



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/29/2023

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.

PRODUCER ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005	CONTACT NAME:	
	PHONE (A/C, No, Ext): (503)292-1580	FAX (A/C, No): (503)467-4600
	E-MAIL ADDRESS: certificates@abipdx.com	
	PRODUCER CUSTOMER ID: 00003224	
	INSURER(S) AFFORDING COVERAGE	
INSURED Clear Hills Condominium Homeowners Association c/o Doug Strand, Treasurer 7363 SW Eastmoor Terrace Portland, OR 97225	INSURER A : Munich RE	
	INSURER B : Federal Insurance Company	
	INSURER C : Continental Casualty Company	
	INSURER D :	
	INSURER E :	
	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 LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	CAU505716-7	01/01/2024	01/01/2025	BUILDING	\$		
		CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$	
						BUILDING	BUSINESS INCOME	\$	
						10,000	EXTRA EXPENSE	\$	
						CONTENTS	RENTAL VALUE	\$	
		<input checked="" type="checkbox"/>				SPECIAL	BLANKET BUILDING	\$13,025,000	
		<input checked="" type="checkbox"/>				EARTHQUAKE	10%		
		<input checked="" type="checkbox"/>				WIND	10,000/Building		
			FLOOD						
		<input checked="" type="checkbox"/>	Hail	10,000/Building					
							<input checked="" type="checkbox"/>	Earthquake Limit	\$10,000,000
		<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$	
			CAUSES OF LOSS					\$	
			NAMED PERILS	POLICY NUMBER				\$	
								\$	
		<input checked="" type="checkbox"/>	CRIME	**See Page 2**	01/01/2024	01/01/2025	<input checked="" type="checkbox"/>	Employee Dishonesty	\$250,000
			TYPE OF POLICY				<input checked="" type="checkbox"/>	Computer Fraud	\$250,000
							<input checked="" type="checkbox"/>	Depositors Forgery	\$250,000
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU505716-7	01/01/2024	01/01/2025	<input checked="" type="checkbox"/>	Equipment Breakdown	\$13,025,000	
A		Commercial General Liability	CAU505716-7	01/01/2024	01/01/2025	<input checked="" type="checkbox"/>	Per Occurrence Limit	\$2,000,000	
		Directors & Officers	CAU505716-7	01/01/2024	01/01/2025	<input checked="" type="checkbox"/>	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

Sara Eames

CMD



ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED Clear Hills Condominium Homeowners Association	
POLICY NUMBER		c/o Doug Strand, Treasurer 7363 SW Eastmoor Terrace Portland, OR 97225	
CARRIER	NAIC CODE	EFFECTIVE DATE: 01/01/2024	

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) - \$13,025,000 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 #: CAU505716-7 - 01/01/2024-01/01/2025 - \$150,000
 *Continental Casualty Company - Policy #: 619045717 - 01/01/2024-01/01/2025 - \$100,000

The Umbrella Policy is written through the following carrier:
 *Federal Insurance Company- Policy #: G7466894A - 01/01/2024-01/01/2025 - \$10,000,000

The Directors & Officers Policy is written through Munich RE