



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/29/2020

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.

PRODUCER STATE FARM - VU HAN OFFICE 322 NE 82ND AVE PORTLAND, OR 97220	CONTACT NAME: PHONE (A/C, No, Ext): 503.252.1114 FAX (A/C, No): 503.252.9001 E-MAIL ADDRESS: PRODUCER CUSTOMER ID:														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED CULLY GREEN CONDO OWNERS' ASSN 4757 NE GOING ST PORTLAND, OR 97218															

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 4744-4798 NE GOING ST; 4540-4584 NE 47TH AVE, PORTLAND, OR 97218 - MASTER ASSN POLICY ONLY 23 UNITS, 10 BUILDINGS.

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	379ADFC12	10/29/2020	10/29/2021	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING 5,000	BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/> BROAD				CONTENTS	EXTRA EXPENSE	\$ SEE ACORD 101
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$ SEE ACORD 101
	EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 4,922,600
	WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	<input type="checkbox"/> NAMED PERILS				\$		
	<input type="checkbox"/> CRIME				\$		
	TYPE OF POLICY				\$		
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	379ADFC12	10/29/2020	10/29/2021		\$	
A		379ADFC12	10/29/2020	10/29/2021	<input checked="" type="checkbox"/> LIABILITY	\$ 1,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS IS A MASTER ASSOCIATION POLICY ONLY - ALL UNITOWNERS MUST GET THEIR OWN INDIVIDUAL POLICY (HO-6). THIS MASTER POLICY INCLUDES FIDELITY COVERAGE FOR \$20,000. COVERAGE IS ACTIVE AND IN FORCE, EFFECTIVE 10/29/20.

CERTIFICATE HOLDER TO ALL LENDERS	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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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY Vu Han		NAMED INSURED CULLY GREEN CONDO OWNERS ASSN	
POLICY NUMBER 379ADFC12			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
FE-6999.2	Terrorism Insurance Cov Notice
FE-3650	Actual Cash Value Endorsement
CMP-4527	Excl Ctrl Substances
CMP-4508	Money and Securities
CMP-4710	Emp Dishonesty \$25,000
CMP-4830	Interior Building Damage

Forms, Options and Endorsements:

CMP-4555	Residential Community Assoc
CMP-4237.1	Amendatory Endorsement
CMP-4561.1	Policy Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4814	Dir & Officers \$1,000,000
CMP-4829	Guaranteed Replacement Cost

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.