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6 Attorneys for Defendants
San Diego United Holdings Group, LLC, Ninus Malan
7 And Balboa Ave Cooperative

ELECTRONICALLY FILED
Superior Court of California,
County of San Diego
09/07/2017 at 01:21:00 PM
Clerk of the Superior Court
By E- Filing, Deputy Clerk

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9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**
10 **COUNTY OF SAN DIEGO- CENTRAL DIVISION**

11
12 MONTGOMERY FIELD BUSINESS
CONDOMINIUMS ASSOCIATION, a
13 California Nonprofit Mutual Benefit
Corporation,

14 Plaintiff,

15 vs.

16 BALBOA AVE COOPERATIVE, a
California corporation; SAN DIEGO
17 UNITED HOLDINGS GROUPS, LLC, a
California limited liability company;
18 NINUS MALAN, an individual; RAZUKI
INVESTMENTS, LLC, a California
19 limited liability company; SALAM
20 RAZUKI, an individual; and DOES 1
through 25, inclusive;

21 Defendants.
22

CASE NO. 37-2017-00019384-CU-CO-CTL

Assigned to Judge: Honorable Ronald L. Styn

**SUPPLEMENTAL DECLARATION OF
NINUS MALAN IN SUPPORT OF
DEFENDANTS BALBOA AVE
COOPERATIVE, SAN DIEGO UNITED
HOLDINGS GROUP, LLC, AND NINUS
MALAN'S OPPOSITION TO PLAINTIFF'S
MOTION FOR PRELIMINARY
INJUNCTION**

[IMAGED FILE]

DATE: September 8, 2017
TIME: 11:00 a.m.
DEPT: C-62

23 I, Ninus Malan, declare:

24
25 1. I am over the age of 18 and am a party to this action. I have personal knowledge
26 of the facts stated in this declaration. If called as a witness, I would testify competently thereto. I
27 provide this supplemental declaration in support of defendants San Diego United Holdings
28 Group, LLC, Balboa Ave Cooperative, and Ninus Malan's opposition to plaintiff Montgomery

1 Field Business Condominiums Association's ("Association" or "Plaintiff") request for preliminary
2 injunction ("Plaintiff's Motion").

3 2. I have continued to work with Louie Avila of Strong Tie Insurances Services, Inc.
4 to investigate coverage for the Association. I received a quote from Strong Tie Insurance Services
5 Inc. that would provide insurance to the Association and that Balboa Ave Cooperative will not
6 prevent the Association from obtaining insurance.

7 3. Attached herewith as Exhibit "1" is a true and correct copy of the Commercial
8 Insurance Application, with appropriate disclosures detailing the dispensary use and armed
9 guards being present.

10 4. Attached herewith as Exhibit "2" is a true and correct copy of the approved
11 insurance policy for Montgomery Field Business Condominiums Association.

12 5. Attached herewith as Exhibit "3" is a true and correct copy of the check made
13 payable to Strong Tie Insurance as the initial payment (\$9,924.30) for the approved insurance
14 policy for the Association.

15 6. Attached herewith as Exhibit "4" is a true and correct copy of the Bank of America
16 deposit slip used to make the initial payment for the approved insurance policy for the
17 Association.

18 7. Attached herewith as Exhibit "5" is a true and correct copy of the Bank of America
19 receipt that shows \$9,924.30 was deposited into Strong Tie Insurance Services, Inc.'s account.

20 8. I have worked diligently to find insurance coverage for the Association on the
21 belief that the Association's current provider will discontinue coverage. Based on the attached
22 exhibits, the Association is eligible for coverage with Balboa Ave Cooperative operating a
23 dispensary with armed guards.

24 9. Everything is in place for the Association to receive insurance coverage. All that is
25 needed is a signature from an authorized person of the Association to sign off on the application.

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place for the Association to receive insurance coverage. All that is needed is a signature from an authorized person of the Association to sign off on the application.

I declare under penalty of perjury under California state law that the foregoing is true and correct. Executed in San Diego, California, on September 7, 2017.



Ninus Malan

AUSTIN LEGAL GROUP, APC
3990 Old Town Ave, Ste A-112
San Diego, CA 92110

EXHIBIT 1



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
08/28/2017

AGENCY Strong Tie Insurance Services Inc 8135 Florence Ave Ste 201 Downey, CA 90240	CARRIER <Prospect>	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
POLICIES OR PROGRAM REQUESTED			POLICY NUMBER	
INDICATE SECTIONS ATTACHED <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> GLASS AND SIGN <input type="checkbox"/> ACCOUNTS RECEIVABLE/ VALUABLE PAPERS <input type="checkbox"/> CRIME/MISCELLANEOUS CRIME <input type="checkbox"/> TRANSPORTATION/ MOTOR TRUCK CARGO			EQUIPMENT FLOATER <input type="checkbox"/> INSTALLATION/BUILDERS RISK <input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> TRUCKERS/MOTOR CARRIER	
PHONE (A/C, No, Ext): 800-924-7070 FAX (A/C, No): 323 771-5111 E-MAIL ADDRESS: iperez@strongtieinsurance.com CODE: SUB CODE: AGENCY CUSTOMER ID: 00188953			<input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> VEHICLE SCHEDULE <input type="checkbox"/> BOILER & MACHINERY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> UMBRELLA	

