



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/08/2022

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.

PRODUCER J. Walthard & Associates LLC 15405 SW 116th Ave Ste 108 Tigard OR 97224		CONTACT NAME: Jared Walthard PHONE (A/C. No. Ext): (503) 443-1923 E-MAIL ADDRESS: jwalthar@amfam.com PRODUCER CUSTOMER ID: 094/503		FAX (A/C. No): (503) 213-5975
INSURED Summerfield Townhouse Service Association Delta c/o President #H04 10650 SW Summerfield Dr Tigard OR 97224		INSURER(S) AFFORDING COVERAGE INSURER A: American Family Mutual Insurance Group INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 19275

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Summerfield #4, Tigard OR - 6 Buildings - 31 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	91002-45474-62	06/08/2022	06/08/2023	<input checked="" type="checkbox"/> BUILDING	\$ 12,978,000	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING \$25000	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				CONTENTS \$	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				15%	<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				\$25000	<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Liability \$0			<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000		
	<input checked="" type="checkbox"/> Liability \$0			<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000		
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS	POLICY NUMBER				\$	
	<input type="checkbox"/> NAMED PERILS					\$	
A	<input checked="" type="checkbox"/> CRIME	91002-45474-62	06/08/2022	06/08/2023	<input checked="" type="checkbox"/> Theft	\$ 500,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery	\$ 500,000	
	Fidelity				<input checked="" type="checkbox"/> Computer Fraud	\$ 500,000	
	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	91002-45474-62	06/08/2022	06/08/2023		\$	
A	Directors & Officers	91002-45474-62	06/08/2022	06/08/2023	<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)
"All Inclusive" Coverage to Include Upgrades & Betterments; 6 Buildings - 31 Total Units; Guaranteed Replacement Cost to Extend to Earthquake Coverage; Crime Fidelity at \$500,000; Wind/Hail Coverage Included; Liability at \$1,000,000 Per Occurrence; Directors & Officers Limit of Insurance at \$1,000,000 With \$1000 Deductible; Building Ordinance & Law Coverage at \$250,000 Combined Limit (Coverage A,B&C)

CERTIFICATE HOLDER Summerfield Townhouse Service Association Delta #H04 10650 SW Summerfield Dr 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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