDATORY ENDORSEMENT

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.

PHYSICAL DAMAGE COVERAGES

Limits and Loss Settlement – Comprehensive Coverage and Collision Coverage

Item 1.a. is changed to read:

1. **We** have the right to choose to settle with **you** or the owner of the **covered vehicle** in one of the following ways:
 - a. Pay the cost to repair the **covered vehicle** minus any applicable deductible. No deductible applies to the repair of windshield glass.
 - (1) **We** have the right to choose one of the following to determine the cost to repair the **covered vehicle**:
 - (a) The cost agreed to by both the owner of the **covered vehicle** and **us**;
 - (b) A bid or repair estimate approved by **us**; or
 - (c) A repair estimate that is written based upon or adjusted to:
 - (i) reasonable repair costs and labor rates as determined by **us** for the repair market where the **covered vehicle** is to be repaired;
 - (ii) the prevailing competitive price. Prevailing competitive price means prices charged by a majority of the repair market as determined by a survey made by **us** for the area where the **covered vehicle** is to be repaired;
 - (iii) the lower of paintless dent repair pricing established by an agreement **we** have with a third party or the paintless dent repair price that is competitive in the market; or
 - (iv) a combination of (i), (ii), or (iii) above.

If asked, **we** will identify at least one facility that will perform the repairs with the pricing and labor rates identified by **us**.

The repair estimate will include parts sufficient to restore the **covered vehicle** to its pre-loss condition. **You** agree with **us** that the repair estimate may include new, used, recycled, and reconditioned parts. Any of these parts may be either original equipment manufacturer parts or non-original equipment manufacturer parts, and **you** agree these parts are sufficient to restore the **covered vehicle** to its pre-loss condition.

You also agree that replacement glass need not have any insignia, logo, trademark, etching, or other marking that was on the replaced glass.

- (2) The cost to repair the **covered vehicle** does not include any reduction in the value of the **covered vehicle** after it has been repaired, as compared to its value before it was damaged.
- (3) If the repair or replacement of a part results in betterment of that part, then **you** or the owner of the **covered vehicle** must pay for the amount of the betterment;



6126MD EXCESS COVERAGE FOR PERSONAL VEHICLE SHARING

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. LIABILITY COVERAGE

a. Exclusions

Exclusion 15. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** FOR THE OWNERSHIP, MAINTENANCE, OR USE OF **YOUR CAR** OR A **NEWLY ACQUIRED CAR** WHILE USED IN **PERSONAL VEHICLE SHARING**. This exclusion does not apply to **you** and **resident relatives** when, and only if, the full amount of all available limits of all other liability bonds, policies, and self-insurance plans that apply have been used up by payment of judgments or settlements, or have been offered in writing.

b. If Other Liability Coverage Applies

The first paragraph of item 2. is changed to read:

The Liability Coverage provided by this policy applies as primary coverage for the ownership, maintenance, or use of **your car** or a **trailer** attached to it, except while **your car** or a **trailer** attached to it is used in **personal vehicle sharing**. The Liability Coverage provided by this policy applies as excess coverage for the ownership, maintenance, or use of **your car** or a **trailer** attached to it while **your car** or a **trailer** attached to it is used in **personal vehicle sharing**.

2. MEDICAL PAYMENTS COVERAGE

a. Exclusions

- (1) Exclusion 3. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** WHO IS **OCCUPYING** A VEHICLE WHILE IT IS RENTED OR LEASED TO OTHERS BY AN **INSURED**. This exclusion does not apply to **you** and **resident relatives** while **occupying your car** or a **newly acquired car** while used in **personal vehicle sharing** when, and only if, the full amount of all available limits of all other sources of medical payments coverage or similar vehicle insurance that apply have been paid.

- (2) Exclusion 15. is replaced by the following:

THERE IS NO COVERAGE FOR AN **INSURED** WHO IS **OCCUPYING YOUR CAR** OR A **NEWLY ACQUIRED CAR** WHILE USED IN **PERSONAL VEHICLE SHARING**. This exclusion does not apply to **you** and **resident relatives** when, and only if, the full amount of all available limits of all other sources of medical payments coverage or similar vehicle insurance that apply have been paid.

or Similar Vehicle Insurance Applies

The first paragraph of item 3. is changed to read:

The Medical Payments Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car* or a *trailer* attached to it, except while *your car* or a *trailer* attached to it is used in *personal vehicle sharing*. The Medical Payments Coverage provided by this policy applies as excess coverage for *you* and *resident relatives* who sustain *bodily injury* while *occupying your car* or a *trailer* attached to it while *your car* or a *trailer* attached to it is used in *personal vehicle sharing*.

