

**FORM 5-4**  
**CALCULATION OF NET OPERATING EXPENSES**

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		\$7,855,294
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	\$388,872	
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	\$671,806	
	d. Amortization		
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$5,998,990	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		\$7,059,668
4	Net Operating Expenses		\$795,626
5	Divide Line 4 by 365 and enter the result.		\$2,180
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		\$163,485

**PROVIDER:** SIERRA VIEW HOMES (December 31, 2017)  
**COMMUNITY:** SIERRA VIEW HOMES (December 31, 2017)

**SIERRA VIEW HOMES****December 31, 2017 Annual Report for the California Department of Social Services  
Support Schedule for Form 5-4, Line 2e (two-way reconciliation)**

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**LINE 2e:**

Revenues received for services to persons not having a continuing care contract:

Net skilled nursing services after provision for doubtful collections (audited financial statements)	\$5,032,833
Residential care services and housing services (audited financial statements)	3,343,740
Less amounts received from persons under a continuing care contract	<u>(2,501,037)</u>
Equals revenue from non-contract persons	5,875,536
Other operating revenue (audited financial statements)	<u>123,454</u>
<b>TOTAL NON-CONTRACT PERSONS (Form 5-4, Line 2e reduction)</b>	<b><u>\$5,998,990</u></b>

**FORM 5-5**  
**ANNUAL RESERVE CERTIFICATION**

Provider Name: SIERRA VIEW HOMES (December 31, 2017)

Fiscal Year Ended: DECEMBER 31, 2017

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended DECEMBER 31, 2017 and are in compliance with those requirements.

Our liquid reserve requirements, computed using the audited financial statements for the fiscal year are as follows:

	<u>Amount</u>
[1] Debt Service Reserve Amount	\$807,395
[2] Operating Expense Reserve Amount	\$163,485
[3] Total Liquid Reserve Amount:	\$970,880

Qualifying assets sufficient to fulfill the above requirements are held as follows:

<u>Qualifying Asset Description</u>	<u>Amount</u> (market value at end of quarter)	
	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents	\$209,766	\$1,919,553
[5] Investment Securities		
[6] Equity Securities		\$1,590,254
[7] Unused/Available Lines of Credit		
[8] Unused/Available Letters of Credit		
[9] Debt Service Reserve	\$635,124	(not applicable)
[10] Other:		
(describe qualifying asset)		
Total Amount of Qualifying Assets Listed for Reserve Obligation: [11]	\$844,890 [12]	\$3,509,807
Reserve Obligation Amount: [13]	\$807,395 [14]	\$163,485
Surplus/(Deficiency): [15]	\$37,495 [16]	\$3,346,322

Signature:

  
(Authorized Representative)

Date: 3-6-18

EXECUTIVE DIRECTOR  
(Title)

**SIERRA VIEW HOMES**

**December 31, 2017 Annual Report for the California Department of Social Services  
Support Schedule for Form 5-5 (Health and Safety Code 1790(a)(2))**

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**QUALIFYING ASSET DESCRIPTION DISCLOSURE:**

Form 5-5 line number	Amount	Comments and location on audited financial statement
[4]		These are bank accounts and the amount is listed on page 2 of the audited financial statements under current assets, cash. The allocation between debt service reserve and operating reserve as follows:  209,766 <b>Debt reserve</b> 1,919,553 <b>Operating reserve</b> <b>\$2,129,319</b> Total cash
[6]	<b>\$1,590,254</b>	These are marketable short-term investments. This amount is listed on page 2 of the audited financial statements under current assets, and the detail of this amount is disclosed on page 8 of the audited financial statements.
[9]		This amount comprises two amounts located on the audited financial statements. It relates to the required reserves mandated by Sierra View Homes' certificate debt agreement. The amounts and location on the audited financial statements are as follows:  \$258,552 Page 2 of the audited financial statements under current assets, restricted assets 376,572 Page 2 of the audited financial statements under other assets, restricted assets <b>\$635,124</b> Total Debt Service Reserve Accounts  Page 8 of the audited financial statements provides further detail on the nature of these debt reserve accounts (under the caption <b>RESTRICTED ASSETS, CERTIFICATE DEBT TRUST AGREEMENT</b> )

**DETAILS ON STATUS, DESCRIPTION, AND AMOUNT, ETC. DISCLOSURE (1790(a)(2))**

The details are listed above under *Qualifying Asset Description Disclosure*. The only reserve that Sierra View Homes maintains is for the certificate debt. That is indicated above and detailed above at line [9]. Sierra View Homes has no other reserve or restricted accounts other than listed above.

