



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/5/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd 11225 SE 6th St., Suite 110 Bellevue, WA 98004		PHONE (A/C, No, Ext): 425-455-5640	COMPANY NAME AND ADDRESS Country Casualty Ins Co #WA020022311003 (Property) Evanston Ins Co #MKLV5BPR000002 (Earthquake)		NAIC NO: 20982
FAX (A/C, No): 425-455-6727	E-MAIL ADDRESS: condos@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Property, Earthquake		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER See above	
NAMED INSURED AND ADDRESS Claremont Townhome Association 15800 NW Country Club Dr Portland, OR 97229		EFFECTIVE DATE 01/01/2022	EXPIRATION DATE 01/01/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION/DESCRIPTION
See Additional Remarks

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 18,879,932			<input checked="" type="checkbox"/>	
				DED: 5,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months:
BLANKET COVERAGE	X			If YES, indicate value(s) reported on property identified above: \$ 16,272,909
TERRORISM COVERAGE	X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			X	
IS DOMESTIC TERRORISM EXCLUDED?			X	
LIMITED FUNGUS COVERAGE	X			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X			
REPLACEMENT COST	X			
AGREED VALUE		X		
COINSURANCE		X		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 18,879,932 DED: 5,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X			
- Demolition Costs	X			If YES, LIMIT: 500,000 DED: 5,000
- Incr. Cost of Construction	X			If YES, LIMIT: 500,000 DED: 5,000
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: 15,000,000 DED: 5%
FLOOD (If Applicable)		X		If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)	X			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X			

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.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS		AUTHORIZED REPRESENTATIVE <i>Ryan Stewart</i>

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Certificate Holder is named as Mortgagee / Loss Payee. Coverage is "All In" including Tenant Improvement and Betterments (TIB), walls in and interior build out. Wind / Hail coverage is included and is subject to the property deductible. (51 residential units, 18 buildings). Water Damage Deductible \$2,500 Per Unit.

Preview