3. UNINSURED MOTOR VEHICLE COVERAGE

a. Exclusions

Exclusion 6. is replaced by the following:

THERE IS NO COVERAGE FOR AN *INSURED* WHO IS *OCCUPYING YOUR CAR* OR A *NEWLY ACQUIRED CAR* WHILE USED IN *PERSONAL VEHICLE SHARING*. This exclusion does not apply to *you* and *resident relatives* when, and only if, the full amount of all available limits of all other sources of uninsured motor vehicle coverage that apply have been paid.

b. If Other Uninsured Motor Vehicle Coverage Applies

The first paragraph of item 2. is changed to read:

The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an *insured* who sustains *bodily injury* while *occupying your car*, except while *your car* is used in *personal vehicle sharing*. The Uninsured Motor Vehicle Coverage provided by this policy applies as excess coverage for *you* and *resident relatives* who sustain *bodily injury* while *occupying your car* while *your car* is used in *personal vehicle sharing*.

4. PHYSICAL DAMAGE COVERAGES

a. Exclusions

(1) Exclusion 2. is replaced by the following:

THERE IS NO COVERAGE FOR ANY *COVERED VEHICLE* WHILE IT IS RENTED OR LEASED TO OTHERS BY AN *INSURED*. This exclusion does not apply to *your car* or a *newly acquired car* while used in *personal vehicle sharing* when, and only if, the full amount of all available limits of all other sources of physical damage coverage or similar coverage that apply have been paid.

(2) Exclusion 20. is replaced by the following:

THERE IS NO COVERAGE FOR *YOUR CAR* OR A *NEWLY ACQUIRED CAR* WHILE USED IN *PERSONAL VEHICLE SHARING*. This exclusion does not apply when, and only if, the full amount of all available limits of all other sources of physical damage

coverage or similar coverage that apply have been paid.

b. If Other Physical Damage Coverage or Similar Coverage Applies

The first paragraph of item 3. is changed to read:

The physical damage coverages provided by this policy apply as

primary coverage for a *loss to your car*, except while *your car* is used in *personal vehicle sharing*. The physical damage coverages provided by this policy apply as excess coverage for a *loss to your car* while it is used in *personal vehicle sharing*.

PO Box 2368
Bloomington IL 61702-2368



AT2 A-1AF2 A
CERDA-ZEIN, JOSE & NANCY
1417 EVERETT ST
ALAMEDA CA 94501-4631

AUTO RENEWAL

PREMIUM PAID: \$1,258.47

DO NOT PAY.

Your premium is billed through the State Farm Payment Plan

State Farm Payment Plan Number: 1164039102

Your State Farm Agent

LARRY BOLTON

Office: 510-521-4272

Address: 2516-A SANTA CLARA AVE
ALAMEDA, CA 94501-4678

If you have a new or different car, have added any drivers, or have moved, please contact your agent.

Thank you for choosing State Farm.

Policy Number: C06 0286-E07-05V

Policy Period: May 7, 2026 to November 7, 2026

Vehicle:

2023 MERCEDES GLE350

Principal Driver:

NANCY CERDA-ZEIN

Notice of insurance information collection practices - personal, family, or household insurance transactions:

We may collect customer information from persons other than the individual or individuals applying for coverage. Such customer information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law.

You have the right to submit a written request to access, correct, amend, or delete your personal information and the right to receive a response within 30 days of submitting your request. If we deny your request, you have the right to file a statement with us containing the information you feel is accurate and fair along with the reasons you disagree with our denial. Instructions on how to file such request and our full privacy notice can be found

(continued on next page)

Policy Number: C06 0286-E07-05V
Prepared March 16, 2026
1004583

Page number 1 of 5

143562 202 01-15-2018



**CONVENIENCE SAVES
TIME, MONEY
... AND TREES.**

You have the option to pay your bills online by opting for ePayment on statefarm.com®.

Get to a better State®.



www.statefarm.com/customer-care/privacy-security/privacy or contact your State Farm Agent.

Your auto insurance rates are impacted by the mileage your vehicle is driven. To ensure we've priced our insurance coverage accurately based on the number of miles you drive, we tried to obtain valid mileage information for this vehicle through a third party provider. We were unable to obtain odometer readings and have applied an average annual mileage using information from a third party provider and some of your vehicle and policy characteristics. Please contact your State Farm agent with questions.