**PER CAPITA COSTS OF OPERATION DISCLOSURE (1790(a)(2)):**

Total operating expenses (From Form 5-4, line 1)	\$7,855,294
Divided by mean number of <i>all</i> residents (From line 10 of Form 1-1)	233.5
Equals annual per capita costs of operation	<b>\$33,642</b>

# **Sierra View Homes**

(A Not-For-Profit Corporation)

## **Financial Statements**

December 31, 2017

# **Sierra View Homes**

## **Table of Contents to the Financial Statements**

**December 31, 2017**

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**Jeffrey L. Carter**  
Certified Public Accountant  
1355 11th Street  
Reedley, California 93654  
Telephone (559) 637-1675

**Independent Auditor's Report**

To the Board of Directors, Sierra View Homes  
Reedley, California

**Report on the Financial Statements**

I have audited the accompanying financial statements of Sierra View Homes, which comprise the balance sheet as of December 31, 2017, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

**Opinion**

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Sierra View Homes as of December 31, 2017, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



January 29, 2018

# Sierra View Homes

## Balance Sheet

December 31, 2017

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### ASSETS

#### Current assets:

Cash	\$2,129,319
Accounts receivable, net of \$45,364 allowance for doubtful collections	646,268
Prepaid expenses	30,682
Marketable short-term investments	1,590,254
Restricted assets, certificate debt trust agreement (for use in paying current principal and interest on certificate debt)	258,552
<b>Total current assets</b>	<b>4,655,075</b>

#### Property and equipment:

Land, buildings, and improvements	19,678,771
Equipment, furniture, and fixtures	2,225,607
Transportation equipment	131,665
Less accumulated depreciation	(8,401,584)
<b>Total property and equipment</b>	<b>13,634,459</b>

#### Other assets:

Restricted assets, certificate debt trust agreement (reserve account)	376,572
Investments in captive insurance companies	122,084
<b>Total other assets</b>	<b>498,656</b>

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<b>Total assets</b>	<b>\$18,788,190</b>
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*The accompanying notes are an integral part of these financial statements.*



**Sierra View Homes****Balance Sheet**December 31, 2017

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**LIABILITIES and NET ASSETS****Current liabilities:**

Accounts payable	\$116,446
Wages and related benefits payable	328,785
Interest payable	124,457
Current portion of long-term debt	416,684
<b>Total current liabilities</b>	<b>986,372</b>

**Long-term liabilities:**

Other accrued liabilities	2,611
Deferred revenue from advance care fees	210,027
Long-term debt:	
2016 certificate debt, Series A	9,750,000
2016 certificate debt, Series B (net of current portion of \$375,000)	1,815,000
California Health Facilities Financing Authority (net of current portion of \$41,684)	313,312
Debt issuance premium (certificate debt), net of accumulated amortization	566,813
Debt issuance costs, net of accumulated amortization	(536,136)
<b>Total long-term debt</b>	<b>11,908,989</b>
<b>Total long-term liabilities</b>	<b>12,121,627</b>
<b>Total liabilities</b>	<b>13,107,999</b>
<b>Net assets: Unrestricted</b>	<b>5,680,191</b>
<b>Total liabilities and net assets</b>	<b>\$18,788,190</b>

*The accompanying notes are an integral part of these financial statements.*

# Sierra View Homes

## Statement of Activities and Changes in Net Assets

For the Year Ended December 31, 2017

3

### Unrestricted revenue:

Skilled nursing services (self-pay \$1,375,934; third-party payors \$3,752,088)	\$5,128,022
Less provision for doubtful collection of accounts receivable	(95,189)
Skilled nursing services after provision for doubtful collections	5,032,833
Residential care services and independent living revenue	3,343,740
Other operating revenue	123,454
Investment income (including realized and unrealized gains of \$79,113)	123,286
Charitable contributions	29,940
Total unrestricted revenue	8,653,253

### Unrestricted expenses:

Nursing services	3,758,662
Dietary services	917,702
Administration	698,092
Operation and maintenance	626,734
Housekeeping, laundry, and linen	397,898
Activities and social services	182,503
Education	65,014
Depreciation	671,806
Interest, including debt premium (\$38,211) and debt costs (\$36,666) amortization	386,003
Insurance and property taxes	150,880
Total unrestricted expenses	7,855,294

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<b>Increase in net assets</b>	<b>797,959</b>
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<b>Beginning net assets</b>	<b>4,882,232</b>
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<b>Ending net assets</b>	<b>\$5,680,191</b>
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*The accompanying notes are an integral part of these financial statements.*

