



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/05/2026

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 NAIC #	
INSURED Clear Hills Condominium Homeowners Association c/o Dick Wissmiller, Treasurer 7644 SW Green Valley Terrace Portland, OR 97225	INSURER A : Accelerant National Insurance Company	
	INSURER B : Federal Insurance Company	
	INSURER C : Continental Casualty Company	
	INSURER D :	
	INSURER E :	
	INSURER F :	


COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 CAUSES OF LOSS DEDUCTIBLES BASIC BUILDING 50,000 BROAD CONTENTS <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> EARTHQUAKE 10% <input checked="" type="checkbox"/> WIND 50,000 FLOOD	N030PK4524-00	01/01/2026	01/01/2027	BUILDING	\$
					PERSONAL PROPERTY	\$
					BUSINESS INCOME	\$
					EXTRA EXPENSE	\$
					RENTAL VALUE	\$
					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 13,075,000
					BLANKET PERS PROP	\$
A B		N030PK4524-00	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> Earthquake Limit	\$ 10,000,000
		G75242098	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> Umbrella Limit	\$ 10,000,000
	<input type="checkbox"/> INLAND MARINE CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY				\$
		POLICY NUMBER				\$
						\$
						\$
X	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY	**See Page 2**	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 250,000
					<input checked="" type="checkbox"/> Computer Fraud	\$ 250,000
					<input checked="" type="checkbox"/> Forgery & Alteration	\$ 250,000
					<input checked="" type="checkbox"/> Equipment Breakdown	\$ 13,258,250
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	N030PK4524-00	01/01/2026	01/01/2027		\$
						\$
A	Commercial General Liability Directors & Officers	N030PK4524-00 768693290	01/01/2026 01/01/2026	01/01/2027 01/01/2027	<input checked="" type="checkbox"/> Per Occurrence Limit	\$ 1,000,000
					<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 EVIDENCE OF INSURANCE Need a certificate for an owner or Lender Request Certificate from: www.abipdx.com	CANCELLATION 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

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: 01/01/2026	

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) - \$13,075,000 Limit / \$50,000 Ded.
 Coverage B (Demolition) - \$500,000 Limit / \$50,000 Ded.
 Coverage C (Increased Cost of Construction) - \$500,000 Limit / \$50,000 Ded.

Full Employee Dishonesty Limits are written through the following carriers:
 *Accelerant National Insurance Company - Policy #: N030PK4524-00 - 01/01/2026-01/01/2027 - \$50,000
 *Continental Casualty Company - Policy #: 768693290 - 01/01/2026-01/01/2027 - \$200,000

The Directors & Officers Policy is written through Continental Casualty Company