



ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED Clear Hills Condominium Homeowners Association	
POLICY NUMBER		c/o Dick Wissmiller, Treasurer	
CARRIER	NAIC CODE	7644 SW Green Valley Terrace, Portland, OR 97225	
		EFFECTIVE DATE: 01/01/2023	

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**

Building Ordinance:

- Coverage A (Undamaged Portion of Building) - \$ 13,025,000 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 #: CAU505716-6 - 01/01/2023-01/01/2024 - \$ 150,000**
- *Continental Casualty Company - Policy #: 619045717 - 01/01/2023-01/01/2024 - \$ 100,000**

The Directors & Officers Policy is written through Munich RE