# Sierra View Homes

## Statement of Cash Flows

For the Year Ended December 31, 2017

<b>Cash flows from operating activities:</b>	
Cash received from patients and residents	\$8,685,585
Cash paid to suppliers and employees	(6,841,835)
Interest paid	(388,872)
Cash received from other operating revenue	123,454
Investment income received	44,173
Charitable contributions received in cash	29,940
Net cash provided by operating activities ( <i>see reconciliation below</i> )	1,652,445
<b>Cash flows from investing activities:</b>	
Property and equipment purchases	(205,051)
Purchase and maturity of investments and of restricted assets	(527,567)
Net cash used in investing activities	(732,618)
<b>Cash flows from financing activities:</b> Principal payments on long-term debt	
	(418,523)
Net increase in cash	501,304
Cash at beginning of year	1,628,015
<b>Cash at end of year</b>	<b>\$2,129,319</b>
<b>Reconciliation of increase in net assets to cash flows from operating activities:</b>	
Increase in net assets	\$797,959
Adjustments to reconcile increase in net assets to cash flows from operating activities:	
Depreciation and debt related amortization	670,261
Net realized and unrealized gain from investments	(79,113)
Other changes in assets and liabilities that affect operating activities:	
Accounts receivable and prepaid expenses	330,871
Accounts payable and wages and related benefits payable	(79,527)
Interest payable and other accrued liabilities	11,994
Net cash provided by operating activities	\$1,652,445

*The accompanying notes are an integral part of these financial statements.*

## **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

A summary of significant accounting policies used in preparing the financial statements follows:

### ***Organization and consolidation***

Sierra View Homes, along with its wholly-owned subsidiary Sierra View Residences, LLC, are not-for-profit California entities (the Organization). The Organization owns and operates a skilled nursing facility with 59 licensed beds, an independent living facility with 115 apartments (operated by Sierra View Residences, LLC), and a residential care (assisted living) facility with 78 licensed beds, all located in Reedley, California. All significant transactions between these entities have been eliminated in the financial statements.

### ***Continuing care retirement community (CCRC)***

The Organization is licensed as a CCRC for its assisted living and skilled nursing facilities. It is contractually obligated to provide care in assisted living and skilled nursing to those current independent living residents who join the CCRC and pay an advance care fee (currently \$3,000).

Upon entry into the assisted living or skilled nursing facilities, the advance care fee is applied as a payment against the service fees and recognized as revenue at that time. The resident then pays regular service fees while under care.

The advance care fee is treated as a liability (deferred revenue) at the time received. The advance care fee entitles a resident to receive services in the future. However, this advance care fee is not a payment for lifetime care. Consequently, the Organization does not incur a liability related to an obligation to provide future services to residents. (That is, it expects regular service fees for these residents to exceed costs of care.)

For those who leave the facility without using the assisted living or skilled nursing facilities, the advance care fee is recognized as revenue at the time when they leave.

### ***Use of estimates***

Preparing financial statements requires management to make estimates and assumptions. These estimates and assumptions affect reported amounts of assets, liabilities, revenues, and expenses during the reporting period. Actual results could differ from the estimates and assumptions used in preparing these financial statements.

### ***Statement of cash flows***

The Organization includes cash on hand, cash in financial institutions, and certificates of deposit with financial institutions that mature within three months as cash.

**SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

***Revenue and receivables***

Patient service revenue is recorded in the period that services are provided. Payments for services rendered under Medicare and Medi-Cal programs are covered by cost-based or contractual arrangements. Rent from apartment units is recorded in the month the rent is due. An allowance for doubtful collections is recorded when management believes certain receivables may not be fully collectible. Generally, this is done with specific known troubled accounts.

***Property and equipment***

Property and equipment are stated at cost, including capitalized interest. Additions, improvements, and major renewals are capitalized. Maintenance and repairs are expensed. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. These lives range from five to forty years.

***Net assets***

The Organization reports contributions of cash and other assets as restricted support if they are received with donor stipulations that limit use of the donation. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as assets released from restrictions.

***Income taxes***

The Organization is exempt from Federal and State income taxes by authority of Internal Revenue Code Section 501(c)(3). It files Form 990 and related state tax returns with the taxing authorities. The statute of limitations for these tax returns has expired for years ended December 31, 2013 and prior. Years ending after that date are still open to examination by the taxing authorities.

***Investments and investment income***

Investment income in the statement of activities includes interest, dividends, and gains and losses from investments. Investments are, initially, recorded at cost. They are adjusted to market value if the difference between market value and cost is significant. Unrealized gains and losses resulting from this adjustment are included in investment income. Realized gains and losses (which arise when the investments are sold and are measured using original cost) are also included in investment income.

**Sierra View Homes**  
**Notes to the Financial Statements**  
December 31, 2017

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**INVESTMENTS**

***Marketable short-term investments***

Bank certificates of deposit	\$401,076
Equity stocks of utility	20,481
Everence Trust Company investments (stocks, bonds, and mutual funds)	1,168,697
<b>Total marketable short-term investments</b>	<b>\$1,590,254</b>

The cost and market value of marketable short-term investments are about the same except for the Everence Trust Company investments.

