



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
03/31/2022

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.

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| 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 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Association of Unit Owners Of Fountains At Summerfield c/o President The Fountains Box 6 10650 SW Summerfield Dr Tigard, OR, 97224 | INSURER A : American family Mutual Insurance Group | NAIC # 19275 |
| | INSURER B : Great American Insurance Company | 16691 |
| | INSURER C : Fireman's Fund Insurance | 21873 |
| | 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)
 15430-15695 SW 114th Ave, Tigard OR 97224 19 Buildings - 110 Total Units All Inclusive Coverage to Include Upgrades & Betterments

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 | | | | <input checked="" type="checkbox"/> BUILDING | \$ Guaranteed Rep. | |
| | CAUSES OF LOSS | DEDUCTIBLES | | | <input type="checkbox"/> PERSONAL PROPERTY | \$ | |
| | <input type="checkbox"/> BASIC | BUILDING | | | <input type="checkbox"/> BUSINESS INCOME | \$ | |
| | <input type="checkbox"/> BROAD | \$25000 | | | <input type="checkbox"/> EXTRA EXPENSE | \$ | |
| | <input checked="" type="checkbox"/> SPECIAL | CONTENTS | | | <input type="checkbox"/> RENTAL VALUE | \$ | |
| | <input checked="" type="checkbox"/> EARTHQUAKE | 15% | 36X4853102 | 04/01/2022 | 04/01/2023 | <input type="checkbox"/> BLANKET BUILDING | \$ |
| | <input checked="" type="checkbox"/> WIND | \$25000 | | | <input type="checkbox"/> BLANKET PERS PROP | \$ | |
| | <input type="checkbox"/> FLOOD | | | | <input type="checkbox"/> BLANKET BLDG & PP | \$ | |
| <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Per Occurance | \$ \$2,000,000 | | |
| <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> Aggregate | \$ \$4,000,000 | | |
| | <input type="checkbox"/> INLAND MARINE | TYPE OF POLICY | | | | \$ | |
| | CAUSES OF LOSS | | | | | \$ | |
| | <input type="checkbox"/> NAMED PERILS | POLICY NUMBER | | | | \$ | |
| | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> CRIME | | | | <input checked="" type="checkbox"/> Theft | \$ \$650,000 | |
| | TYPE OF POLICY | 36X4853101 | 04/01/2022 | 04/01/2023 | <input checked="" type="checkbox"/> Forgery | \$ \$25,000 | |
| | | | | | <input checked="" type="checkbox"/> Computer Fraud | \$ \$650,000 | |
| A | <input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ | |
| | | 36X4853102 | 04/01/2022 | 04/01/2023 | | \$ | |
| B | Directors & Officers | EPP3654971-07 | 04/01/2022 | 04/01/2023 | <input checked="" type="checkbox"/> Coverage | \$ \$1,000,000 | |
| | | | | | <input checked="" type="checkbox"/> Deductible | \$ \$1,000 | |

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

- C. Commercial Umbrella: Policy Number USL01482121U @ \$5,000,000
- D. Workers Compensation: Policy Number 2022010576256Y - Coverage at State Limits for \$500,000
- E. Guaranteed Replacement Cost to Extend to Earthquake Coverage

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Association of Unit Owners of Fountains At Summerfield Condominium The Fountains Box 6 10650 SW Summerfield Dr 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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