



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/3/2018

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 FAX (A/C, No): (503) 467-4600
	E-MAIL ADDRESS: jessica@abipdx.com
	PRODUCER CUSTOMER ID: 00014199
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Munich RE
	INSURER B: Continental Casualty Company
	INSURER C: Lloyd's of London
	INSURER D: National Surety Corporation
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CP1810304642 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	CAU501921-2	10/1/2018	10/1/2019	BUILDING	\$				
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$			
	BASIC				BUILDING	BUSINESS INCOME	\$			
	BROAD				10,000	EXTRA EXPENSE	\$			
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$			
	<input checked="" type="checkbox"/> EARTHQUAKE				10%	<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 80,475,000			
	<input checked="" type="checkbox"/> WIND				10,000	BLANKET PERS PROP	\$			
	FLOOD					BLANKET BLDG & PP	\$			
					Insurer C:	36-7500102087	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Earthquake Limit	\$ 78,776,735
					Insurer D:	SUO-000-4905-4554-15302-3	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Umbrella	\$ 15,000,000
	INLAND MARINE	TYPE OF POLICY				\$				
	CAUSES OF LOSS					\$				
	NAMED PERILS	POLICY NUMBER				\$				
B	<input checked="" type="checkbox"/> CRIME	618694967	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 2,000,000				
	TYPE OF POLICY				<input checked="" type="checkbox"/> Computer Fraud	\$ 2,000,000				
					<input checked="" type="checkbox"/> Forgery/Alteration	\$ 50,000				
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU501921-2	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Equipment Breakdown	\$ 80,475,000				
A	Directors & Officers	CAU501921-2	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Directors & Officers	\$ 2,000,000				
A	Commercial General Liability	CAU501921-2	10/1/2018	10/1/2019	<input checked="" type="checkbox"/> Per Occurrence Limit	\$ 2,000,000				

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

CERTIFICATE HOLDER CANCELLATION

EVIDENCE OF INSURANCE	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
GUARANTEED REPLACEMENT COST
223 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) -
\$80,475,000 Limit / \$10,000 Ded.

Coverage B (Demolition) -
\$500,000 Limit / \$10,000 Ded.

Coverage C (Increased Cost of Construction) -
\$500,000 Limit / \$10,000 Ded.