



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/01/2019

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 Jared R Walther Agency 15405 SW 116th Ave Ste 108 Tigard OR 97224	CONTACT NAME: Jared Walther	PHONE (A/C, No. Ext): (503) 443-1923	FAX (A/C, No): (503) 213-5975
	E-MAIL ADDRESS: jared.walther@amfam.com		
INSURED Association of Unit Owners Of Fountains At Summerfield c/o President 15685 SW 116th Ave. PMB #105 Tigard, OR 97224	PRODUCER CUSTOMER ID: 094/503		
	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 :		


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	36X4853102	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> BUILDING	\$ Guaranteed Rep.	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	BASIC				BUILDING \$10000	<input type="checkbox"/> BUSINESS INCOME	\$
	BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				15%	<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				\$10000	<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 Occurrence	\$ \$2,000,000				
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Aggregate	\$ \$4,000,000				
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	NAMED PERILS					\$	
A	<input checked="" type="checkbox"/> CRIME	36X4853101	04/01/2019	04/01/2020	<input checked="" type="checkbox"/> Theft	\$ \$650,000	
	TYPE OF POLICY				<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	04/01/2019	04/01/2020		\$	
B	Directors & Officers	EPP365497104	04/01/2019	04/01/2020	<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)
B. Commercial Umbrella: Policy Number UM30158009 @ \$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 Association of Unit Owners of Fountains At Summerfield Condominium 15685 SW 116th Ave. PMB #105 Tigard, OR 97224	CANCELLATION 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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