



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/21/2019

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 American Benefits Inc. 4800 SW Griffith Drive Suite 300 Beaverton OR 97005	CONTACT NAME: Jessica Volk PHONE (A/C, No, Ext): (503)292-1580 E-MAIL ADDRESS: Jessica@abipdx.com PRODUCER CUSTOMER ID: 00011930	FAX (A/C, No): (503)467-4600
	INSURER(S) AFFORDING COVERAGE	
INSURED Mount Vernon Village Home Owners Association c/o CA Partners PO Box 2429 Beaverton OR 97075	INSURER A: Falls Lake Fire and Casualty Company	
	INSURER B: Lloyd's of London	
	INSURER C: Continental Casualty Company	
	INSURER D: Great Lakes Insurance	
	INSURER E: Aspen Specialty Insurance Company	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CP19112105949

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 checked="" type="checkbox"/>	PROPERTY	CIBA-000001-00	11/19/2019	11/19/2020	BUILDING	\$			
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$		
	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$		
	<input type="checkbox"/>	BROAD				50,000	EXTRA EXPENSE	\$		
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	RENTAL VALUE	\$		
	<input checked="" type="checkbox"/>	EARTHQUAKE				10%	<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 27,085,000		
	<input checked="" type="checkbox"/>	WIND				50,000	BLANKET PERS PROP	\$		
	<input type="checkbox"/>	FLOOD					BLANKET BLDG & PP	\$		
						Insurer B: 36-7500086152	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Earthquake Limit	\$ 27,920,000
						Insurer C: TBD	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Umbrella	\$ 10,000,000
	INLAND MARINE	TYPE OF POLICY				\$				
	CAUSES OF LOSS					\$				
	NAMED PERILS	POLICY NUMBER				\$				
C	<input checked="" type="checkbox"/>	CRIME	618757288	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 150,000			
		TYPE OF POLICY				<input checked="" type="checkbox"/> Computer Fraud	\$ 150,000			
						<input checked="" type="checkbox"/> Forgery/Alteration	\$ 50,000			
D	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	T06250112018	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Equipment Breakdown	\$ 7,500,000			
C		Directors & Officers	618883005	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Directors & Officers	\$ 2,000,000			
E		Commercial General Liability	CR00COW19	11/19/2019	11/19/2020	<input checked="" type="checkbox"/> Per Occurrence Limit	\$ 1,000,000			

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

CERTIFICATE HOLDER**CANCELLATION****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

Vern Newcomb/JESS

COMMENTS/REMARKS

WALLS IN COVERAGE INCLUDED
BETTERMENTS AND IMPROVEMENTS INCLUDED
125% REPLACEMENT COST
132 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) - \$27,085,000 Limit / \$50,000 Ded.
Coverage B (Demolition) & Coverage C (Increased Cost of Construction) COMBINED -
\$2,500,000 Limit / \$50,000 Ded.