STATUS OF TRANSACTION			PACKAGE POLICY INFORMATION				
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):			PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
<input type="checkbox"/> CHANGE	DATE	TIME	08/25/2017	08/25/2018	<input checked="" type="checkbox"/> DIRECT BILL		
<input type="checkbox"/> CANCEL					<input type="checkbox"/> AGENCY BILL		

APPLICANT INFORMATION							
NAME (First Named Insured & Other Named Insureds)			FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
MONTGOMERY FIELD BUSINESS			PHONE (A/C, No, Ext):		8855 BALBOA AVE SAN DIEGO, CA 92123		
E-MAIL ADDRESS(ES):			WEBSITE ADDRESS(ES):				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	<input checked="" type="checkbox"/> NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME	ID NUMBER	DATE BUS STARTED
INSPECTION CONTACT				ACCOUNTING RECORDS CONTACT			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	PART OCCUPIED
1	1	8855-8873 BALBOA AVE SAN DIEGO, CA 92123	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT	1973			100%
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
 Real Estate HOA Association 46 Units of Office and Light Industrial Condos. Also One Legal Licensed Dispensary with two armed guards in the complex.

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?			<input checked="" type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?			<input checked="" type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			<input checked="" type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).			<input checked="" type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			<input checked="" type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?			<input checked="" type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			<input checked="" type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?			<input checked="" type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?			<input checked="" type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:			<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			<input checked="" type="checkbox"/>				
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)			<input checked="" type="checkbox"/>				

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE	08/25/2017															
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM	0.00																
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY						ATTACHMENTS	
						STATE SUPPLEMENT(S) (If applicable)	
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)							

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

EXHIBIT 2

Strong Tie Insurance Services Inc.
 8135 Florence Ave Ste 201
 Downey, CA 90240
 Tel: (800) 985-2001 * Fax: (323) 560-8823
 Email: aromero@strongtieinsurance.com



Dear Customer

We are pleased to offer you the following quote for your Commercial General Liability for:

MONTGOMERY FIELD BUSINESS

Commercial General Liability

Scottsdale Insurance Company/ Nationwide Insurance Group (A+15) will offer a quote as follows:

Coverage	Amount
General Aggregate	\$4,000,000
Products & Completed Operations	\$4,000,000
Personal & Advertising Injury	\$2,000,000
Each Occurrence	\$2,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000
GL Ded	\$500

Building Coverage

#	Property Address	Coverage
1	8855-8873 Balboa Ave San Diego, CA 92123	\$5,471,988
	Building Ordinance or Law Coverage	\$1,621,700
	Property Deductible	\$5,000

Business Income - Includes Rents

#	Property Address	Coverage
1	8855-8873 Balboa Ave San Diego, CA 92123	750,000
	Additional insured, Mortgage and Loss Payee	Included

Payment Plan:

Total Annual Premium \$ 29,236
Initial Payment of: \$9,924.30
10 Monthly Installments of: \$2,143
 X _____

Please feel free to contact me with any questions. Your business is greatly appreciated!



Scottsdale Indemnity Company

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—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; 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.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$_____.
<input checked="" type="checkbox"/>	I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.



Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date

STRONG TIE INSURANCE SERVICES, INC.

License No. 0D87939

8135 Florence Ave., Suite 201

Downey, California 90240

Tel: (323) 771-1100 - Fax: (323) 560-8823

Website: www.StrongTieInsurance.com



CID: 00188953

BROKER'S AGREEMENT

APPOINTMENT OF INSURANCE BROKER AND AGREEMENT TO PAY BROKER FEE

As of this 05 day of September, 20 17, the undersigned (Client) appoints Strong Tie Insurance Services, Inc. (Broker) as his/her insurance broker of record. This Agreement shall continue in full until terminated by either party. Broker agrees to represent Client honestly and competently in obtaining and servicing the desired insurance coverage, as may be available, and Client agrees to act in good faith with Broker and provide Broker with full disclosure of all information and documentation necessary to allow Broker to procure and insurance policy.