Accounting standards establish disclosures about fair value measurements. The standards apply to recurring and nonrecurring financial and nonfinancial assets and liabilities that require or permit fair value measurements. Among the required disclosures is the fair value hierarchy of inputs a company uses to value an asset or a liability. The Organization has only one input, termed Level 1 - quoted prices in active markets for identical assets and liabilities. The Everence Trust Company investments are reflected at quoted prices in active markets on national stock exchanges (Level 1 input). The market value of these investments is \$99,979 more than original cost.

***Investments in captive insurance companies***

The Organization invested in two captive insurance companies. These companies provide workers compensation and general liability insurance. The Organization, along with other similar facilities, formed these insurance companies in an effort to control insurance costs. These investments were recorded at cost, reduced by subsequent capital contributions returned by the companies.

**RESTRICTED ASSETS, CERTIFICATE DEBT TRUST AGREEMENT**

The 2016 certificate debt agreement requires the Organization to maintain reserve deposit accounts with The Bank of New York Mellon Trust Company. One reserve account is used to pay annual interest and principal on the debt. The other reserve account (\$376,572) is held until close to maturity of the certificate debt (2040).

## **LONG-TERM DEBT**

Long-term debt, along with issuance premium and issuance costs, is listed on the balance sheet in detail. Other information regarding that debt is as follows:

### ***2016 Certificates of Participation Series A and B (certificate debt)***

Series A starts principal payments in 2023 and is due in 2040; Series B started principal payments in 2017 and is due in 2023; secured by real and other property; principal payable in one annual installment; interest payable in semi-annual installments at an effective rate of 2.98% per year for Series A and 2.08% per year for Series B; subject to numerous covenants (including working capital and days cash on hand), restrictions, and reporting requirements.

### ***California Health Facilities Financing Authority***

Due August 2024; note payable in monthly principal and interest installments of \$5,007 at an effective interest rate of 3.0% per year; secured by real property.

### ***Debt issuance premium and debt issuance costs, net of accumulated amortization***

These amounts arose when the debts were issued and are being amortized over the lives of the related debt.

### ***Principal payments of long-term debt for the next five years by year and (amount)***

2018 (\$416,684); 2019 (\$431,402); 2020 (\$437,965); 2021 (\$444,576); 2022 (\$456,236).

## **LETTER OF CREDIT**

The Organization has a letter of credit with a bank in the amount of \$300,000. No amount was outstanding at December 31, 2017.

## **RETIREMENT PLAN**

The Organization has a retirement plan for its employees known as a 403(b) plan (the Internal Revenue Code section designation). The plan applies to eligible employees. The Organization can contribute up to a maximum of 4% of an eligible employee's wages, and expense for the year was \$43,672.

## **CONCENTRATIONS**

Financial instruments that may subject the Organization to concentrations of credit risk consist principally of temporary cash investments and accounts receivable.

The Organization maintains significant cash deposits at December 31, 2017, with the following financial institutions:

Bank of America	\$445,354
Rabobank	1,800,656
Nationwide Life and Annuity	284,134

Accounts receivable are for services provided to patients and residents in Reedley, California. The receivables are due from Medicare, Medi-Cal, and private patients and are, generally, unsecured.

Approximately 43% of the Organization's total unrestricted revenue comes from Medicare and Med-Cal programs operated by Federal and California government agencies.

## **SUBSEQUENT EVENTS**

The Organization evaluated subsequent events through the date the financial statements were available to be issued, which was January 29, 2018. There were no subsequent events that required recognition or disclosure in these financial statements.



MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS  
Page #: 1 OF 3  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

Policy #: 01-1 S 07D

Policy: FROM 01/01/2018 TO 01/01/2019  
Period: 12:01 A.M. STANDARD TIME AT  
THE RESIDENCE PREMISES.

Named : Sierra View Homes  
Insured : 1155 E Springfield Avenue  
Reedley CA 93654

Mennonite Aid Plan  
of the Pacific Coast  
P.O. Box 878  
Reedley CA 93654

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Phone #: (559) 638-9226

Phone #: (559) 638-2327

Coverage is provided where a premium or limit of liability is shown for the coverage. In case of loss, we cover only that part of the loss over the deductible stated. This declaration page with policy jacket, forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy. These declarations replace all prior declarations.

