



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/09/2017

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 Association Underwriters of Washington 1500 112th Avenue NE Bellevue WA 98004	CONTACT NAME: Scott Reilly PHONE (A/C, No, Ext): (425) 637-0419 FAX (A/C, No): (425) 467-9304 E-MAIL ADDRESS: scott.reilly@associationunderwriters.com													
	PRODUCER CUSTOMER ID:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Rockingham Casualty Co.</td> <td>42595</td> </tr> <tr> <td>INSURER B: Fair American Select Insurance Company</td> <td>15201</td> </tr> <tr> <td>INSURER C: Aspen Specialty/ Evanston Insurance Company</td> <td>10717</td> </tr> <tr> <td>INSURER D: Continental Casualty Co.</td> <td>20443</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Rockingham Casualty Co.	42595	INSURER B: Fair American Select Insurance Company	15201	INSURER C: Aspen Specialty/ Evanston Insurance Company	10717	INSURER D: Continental Casualty Co.	20443	INSURER E:		INSURER F:
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Hold no reserves; premium paid by Association. At the time this was issued, the Property policy covers the permanent improvements/betterments inside the residential units (walls in). Total of 90 units. Separation of Insureds included in General Liability wording. Property Management entity covered under Fidelity.

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	RHP3001400	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> BUILDING	\$ 14,135,000
B	CAUSES OF LOSS	CPX100037700			<input type="checkbox"/> PERSONAL PROPERTY	\$
	BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 365,000
	BROAD				EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
C	<input checked="" type="checkbox"/> EARTHQUAKE	PBY0434017	06/12/2017	06/12/2018	<input type="checkbox"/> BLANKET BUILDING	\$
	WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
	FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> RC End	Included			<input checked="" type="checkbox"/> Bldg Ord A	\$ Up to Bldg Lmt
	<input checked="" type="checkbox"/> Water Ded.	15,000			<input checked="" type="checkbox"/> Bldg Ord B & C	\$ 1,436,740
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS	POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS					\$
D	<input checked="" type="checkbox"/> CRIME	618679174	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> Emp Dishonesty	\$ 275,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 1,000
	Fidelity					\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	RHP3001400	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> Equip Breakdown	\$ Up to Bldg Lmt
B		CPX100037700				\$
A	General Liability	RHP3001400	06/12/2017	06/12/2018	<input checked="" type="checkbox"/> Occurrence	\$ 1,000,000
					<input checked="" type="checkbox"/> Aggregate	\$ 2,000,000

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

CERTIFICATE HOLDER ***FOR INFORMATION PURPOSE ONLY***	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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