



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/5/2018

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> American Benefits Inc. 4800 SW Griffith Drive Suite 300 Beaverton OR 97005	<b>CONTACT NAME:</b> Jessica Volk <b>PHONE (A/C No. Ext):</b> (503)292-1580 <b>E-MAIL ADDRESS:</b> jessica@abipdx.com <b>PRODUCER CUSTOMER ID:</b> 00017846	<b>FAX (A/C No.):</b> (503)467-4600
<b>INSURED</b> Vintage Oaks Condominium Association C/o Key Property Services Inc. 7710 NE Greenwood Drive, Suite 150 Vancouver WA 98662	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Country Casualty Insurance Company INSURER B: Continental Casualty Company INSURER C: Lloyds Of London INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b>

**COVERAGES**

CERTIFICATE NUMBER: CP181503771

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 type="checkbox"/>	PROPERTY	WA0200212223-00	1/31/2018	1/31/2019	BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	EARTHQUAKE				BLANKET BUILDING	\$ 11,991,739
	<input checked="" type="checkbox"/>	WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				BLANKET BLDG & PP	\$
	<input type="checkbox"/>	Insurer C:				Earthquake Limit	\$ 12,422,055
	<input type="checkbox"/>						\$
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/>	CAUSES OF LOSS					\$
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/>						\$
B	<input checked="" type="checkbox"/>	CRIME	618768405	1/31/2018	1/31/2019	Employee Dishonesty	\$ 200,000
	<input type="checkbox"/>	TYPE OF POLICY				Computer Fraud	\$ 200,000
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	WA0200212223-00	1/31/2018	1/31/2019	Forgery/Alteration	\$ 50,000
	<input type="checkbox"/>					Equipment Breakdown	\$ 11,991,739
B	<input type="checkbox"/>	Directors & Officers	618768405	1/31/2018	1/31/2019	Directors & Officers	\$ 1,000,000
A	<input type="checkbox"/>	Commercial General Liability	WA0200212223-00	1/31/2018	1/31/2019	Per Occurrence Limit	\$ 2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE of INSURANCE

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

## COMMENTS/REMARKS

WALLS IN COVERAGE INCLUDED  
BETTERMENTS AND IMPROVEMENTS INCLUDED  
GUARANTEED REPLACEMENT COST  
74 RESIDENTIAL UNITS  
THE PROPERTY MANAGEMENT COMPANY IS LISTED AS AN ADDITIONAL INSURED  
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) - \$11,991,739 Limit / \$10,000 Ded.

Coverage B (Demolition) & Coverage C (Increased Cost of Construction) - COMBINED \$500,000  
Limit / \$10,000 Ded.