INSURED COPY

TOTAL ANNUAL PREMIUM: \$16,426.00 ANNUAL INSTALLMENT  
PREMIUM DUE ON EFFECTIVE DATE: \$16,426.00 COMPANY DIRECT BILLED  
POLICY DEDUCTIBLE: \$5000

Perils Insured Against	Coverage	Premium
PROPERTY	\$19,572,400	\$16,426.00

\*\*\*\*\* COVERAGES \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
1.		*** PROPERTY SECTION *****
2.		--- Location #1 Risk #1 -----
3.	287,400	Cov A - Office
4.	28,740	Cov B - Related Private Structures
5.	57,480	Cov D - Additional Living Cost/Fair Rental Value
6.	28,700	Cov C -Personal Property(Unscheduled Household Contents)
7.		Replacement Valuation on Certain Types of Property Items
8.	28,700	Limited Form Theft on Personal Property-On Premise Limit
9.		No Off-Premise Theft Coverage for Personal Property
10.		
11.		--- Location #1 Risk #2 -----
12.	91,400	Cov A - Maintenance Building
13.	9,140	Cov B - Related Private Structures
14.	18,280	Cov D - Additional Living Cost/Fair Rental Value
15.	9,100	Cov C -Personal Property(Unscheduled Household Contents)
16.		Replacement Valuation on Certain Types of Property Items
17.	9,100	Limited Form Theft on Personal Property-On Premise Limit
18.		No Off-Premise Theft Coverage for Personal Property
19.		
20.		--- Location #1 Risk #3 -----
21.	10,181,900	Cov A - Nursing Home, Assisted Living, Marden's Place
22.	1,018,190	Cov B - Related Private Structures
23.	2,036,380	Cov D - Additional Living Cost/Fair Rental Value

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MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

## DECLARATIONS

Page #: 2 OF 3  
Date : 11/17/17

## Rental Dwelling Property Policy

(RD )

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Phone #: (559) 638-9226

Phone #: (559) 638-2327

\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
24.	1,018,200	Cov C -Personal Property(Unscheduled Household Contents)
25.		Replacement Valuation on Certain Types of Property Items
26.	1,018,200	Limited Form Theft on Personal Property-On Premise Limit
27.		No Off-Premise Theft Coverage for Personal Property
28.		
29.		--- Location #2 Risk #1 -----
30.	7,655,700	Cov A - Terraces
31.	765,570	Cov B - Related Private Structures
32.	1,531,140	Cov D - Additional Living Cost/Fair Rental Value
33.	300,000	Cov C -Personal Property(Unscheduled Household Contents)
34.		Replacement Valuation on Certain Types of Property Items
35.	300,000	Limited Form Theft on Personal Property-On Premise Limit
36.		No Off-Premise Theft Coverage for Personal Property
37.		
38.		FOR ALL COVERED BUILDINGS
39.		In Regards to "Coverage C-Unscheduled Personal Property"
40.		the following property is not covered - "Articles
41.		separately described & specifically insured in this or
42.		or any other insurance"
43.		
44.		
45.		Liability, flood & earthquake losses are not covered
46.		under this policy. This policy does not cover damage to
47.		your property caused by flooding. The federal government
48.		offers flood insurance through the National Flood Insurance
49.		Program to residents of communities that participate in its
50.		program. You can learn more about the National Flood
51.		Insurance Program at <a href="http://www.floodsmart.gov">www.floodsmart.gov</a> or by calling
52.		(888) 379-9531

\*\*\*\*\* DESCRIPTION OF PREMISES \*\*\*\*\*

DC	DWG	BDG	ACRES	QTR	SEC	TWP	RNG	TOWNSHIP	COUNTY	STATE	INTEREST
1								1155 E Springfield Avenue	Reedley	CA	93654
2								1079 E Springfield Avenue	Reedley	CA	93654

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 3 OF 3  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

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Reedley CA 93654

62

Phone #: (559) 638-9226

Phone #: (559) 638-2327

\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

MORTGAGE CLAUSE: SUBJECT TO THE PROVISIONS OF THIS POLICY, THE LOSS FOR  
INDICATED PROPERTY IS PAYABLE TO:

Office of Statewide Health Planning & Development  
Cal-Mortgage Loan Insurance Division  
400 R Street, Room 470  
Sacramento, CA 95811

California Health Facilities Financing Authority  
HELP II LOAN PROGRAM  
915 Capitol Mall, Suite 590  
Sacramento, CA 95814

FORMS ATTACHED:

MAP-107 ED 1.4  
FL 4901 04 02  
MAP-114 ED 1.4  
438BFU 5-42

PROPERTY

FO-368 ED 1.0  
MAP-141 ED 1.0  
FL-342 ED 1.0  
FL 0035 12 99

FORMS

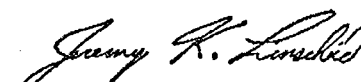
CL-300 ED 1.0  
MAP-143 ED 1.0  
FL 0055 12 99

MAP-106 ED 1.3

FL 0156 12 99

FL-2 ED 1.0

MAP-115 ED 1.3



AUTHORIZED REPRESENTATIVE

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 1 OF 5  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

Policy #: 01-1 S 07C

Policy: FROM 01/01/2018 TO 01/01/2019  
Period: 12:01 A.M. STANDARD TIME AT  
THE RESIDENCE PREMISES.

