



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/11/2020

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 Jared R Walthard Agency 15405 SW 116th Ave Ste 108 Tigard OR 97224	CONTACT NAME: Jared Walthard PHONE (A/C. No. Ext): (503) 443-1923 E-MAIL ADDRESS: jared.walthard@amfam.com PRODUCER CUSTOMER ID: 094/503	FAX (A/C. No): (503) 213-5975													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : American family Mutual Insurance Group</td> <td>19275</td> </tr> <tr> <td>INSURER B : Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C : Pennsylvania Manufacturer's Association Ins.</td> <td>12262</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American family Mutual Insurance Group	19275	INSURER B : Great American Insurance Company	16691	INSURER C : Pennsylvania Manufacturer's Association Ins.	12262	INSURER D :		INSURER E :		INSURER F :
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INSURED Association of Unit Owners Of Fountains At Summerfield c/o President 15685 SW 116th Ave. PMB #105 Tigard, OR 97224															

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	15430-15695 SW 114th Ave, Tigard OR 97224	19 Buildings - 110 Total Units	All Inclusive Coverage to Include Upgrades & Betterments
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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	36X4853102	04/01/2020	04/01/2021	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP <input checked="" type="checkbox"/> Per Occurance <input checked="" type="checkbox"/> Aggregate	\$ Guaranteed Rep.	
	CAUSES OF LOSS					DEDUCTIBLES	\$
	<input type="checkbox"/> BASIC					BUILDING \$15000	\$
	<input type="checkbox"/> BROAD					CONTENTS	\$
	<input checked="" type="checkbox"/> SPECIAL						\$
	<input checked="" type="checkbox"/> EARTHQUAKE					15%	\$
	<input checked="" type="checkbox"/> WIND					\$15000	\$
	<input type="checkbox"/> FLOOD						\$
<input checked="" type="checkbox"/>					\$ \$2,000,000		
<input checked="" type="checkbox"/>					\$ \$4,000,000		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/> NAMED PERILS					\$	
A	<input checked="" type="checkbox"/> CRIME	36X4853101	04/01/2020	04/01/2021	<input checked="" type="checkbox"/> Theft <input checked="" type="checkbox"/> Forgery <input checked="" type="checkbox"/> Computer Fraud	\$ \$650,000 \$ \$25,000 \$ \$650,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	36X4853102	04/01/2020	04/01/2021		\$ \$	
B	Directors & Officers	EPP365497105	04/01/2020	04/01/2021	<input checked="" type="checkbox"/> Coverage <input checked="" type="checkbox"/> Deductible	\$ \$1,000,000 \$ \$1,000	

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

B. Commercial Umbrella: Policy Number UM30186694 @ \$5,000,000
 C. Workers Compensation: Policy Number 2019010576256Y - Coverage at State Limits for \$500,000
 Guaranteed Replacement Cost to Extend to Earthquake Coverage

CERTIFICATE HOLDER**CANCELLATION**

Association of Unit Owners of Fountains At Summerfield Condominium 15685 SW 116th Ave. PMB #105 Tigard, OR 97224	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 

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