



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/31/2023

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: 00017846
INSURED Vintage Oaks Condominium Association c/o Sterling Properties Real Estate Services, LLC 1111 Main Street, Suite 500 Vancouver, WA 98660	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Accelerant National Insurance Company
	INSURER B: Continental Casualty Company
	INSURER C: Palomar Specialty Insurance Company
	INSURER D:
	INSURER E:

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

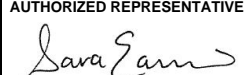
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	N030PK1198-00	01/31/2023	01/31/2024	BUILDING	\$
					PERSONAL PROPERTY	\$
	BASIC				BUILDING 25,000	
	BROAD				CONTENTS	
	<input checked="" type="checkbox"/> SPECIAL					
	<input checked="" type="checkbox"/> EARTHQUAKE				5%	
	<input checked="" type="checkbox"/> WIND				25,000	
	FLOOD					
	<input checked="" type="checkbox"/> Water Damage				50,000	
						See Page 2
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
B	<input checked="" type="checkbox"/> CRIME	618768405	01/31/2023	01/31/2024	<input checked="" type="checkbox"/> Employee Dishonesty	\$500,000
	TYPE OF POLICY				<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	N030PK1198-00	01/31/2023	01/31/2024	<input checked="" type="checkbox"/> Equipment Breakdown	\$14,701,166
A	Commercial General Liability Directors & Officers	N030PK1198-00	01/31/2023	01/31/2024	<input checked="" type="checkbox"/> Per Occurrence Limit	\$1,000,000
		618768405	01/31/2023	01/31/2024	<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 **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  CMD



ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED Vintage Oaks Condominium Association c/o Sterling Properties Real Estate Services, LLC 1111 Main Street, Suite 500 Vancouver, WA 98660	
POLICY NUMBER		EFFECTIVE DATE: 01/31/2023	
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
 GUARANTEED REPLACEMENT COST
 74 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

A \$50,000 WATER DAMAGE DEDUCTIBLE APPLIES

Building Ordinance:
 Coverage A (Undamaged Portion of Building) - \$14,701,166 Limit / \$25,000 Ded.
 Coverage B (Demolition) - \$500,000 Limit / \$25,000 Ded.
 Coverage C (Increased Cost of Construction) - \$500,000 Limit / \$25,000 Ded.

Full Earthquake Limits are written through the following carriers:
 *Accelerant National Insurance Company - Policy # N030PK1198-00 - 01/31/2023-01/31/2024 - \$10,000,000
 *Palomar Specialty Insurance Company - Policy #CPDCP-23-1145605-B-00 - 01/31/2023-01/31/2024 - \$5,189,766

The Directors & Officers Policy is written through Continental Casualty Company