Named : Sierra View Homes  
Insured : 1155 E Springfield Avenue  
Reedley CA 93654

Mennonite Aid Plan  
of the Pacific Coast  
P.O. Box 878  
Reedley CA 93654

62

Phone #: (559) 638-9226

Phone #: (559) 638-2327

Coverage is provided where a premium or limit of liability is shown for the coverage. In case of loss, we cover only that part of the loss over the deductible stated. This declaration page with policy jacket, forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy. These declarations replace all prior declarations.

INSURED COPY

TOTAL ANNUAL PREMIUM: \$8,009.00 ANNUAL INSTALLMENT  
PREMIUM DUE ON EFFECTIVE DATE: \$8,009.00 COMPANY DIRECT BILLED  
POLICY DEDUCTIBLE: \$5000

Perils Insured Against	Coverage	Premium
PROPERTY	\$8,060,400	\$8,009.00

\*\*\*\*\* COVERAGES \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
1.		*** PROPERTY SECTION *****
2.		--- Location #1 Risk #1 -----
3.	552,000	Cov A - Residence (Unit A, 1-6)
4.	55,200	Cov B - Related Private Structures
5.	110,400	Cov D - Additional Living Cost/Fair Rental Value
6.	6,200	Cov C -Personal Property(Unscheduled Household Contents)
7.		Replacement Valuation on Certain Types of Property Items
8.	6,200	Limited Form Theft on Personal Property-On Premise Limit
9.		No Off-Premise Theft Coverage for Personal Property
10.		
11.		--- Location #1 Risk #2 -----
12.	555,400	Cov A - Residence (Unit B, 15-20)
13.	55,540	Cov B - Related Private Structures
14.	111,080	Cov D - Additional Living Cost/Fair Rental Value
15.	6,200	Cov C -Personal Property(Unscheduled Household Contents)
16.		Replacement Valuation on Certain Types of Property Items
17.	6,200	Limited Form Theft on Personal Property-On Premise Limit
18.		No Off-Premise Theft Coverage for Personal Property
19.		
20.		--- Location #1 Risk #3 -----
21.	556,300	Cov A - Residence (Unit C, 21-26)
22.	55,630	Cov B - Related Private Structures
23.	111,260	Cov D - Additional Living Cost/Fair Rental Value

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 2 OF 5  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

Policy #: 01-1 S 07C

Policy: FROM 01/01/2018 TO 01/01/2019  
Period: 12:01 A.M. STANDARD TIME AT  
THE RESIDENCE PREMISES.

Named : Sierra View Homes  
Insured : 1155 E Springfield Avenue  
Reedley CA 93654

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of the Pacific Coast  
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Phone #: (559) 638-9226

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\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
24.	6,200	Cov C -Personal Property(Unscheduled Household Contents)
25.		Replacement Valuation on Certain Types of Property Items
26.	6,200	Limited Form Theft on Personal Property-On Premise Limit
27.		No Off-Premise Theft Coverage for Personal Property
28.		
29.		--- Location #1 Risk #4 -----
30.	441,900	Cov A - Residence (Unit D, 7-9)
31.	44,190	Cov B - Related Private Structures
32.	88,380	Cov D - Additional Living Cost/Fair Rental Value
33.	3,100	Cov C -Personal Property(Unscheduled Household Contents)
34.		Replacement Valuation on Certain Types of Property Items
35.	3,100	Limited Form Theft on Personal Property-On Premise Limit
36.		No Off-Premise Theft Coverage for Personal Property
37.		
38.		--- Location #1 Risk #5 -----
39.	441,900	Cov A - Residence (Unit E, 11,12,14)
40.	44,190	Cov B - Related Private Structures
41.	88,380	Cov D - Additional Living Cost/Fair Rental Value
42.	3,100	Cov C -Personal Property(Unscheduled Household Contents)
43.		Replacement Valuation on Certain Types of Property Items
44.	3,100	Limited Form Theft on Personal Property-On Premise Limit
45.		No Off-Premise Theft Coverage for Personal Property
46.		
47.		--- Location #1 Risk #6 -----
48.	766,500	Cov A - Residence (Unit F, 27-29) & (Unit J, 30-32)
49.	76,650	Cov B - Related Private Structures
50.	153,300	Cov D - Additional Living Cost/Fair Rental Value
51.	3,100	Cov C -Personal Property(Unscheduled Household Contents)
52.		Replacement Valuation on Certain Types of Property Items
53.	3,100	Limited Form Theft on Personal Property-On Premise Limit
54.		No Off-Premise Theft Coverage for Personal Property
55.		
56.		--- Location #1 Risk #7 -----
57.	207,600	Cov A - Residence (Unit G, Multi Use Bldg)
58.	20,760	Cov B - Related Private Structures
59.	41,520	Cov D - Additional Living Cost/Fair Rental Value
60.	10,200	Cov C -Personal Property(Unscheduled Household Contents)
61.		Replacement Valuation on Certain Types of Property Items

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 3 OF 5  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

Policy #: 01-1 S 07C

Policy: FROM 01/01/2018 TO 01/01/2019  
Period: 12:01 A.M. STANDARD TIME AT  
THE RESIDENCE PREMISES.

