



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
08/01/2023

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 ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005	CONTACT NAME: PHONE (A/C, No, Ext): (503)292-1580 FAX (A/C, No): (503)467-4600 E-MAIL ADDRESS: certificates@abipdx.com PRODUCER CUSTOMER ID: 00002570														
INSURED AUO of Cardinell View Lofts Condominium c/o Fresh Start Real Estate, Inc. 6107 SW Murray Blvd. #313 Beaverton, OR 97008	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: General Security Indemnity Company of Arizona</td> <td></td> </tr> <tr> <td>INSURER B: Continental Casualty Company</td> <td></td> </tr> <tr> <td>INSURER C: Underwriters at Lloyds of London</td> <td></td> </tr> <tr> <td>INSURER D: Golden Bear Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E: Evanston Insurance Company</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: General Security Indemnity Company of Arizona		INSURER B: Continental Casualty Company		INSURER C: Underwriters at Lloyds of London		INSURER D: Golden Bear Insurance Company		INSURER E: Evanston Insurance Company		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 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 CAUSES OF LOSS DEDUCTIBLES	IAG972557	07/22/2023	07/22/2024	BUILDING	\$	
							BASIC
	BROAD				10,000	BUSINESS INCOME	\$
					CONTENTS	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				5%	<input checked="" type="checkbox"/> BLANKET BUILDING	\$10,110,633
	<input checked="" type="checkbox"/> WIND				10,000	BLANKET PERS PROP	\$
						BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Water Damage				50,000		\$
						See Page 2	07/22/2023
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME TYPE OF POLICY	618738739	07/22/2023	07/22/2024	<input checked="" type="checkbox"/> Employee Dishonesty	\$500,000	
					<input checked="" type="checkbox"/> Computer Fraud	\$500,000	
					<input checked="" type="checkbox"/> Forgery/Alteration	\$50,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	IAG972557	07/22/2023	07/22/2024	<input checked="" type="checkbox"/> Equipment Breakdown	\$10,110,633	
						\$	
B	Directors & Officers	618738739	07/22/2023	07/22/2024	<input checked="" type="checkbox"/> Directors & Officers	\$1,000,000	
						\$	

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

CERTIFICATE HOLDER EVIDENCE OF INSURANCE Need a certificate for an owner or Lender Request Certificate from: www.abipdx.com	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 <div style="text-align: right;">CMD</div>
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ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED AUO of Cardinell View Lofts Condominium c/o Fresh Start Real Estate, Inc. 6107 SW Murray Blvd., #313 Beaverton, OR 97008	
POLICY NUMBER		EFFECTIVE DATE: 07/22/2023	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

WALLS IN COVERAGE INCLUDED
 BETTERMENTS AND IMPROVEMENTS INCLUDED
 100% REPLACEMENT COST
 58 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

THERE IS A \$50,000 WATER DAMAGE DEDUCTIBLE

Building Ordinance:
 Coverage A (Undamaged Portion of Building) - \$10,110,633 Limit / \$10,000 Ded.
 Coverage B (Demolition) - \$1,011,063.30 Limit / \$10,000 Ded.
 Coverage C (Increased Cost of Construction) - \$1,011,063.30 Limit / \$10,000 Ded.

Full Earthquake Limits are written through the following carriers:
 *Lloyds of London- Policy #: MKLV5BPR001196 - 07/22/2023-07/22/2024 - \$5,258,616.50
 *Golden Bear Insurance Company- Policy #: MKLV5BPR001196 - 07/22/2023-07/22/2024 - \$3,943,962.38
 *Evanston Insurance Company- Policy #: MKLV5BPR001196 - 07/22/2023-07/22/2024 - \$1,314,654.12

The Directors & Officers Policy is written through Continental Casualty Company