Location used to determine rate charged-1350 HANSEN AVE, ALAMEDA CA 94501.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2023 MERCEDES GLE350	4JGFB4KBXPA893594	NANCY CERDA-ZEIN, a married individual, who will have 25 years of driving experience as of May 07, 2026.	Business.

Other Household Vehicle(s)

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2024 CADILLAC ESCALADE E
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 TOYOTA TACOMA
- 2025 FORD RANGER

The premium on the expiring policy term was based on 8,800 miles per year.

The premium on the renewal policy term was based on 8,900 miles per year.

Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and

model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

DRIVER INFORMATION

Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Driving Experience as of May 07, 2026	Marital Status
NANCY CERDA-ZEIN	25 years	Married



Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

JOSE L CERDA-ZEIN

It is your responsibility to inform us of all regular drivers of your vehicles and changes to those drivers throughout the life of your policy. Failure to disclose drivers may result in denial of coverage. Regular drivers, regardless of their relationship to the primary named insured or their residence address, include:

- All drivers who drive the vehicle(s) on the policy once or more in a typical month
- All drivers who regularly drive the vehicle(s) at least three months of the year

- For business related vehicles, also include the business owner(s) and employee(s) that drive the vehicle(s) in any capacity

Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your premium may be influenced by the information shown for these drivers.

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

A	Liability	
	Bodily Injury 1,000,000/1,000,000	
	Property Damage 1,000,000	\$495.43
C	Medical Payments 5,000	\$27.30
D	500 Deductible Comprehensive	\$173.50
G	1000 Deductible Collision	\$433.77
H	Emergency Road Service	\$6.42
R1	Car Rental & Travel Expense	
	\$50 Per Day, \$1,500 Max	\$30.99
U	Uninsured Motor Vehicle	
	Bodily Injury 250,000/500,000	\$82.87
U1	Uninsured Motor Vehicle	
	Property Damage	\$8.19
Total Premium		\$1,258.47

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.



DISCOUNTS *These adjustments have already been applied to your premium.*

Multiple Line	✓
Multicar	✓
Vehicle Safety	✓
Driving Safety Record	✓
California Good Driver	✓
Loyalty	✓
Total Discounts	\$4,755.67

SURCHARGES AND DISCOUNTS

Driving Safety Record Rating Plan

Your driving safety record, along with other rating factors, determines what you pay for Liability, Medical Payments, Comprehensive, Collision, and Uninsured Motor Vehicle Coverages. Policyholders with no accidents and convictions pay less than those with accidents and convictions.

The Driving Safety Record Rate Level that is assigned to your policy moves up, down, or stays the same every policy renewal, depending upon your driving record. For every 12 months since the renewal following the occurrence of a chargeable accident or the conviction of a minor violation, the initial assigned Driver Record Level for that chargeable accident or conviction shall be lowered by 1 level. For each 12 month period since the conviction of a major violation, the initial assigned Driver Record Level for that conviction shall be lowered by 2 levels. The Rate Level is increased if there are subsequent chargeable accidents or convictions.

Definition of Chargeable Accidents

Chargeable accidents for new business are those which resulted in bodily injury or death or in payment(s) by an insurer due to damage to any property in the amount of

more than \$1000. For accidents occurring prior to December 11, 2011, an accident shall be chargeable provided it resulted in death or in payment(s) by an insurer due to damage to any property in the amount of more than \$750.

For applicants without prior insurance at the time of the accident, an accident shall be chargeable provided it resulted in damage to any property in the amount of more than \$1000 (more than \$750 if the accident occurred prior to December 11, 2011).

Chargeable accidents for renewal business are those which resulted in bodily injury or death or State Farm claim payments totaling more than \$1000 (more than \$750 for accidents occurring prior to December 11, 2011) under property damage liability coverage and collision coverage combined.

For more information about the rating plan, please contact your State Farm agent.

Superior Driver Rate Level

ADDITIONAL INFORMATION

IMPORTANT NOTICE

For your protection California law requires the following to appear with this policy: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional information regarding discounts or coverages, see your State Farm agent or visit statefarm.com®.

Endorsement 6130Q effective MAY 07 2026.

Important Notice Regarding Your Premium

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors including:

- The coverage you have
- Where you live
- The kind of car you drive

(continued on next page)

-
- How the car is used
 - Who drives the car

Any premium adjustment is reflected on this Auto Renewal. If you have any questions, please contact your agent.

Buying a new car? Remember to contact your agent!

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.