Named : Sierra View Homes  
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Phone #: (559) 638-9226

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\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
62.	10,200	Limited Form Theft on Personal Property-On Premise Limit
63.		No Off-Premise Theft Coverage for Personal Property
64.		
65.		--- Location #1 Risk #8 -----
66.	676,800	Cov A - Residence (Unit H, 33-37)
67.	67,680	Cov B - Related Private Structures
68.	135,360	Cov D - Additional Living Cost/Fair Rental Value
69.	7,400	Cov C -Personal Property(Unscheduled Household Contents)
70.		Replacement Valuation on Certain Types of Property Items
71.	7,400	Limited Form Theft on Personal Property-On Premise Limit
72.		No Off-Premise Theft Coverage for Personal Property
73.		
74.		--- Location #1 Risk #9 -----
75.	635,000	Cov A - Residence (Unit K, 38-43)
76.	63,500	Cov B - Related Private Structures
77.	127,000	Cov D - Additional Living Cost/Fair Rental Value
78.	8,900	Cov C -Personal Property(Unscheduled Household Contents)
79.		Replacement Valuation on Certain Types of Property Items
80.	8,900	Limited Form Theft on Personal Property-On Premise Limit
81.		No Off-Premise Theft Coverage for Personal Property
82.		
83.		--- Location #1 Risk #10 -----
84.	803,300	Cov A - Residence (Unit L, 44-50)
85.	80,330	Cov B - Related Private Structures
86.	160,660	Cov D - Additional Living Cost/Fair Rental Value
87.	10,400	Cov C -Personal Property(Unscheduled Household Contents)
88.		Replacement Valuation on Certain Types of Property Items
89.	10,400	Limited Form Theft on Personal Property-On Premise Limit
90.		No Off-Premise Theft Coverage for Personal Property
91.		
92.		--- Location #1 Risk #11 -----
93.	635,000	Cov A - Residence (Unit M, 51-56)
94.	63,500	Cov B - Related Private Structures
95.	127,000	Cov D - Additional Living Cost/Fair Rental Value
96.	8,900	Cov C -Personal Property(Unscheduled Household Contents)
97.		Replacement Valuation on Certain Types of Property Items
98.	8,900	Limited Form Theft on Personal Property-On Premise Limit
99.		No Off-Premise Theft Coverage for Personal Property

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 4 OF 5  
Date : 11/17/17

Rental Dwelling Property Policy

(RD )

Policy #: 01-1 S 07C

Policy: FROM 01/01/2018 TO 01/01/2019  
Period: 12:01 A.M. STANDARD TIME AT  
THE RESIDENCE PREMISES.

Named : Sierra View Homes  
Insured : 1155 E Springfield Avenue  
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Phone #: (559) 638-9226

Phone #: (559) 638-2327

\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

LINE	LIMIT	DESCRIPTION
100.		
101.		--- Location #1 Risk #12 -----
102.	716,800	Cov A - Residence (Unit N, 57-58) & (Wellness Center)
103.	71,680	Cov B - Related Private Structures
104.	143,360	Cov D - Additional Living Cost/Fair Rental Value
105.	4,000	Cov C -Personal Property(Unscheduled Household Contents)
106.		Replacement Valuation on Certain Types of Property Items
107.	4,000	Limited Form Theft on Personal Property-On Premise Limit
108.		No Off-Premise Theft Coverage for Personal Property
109.		
110.		--- Location #1 Risk #13 -----
111.	980,200	Cov A - Residence (Unit O, 59-65)
112.	98,020	Cov B - Related Private Structures
113.	196,040	Cov D - Additional Living Cost/Fair Rental Value
114.	14,000	Cov C -Personal Property(Unscheduled Household Contents)
115.		Replacement Valuation on Certain Types of Property Items
116.	14,000	Limited Form Theft on Personal Property-On Premise Limit
117.		No Off-Premise Theft Coverage for Personal Property
118.		
119.		FOR ALL UNITS:
120.		In Regards to "Coverage C-Unscheduled Personal Property"
121.		the following property is not covered - "Articles
122.		separately described & specifically insured in this or
123.		or any other insurance"
124.		
125.		Liability insurance is not covered under this policy

