



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/01/2025

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

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (503)292-1580 <b>FAX (A/C, No):</b> (503)467-4600 <b>E-MAIL ADDRESS:</b> certificates@abipdx.com <b>PRODUCER CUSTOMER ID:</b> 00003224														
<b>INSURED</b> Clear Hills Condominium Homeowners Association  c/o Dick Wissmiller, Treasurer 7644 SW Green Valley Terrace Portland, OR 97225	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Munich RE</td><td></td></tr><tr><td>INSURER B : Federal Insurance Company</td><td></td></tr><tr><td>INSURER C : Continental Casualty Company</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Munich RE		INSURER B : Federal Insurance Company		INSURER C : Continental Casualty Company		INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	X	PROPERTY	CAU505716-8	01/01/2025	01/01/2026		BUILDING	\$	
	CAUSES OF LOSS						PERSONAL PROPERTY	\$	
		BASIC					BUSINESS INCOME	\$	
		BROAD					EXTRA EXPENSE	\$	
							RENTAL VALUE	\$	
	X	SPECIAL							
	X	EARTHQUAKE				10%	X	BLANKET BUILDING	\$ 13,075,000
	X	WIND				10,000/Building		BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	X	Hail				10,000/Building			\$
				X	Earthquake Limit	\$ 10,000,000			
		INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS						\$		
		NAMED PERILS	POLICY NUMBER				\$		
							\$		
	X	CRIME	**See Page 2**	01/01/2025	01/01/2026	X	Employee Dishonesty	\$ 250,000	
	TYPE OF POLICY					X	Computer Fraud	\$ 250,000	
						X	Depositors Forgery	\$ 250,000	
						X	Equipment Breakdown	\$ 13,075,000	
A	X	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU505716-8	01/01/2025	01/01/2026			\$	
A	Commercial General Liability		CAU505716-8	01/01/2025	01/01/2026	X	Per Occurrence Limit	\$ 2,000,000	
	Directors & Officers		CAU505716-8	01/01/2025	01/01/2026	X	Directors & Officers	\$ 2,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE OF INSURANCE  
Need a certificate for an owner or Lender  
Request Certificate from:  
www.abipdx.com

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

CMD

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**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED Clear Hills Condominium Homeowners Association c/o Dick Wissmiller, Treasurer 7644 SW Green Valley Terrace Portland, OR 97225	
POLICY NUMBER		EFFECTIVE DATE: 01/01/2025	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

WALLS IN COVERAGE INCLUDED  
BETTERMENTS AND IMPROVEMENTS INCLUDED  
GUARANTEED REPLACEMENT COST  
25 RESIDENTIAL UNITS  
CANCELLATION NOTICES ARE SENT DIRECTLY TO THE NAMED INSURED WITH A 10 DAY NOTICE FOR NON-PAY  
AND 30 DAY NOTICE FOR ALL OTHER REASONS

A \$10,000 PER BUILDING WIND/HAIL DEDUCTIBLE APPLIES

Building Ordinance:

Coverage A (Undamaged Portion of Building) - \$13,075,000 Limit / \$10,000 Ded.

Coverage B (Demolition) - \$1,000,000 Limit / \$10,000 Ded.

Coverage C (Increased Cost of Construction) - \$1,000,000 Limit / \$10,000 Ded.

Full Employee Dishonesty Limits are written through the following carriers:

\*Munich RE - Policy #: CAU505716-8 - 01/01/2025-01/01/2026 - \$150,000

\*Continental Casualty Company - Policy #: 619045717 - 01/01/2025-01/01/2026 - \$100,000

The Umbrella Policy is written through the following carrier:

\*Federal Insurance Company- Policy #: G7485204A - 01/01/2025-01/01/2026 - \$10,000,000

The Directors & Officers Policy is written through Munich RE