

CERTIFICATE OF PROPERTY INSURANCE

12/15/2022

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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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.					
PRODUCER	CONTACT NAME:				
ABI Insurance an ISU Network Agency	PHONE (A/C, No. Ext): (503)292-1580 FAX (A/C, No): (503)	467-4600			
4800 SW Griffith Dr. Suite 300	ADDRESS: certificates@abipdx.com				
Beaverton, OR 97005	PRODUCER DO0003224				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: MUNICH RE				
Clear Hills Condominium Homeowners Association	INSURER B: Federal Insurance Company				
_	INSURER c: Continental Casualty Company				
c/o Dick Wissmiller, Treasurer	INSURER D:				
7644 SW Green Valley Terrace	INSURER E :				
Portland, OR 97225	INSURER F:				
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	TR TYPE OF INSURANCE		SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
Α	X	PROPERTY		CAU505716-6	01/01/2023	01/01/2024		BUILDING	\$
	CAI	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	L	BASIC	10,000					BUSINESS INCOME	\$
		BROAD	CONTENTS					EXTRA EXPENSE	\$
ŀ	X	SPECIAL						RENTAL VALUE	\$
	$\overline{\mathbf{X}}$	EARTHQUAKE	10%				X	BLANKET BUILDING	\$13,025,000
	X	WIND	10,000					BLANKET PERS PROP	\$
l		FLOOD						BLANKET BLDG & PP	\$
ı							X	Earthquake Limit	s10,000,000
В				*TBD*	01/01/2023	01/01/2024	X	Umbrella	s10,000,000
		INLAND MARINE		TYPE OF POLICY					s
	CAUSES OF LOSS								\$
		NAMED PERILS		POLICY NUMBER]		П	1	s
									s
	X	CRIME						Employee Dishonesty	s250,000
i	TYF	PE OF POLICY		**See Page 2**	01/01/2023	01/01/2024	X	Computer Fraud	s250,000
							X	Depositors Forgery	s250,000
Α	X	BOILER & MACH		CAU505716-6	01/01/2023	01/01/2024	X	Equipment Breakdown	s13,025,000
					01/01/2023				\$
A			CAU505716-6	01/01/2023			Per Occurrence Limit		
	Directors & Officers CAU50		CAU505716-6	01/01/2023	01/01/2024	X	Directors & Officers	\$2,000,000	
SPE	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

Lava Earn

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LOC #: __



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
ABI Insurance an ISU Network Agency		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 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