\*\*\*\*\* DESCRIPTION OF PREMISES \*\*\*\*\*

LOC	DWG	BDG	ACRES	QTR	SEC	TWP	RNG	TOWNSHIP	COUNTY	STATE	INTEREST
1			1245 E Springfield Avenue					Reedley		CA	93654

MORTGAGE CLAUSE: SUBJECT TO THE PROVISIONS OF THIS POLICY, THE LOSS FOR  
INDICATED PROPERTY IS PAYABLE TO:  
Office of Statewide Health Planning & Development

\*\*\* CONTINUED ON NEXT PAGE \*\*\*

MENNONITE AID PLAN  
PO BOX 878  
REEDLEY CA 93654

DECLARATIONS

Page #: 5 OF 5  
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\*\*\*\*\* CONTINUED FROM PREVIOUS PAGE \*\*\*\*\*

Cal-Mortgage Loan Insurance Division  
400 R Street, Room 470  
Sacramento, CA 95811

California Health Facilities Financing Authority  
HELP II LOAN PROGRAM  
915 Capitol Mall, Suite 590  
Sacramento, CA 95814

FORMS ATTACHED:

MAP-107 ED 1.4  
FL 4901 04 02  
FL 0035 12 99  
FL-2 ED 1.0

PROPERTY

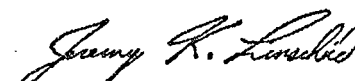
FO-368 ED 1.0  
MAP-141 ED 1.0  
MAP-114 ED 1.4  
FL 0055 12 99

FORMS

CL-300 ED 1.0  
MAP-143 ED 1.0  
438BFU 5-42

MAP-106 ED 1.3

FL 0156 12 99  
MAP-115 ED 1.3  
FL-342 ED 1.0



AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: CH

DATE (MM/DD/YYYY)

11/20/2017

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

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

<b>PRODUCER</b> PCRRG C/O Resource Partners 2180 Lincoln Highway E., Ste 6 Lancaster, PA 17602 HOUSE		<b>CONTACT NAME:</b> Charlotte H Hess <b>PHONE (A/C, No, Ext):</b> 717-293-7840 <b>FAX (A/C, No):</b> 717-293-7854 <b>E-MAIL ADDRESS:</b> Charlotte@ResourcePartnersOnline.org <b>PRODUCER CUSTOMER ID #:</b> SIERR-2	
<b>INSURED</b> Sierra View Homes Vito Genna, CEO 1155 East Springfield Reedley, CA 93654	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> PCRRG (a reciprocal))		11846
	<b>INSURER B:</b> Caring Communities Reciprocal		12373
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PCRRG-0035-18	01/01/2018	01/01/2019	EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input checked="" type="checkbox"/> PROFESSIONAL LIAB			PCRRG-0035-18	01/01/2018	01/01/2019	MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$
							PER CLAIM \$ 1,000,000
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	UMBRELLA LIAB						
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE		CCRRRG-0035-18	01/01/2018	01/01/2019	EACH OCCURRENCE \$
	DEDUCTIBLE						AGGREGATE \$ 1,000,000
	RETENTION \$						PER CLAIM \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

STATECA

State of California Health  
Facilities Financing Authority  
915 Capital Mall, Ste 590  
Sacramento, CA 95814

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: CH

DATE (MM/DD/YYYY)

11/20/2017

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

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<b>PRODUCER</b> PCRRG C/O Resource Partners 2160 Lincoln Highway E., Ste 6 Lancaster, PA 17602 HOUSE	<b>CONTACT NAME:</b> Charlotte H Hess <b>PHONE (A/C, No, Ext):</b> 717-293-7840 <b>FAX (A/C, No):</b> 717-293-7854 <b>E-MAIL ADDRESS:</b> Charlotte@ResourcePartnersOnline.org <b>PRODUCER CUSTOMER ID #:</b> SIERR-2														
<b>INSURED</b> Sierra View Homes Vito Genna, CEO 1155 East Springfield Reedley, CA 93654	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : PCRRG (a reciprocal))</td><td>11846</td></tr><tr><td>INSURER B : Caring Communities Reciprocal</td><td>12373</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : PCRRG (a reciprocal))	11846	INSURER B : Caring Communities Reciprocal	12373	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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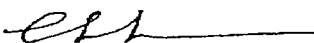
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PCRRG-0035-18	01/01/2018	01/01/2019	EACH OCCURRENCE \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
A	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
A	<input checked="" type="checkbox"/> PROFESSIONAL LIAB			PCRRG-0035-18	01/01/2018	01/01/2019	PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							PER CLAIM \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/>		CCRRRG-0035-18	01/01/2018	01/01/2019	AGGREGATE \$ 1,000,000
	DEDUCTIBLE						PER CLAIM \$ 1,000,000
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

<b>PG&amp;ECFM</b>  PG&E CFM/PPC Dept PO Box 997340 Sacramento, CA 95899-7340	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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