Client agrees to pay Broker a broker fee for Broker's services. The **broker fee** is \$ 2,000 (Initials ST) The broker fee IS IS NOT REFUNDABLE (circle one), irrespective of whether the policy is cancelled or rejected by Client of insurer. The broker fee is in addition to: (i) any commissions, contingent commissions, or bonuses, which may be paid to Broker by the insurer and (ii) the Additional Services, listed below. Client authorizes Broker to cancel insurance if premiums or fees remain unpaid to Broker. Client authorizes Broker to maintain premium payments in interest-bearing trust accounts and to receive any interest-income there from until paid to the insurer.

Additional Services: Broker may charge the following fees for the following services in addition to the broker fee:

Services Fees:

Endorsement:

Adding Units: **\$50.00**

Add Driver/ MVR Fees: **\$10.00**

Filing: **Contingent based on your ins carrier**

Credit Card Fee: **3%**

Stamp Fee **\$4.95**

OFFICE DOES NOT ACCEPT MONTHLY PAYMENT (NO EXCEPTION)

MISCELLANEOUS PROVISIONS

Broker will only honor cancellation requests and changes to the policy made in writing and signed by the Client. For convenience, Broker may provide client with insurance identification cards upon completion of the application process. Client acknowledges and understands that insurance coverage is not provided until the application is underwritten and accepted by the insurance company. Accordingly, the identification cards cannot be used as proof of insurance by the Client until the insurance company has bound and issued coverage as evidenced by a declaration page and/or policy. Client understands that a "binder" number is not evidence of insurance until the declaration page is issued. Any controversy or dispute between the parties arising out of or with respect to this agreement shall be adjudicated by binding arbitration before a single, neutral arbitrator who shall be a retired superior court judge mutually acceptable to the parties. The arbitrator shall be selected in accordance with rules adopted by ADR and in effect at the time of the dispute. Discovery shall be allowed pursuant to the rules of ADR. No appeal shall lie from the arbitration award rendered by the arbitrator, and the award may be confirmed as a judgment in any Court of competent jurisdiction. This agreement shall be construed and controlled by the laws of the State of California, and the parties' further consent to jurisdiction by the state and federal courts sitting in the State of California, County of Los Angeles. In any action to enforce this agreement, the prevailing party shall be awarded its reasonable attorney's fees and costs.

I agree to the conditions set forth above and acknowledge receipt of a copy of this Agreement. I understand that upon signing this document, the broker fee will be fully earned by the Broker and will be non-refundable even if the policy is cancelled.

"I have read and understand the above." (Initials) ST

Insured Signature [Signature]

Date: 09/05/2017

Insured's Name: MONTGOMERY FIELD BUSINESS

SSN: _____

Last Name First Name M.I.

Date: 09/05/2017

Broker's Signature

Strong Tie Insurance Services, Inc.

If you have any questions or complaints please call our Customer Service number at (800) 924-7070.

In any case of questions/problems concerning broker fees or insurance, contact the Department of Insurance at 1-800-927-HELP

STRONG TIE INSURANCE SERVICES, INC.

License No. 0D87939

8135 Florence Ave., Suite 201

Downey, California 90240

Tel: (323) 771-1100 - Fax: (323) 560-8823

Website: www.StrongTieInsurance.com



CID: 00188953

CUSTOMER ADDRESS/PAYMENT DISCLOSURE FORM

Applicant's Name: MONTGOMERY FIELD BUSINESS

Applicant's Mailing Address: *(Note: The Insurance Company will send your policy to this address)*

Street Address: p.o box 602090c/o Aps # 018 Apt No. _____

City: San Diego State: CA, Zip: 92160

PAYMENT DISCLOSURE

Insurance premiums must be paid when due.


To keep your policy in force, you must pay the Insurance Company the premium when due. If you fail to send your payment to the Insurance Company when due, your insurance coverage may be cancelled and your down payment will not be refunded. If your coverage is cancelled, a new down payment will be required in order to replace the cancelled coverage.

Please Note:

I UNDERSTAND THAT, EVEN IF I DO **NOT** RECEIVE A BILL, IT IS STILL MY RESPONSIBILITY TO PAY THE PREMIUMS WHEN DUE TO THE INSURANCE COMPANY. IF I DO **NOT RECEIVE A BILL**, I **MUST** NOTIFY STRONG TIE INSURANCE SERVICES OR THE INSURANCE COMPANY IMMEDIATELY.

I agree to cooperate and be truthful with Strong Tie Insurance Services, keep them informed of any major developments that may affect my insurance or their ability to act as my insurance broker including, but not limited to, informing them of my current mailing address at all times.

I certify that I have provided the above information regarding my address and the driving records for all drivers. I have reviewed this information and it is current to the best of my knowledge.

Applicant's Signature:  Date: 09/05/2017

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357 OR INTERNET WEB SITE WWW.INSURANCE.CA.GOV. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF**

APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.

