



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
05/31/2023

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.

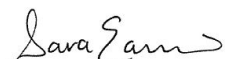
<b>PRODUCER</b> ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (503)292-1580 <b>FAX (A/C, No):</b> (503)467-4600 <b>E-MAIL ADDRESS:</b> certificates@abipdx.com <b>PRODUCER CUSTOMER ID:</b> 00000605															
<b>INSURED</b> Arbor Terrace Homeowners Association  c/o Century 21 Northstar 7800 SW Barbur Blvd. Suite 1A Portland, OR 97219		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Accelerant National Insurance Company</td><td></td></tr><tr><td>INSURER B : Palomar Specialty Insurance Company</td><td></td></tr><tr><td>INSURER C : Continental Casualty Company</td><td></td></tr><tr><td>INSURER D : Greenwich Insurance Company</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Accelerant National Insurance Company		INSURER B : Palomar Specialty Insurance Company		INSURER C : Continental Casualty Company		INSURER D : Greenwich Insurance Company		INSURER E :		INSURER F :	
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<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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"/> <b>PROPERTY</b>	N030PK1546-00	06/01/2023	06/01/2024	BUILDING	\$
	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				<input checked="" type="checkbox"/> BLANKET BUILDING	\$16,692,000
	<input checked="" type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> Earthquake Limit	\$17,274,420
					<input checked="" type="checkbox"/> Excess Liability Limit	\$5,000,000
D	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input checked="" type="checkbox"/> <b>CRIME</b>	**See Page 2**	06/01/2023	06/01/2024	<input checked="" type="checkbox"/> Employee Dishonesty	\$550,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Computer Fraud	\$550,000
					<input checked="" type="checkbox"/> Forgery/Alteration	\$75,000
					<input checked="" type="checkbox"/> Equipment Breakdown	\$17,217,662
A	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	N030PK1546-00	06/01/2023	06/01/2024		\$
A	Commercial General Liability Directors & Officers	N030PK1546-00 0598959748	06/01/2023 06/01/2023	06/01/2024 06/01/2024	<input checked="" type="checkbox"/> Per Occurrence Limit	\$1,000,000
					<input checked="" type="checkbox"/> Directors & Officers	\$1,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
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  CMD

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## ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED Arbor Terrace Homeowners Association	
POLICY NUMBER		c/o Century 21 Northstar 7800 SW Barbur Blvd. Suite 1A, Portland, OR 97219	
CARRIER	NAIC CODE	EFFECTIVE DATE: 06/01/2023	

### 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

65 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

PROPERTY AND EARTHQUAKE COVERAGE EXTENDS TO ROWHOUSES ONLY

Building Ordinance:

Coverage A (Undamaged Portion of Building) - \$16,692,000 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 Earthquake Limits are written through two separate carriers which are as follows:

\*Accelerant National Insurance Company- Policy #: N030PK1546-00 - 06/01/2023-06/01/2024 - \$10,000,000

\*Palomar Specialty Insurance Company- Policy #: CPDCP-23-1086088-B-02 - 06/01/2023-06/01/2024 - \$7,274,420

Full Employee Dishonesty Limits are written through two separate carriers which are as follows:

\*Accelerant National Insurance Company- Policy #: N030PK1546-00 - 06/01/2023-06/01/2024 - \$50,000

\*Continental Casualty Company- Policy #: 0598959748 - 06/01/2023-06/01/2024 - \$500,000

The Directors & Officers carrier is Continental Casualty Company