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

Date: _____

Insured:  _____

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: D&O COVERAGE
2016	CARRIER	FARMERS INSURANCE BOP		FARMERS INSURANCE BOP	FARMERS INSURANCE BOP
	POLICY NUMBER	605001247		605001247	605001247
	PREMIUM	\$ 12,084	\$	\$	\$
	EFFECTIVE DATE	5/1/2016		5/1/2016	5/1/2016
	EXPIRATION DATE	5/1/2017		5/1/2017	5/1/2017
2015	CARRIER	FARMERS INSURANCE BOP		FARMERS INSURANCE BOP	FARMERS INSURANCE BOP
	POLICY NUMBER	605001247		605001247	605001247
	PREMIUM	\$ 9,774	\$	\$	\$
	EFFECTIVE DATE	5/1/2015		5/1/2015	5/1/2015
	EXPIRATION DATE	5/1/2016		5/1/2016	5/1/2016

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 6 YEARS						TOTAL LOSSES: \$	16,066.00	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N	
05/12/2017	CGL	TENANT ALLEGES PRESIDENT ASSUALTED EMP	05/12/2017	0	50.00	N	Y	
04/30/2017	CGL	THREATENED LITIGATION FROM MMD TENANT	05/01/2017	0	98.00	N	Y	
09/16/2014	FIRE	HEAVY WINDS BLOEW PORTION OF ROOF OFF	09/16/2014	15918.48	0	N	N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
		8015912

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				X
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input checked="" type="checkbox"/> CANCELLED MD-TERM DUE TO MARIJUANA DISPENSARY		
<input type="checkbox"/> NON-RENEWAL	<input checked="" type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe): TENANT WITH ARMED GUARDS		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				Y
MMD TENANT ALLEGES DISCRIMINATION BY BOARD AND HAS OBTAINED RESTRAINING ORDER AGAINST BOARD PRESIDENT.				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
SEE SUPPLEMENT FOR TENANT OPERATIONS.OCCUPANCY LIST				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: D&O RET 5/1/2011
17	CARRIER	FARMERS INSURANCE BOP		FARMERS INSURANCE BOP	FARMERS INSURANCE BOP
	POLICY NUMBER	605001247		605001247	605001247
	PREMIUM	\$ 5,793	\$	\$	\$
	EFFECTIVE DATE	5/1/2017		5/1/2017	5/1/2017
	EXPIRATION DATE	10/14/2017		10/14/2017	10/14/2017

EXHIBIT 3

DREAM WORLD ENTERPRISES
GROVE MARKET
9799 BROADWAY AVE
LEMON GROVE, CA 91945

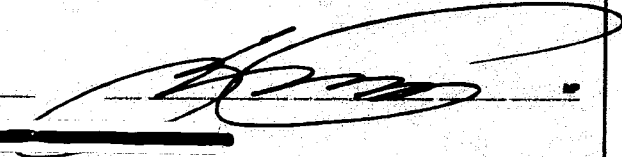
1175
90-42571222

9/6 2017

Pay to the Order of Strong Tip Insurance \$ 9921.30
Ninety nine hundred twenty one and 30/100

NEIGHBORHOOD NATIONAL BANK
9787 JAMACHA ROAD
EL CAJON CA 92019

For



⑆ 1 2 2 2 4 2 5 7 1 ⑆ 1 1 7 5

EXHIBIT 4

Bank of America 

Checking / Savings Deposit - CA
Depósito de cuenta de cheques / Ahorros - CA

CREDIT

For CA Use Only 05-14-3074S 11-2015

Name / Nombre Strong Tie Insurance Date / Fecha 9/6/17
Address / Dirección 8135 Florence Ave Ste 201
Downey CA 90240
Telephone No. / N° de teléfono () / (CAP)
Sign here if cash received / Firma aquí si recibes efectivo _____

All items received subject to terms and conditions of applicable laws, regulations and deposit agreement.

Todo efectivo y cheques recibidos están sujetos a los términos y condiciones de las leyes, regulaciones y convenios de depósito correspondientes.

A.S.R.

Proper identification required when using this document.
Se requiere identificación apropiada al usar este documento.

Account Number / Número de cuenta
[REDACTED]

Cash / Efectivo Currency / Billetes	
Coin / Monedas	
Checks / Cheques	992430
Sub Total	
Less Cash Received Menos efectivo recibido	

Total Deposit / Total de depósito

\$ 99,243.30

540930135

EXHIBIT 5



Customer
Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 001520 09/06/2017 15:34
Entity NCA CC 0000917 Tlr 00010
Account *****
R/T# 540930135
Deposit \$9,924.30

IntRef F368F73CM7X6017590CTF

Member FDIC
95-14-2005B 10-2012