



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/31/2020

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.

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 American Benefits Inc. 4800 SW Griffith Drive Suite 300 Beaverton OR 97005	CONTACT NAME: Sara Eanni PHONE (A/C. No. Ext): (503)292-1580 E-MAIL ADDRESS: sara@abipdx.com PRODUCER CUSTOMER ID: 00004932	FAX (A/C. No.): (503)467-4600
	INSURER(S) AFFORDING COVERAGE	
INSURED Elizabeth Lofts Condominiums Owners' Association c/o CMI 2105 SE 9th Avenue Portland OR 97214	INSURER A: AmTrust Insurance Co. of Kansas, Inc	
	INSURER B: Continental Casualty Company	
	INSURER C: National Surety Corporation	
	INSURER D: Certain Underwriters at Lloyd's	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CP2013106241

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	KPP1058445-00	2/1/2020	2/1/2021	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				25,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				5%	<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 91,061,600
	<input checked="" type="checkbox"/> WIND				25,000	BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	Insurer: D		2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Earthquake Limit	\$ 92,461,600	
						\$	
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	618770574	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 3,000,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Computer Fraud	\$ 3,000,000	
					<input checked="" type="checkbox"/> Forgery/Alteration	\$ 50,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	KPP1058445-00	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Equipment Breakdown	\$ 91,061,600	
C		SUO00032415325-1321-4	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Umbrella	\$ 25,000,000	
B	Directors & Officers	618770574	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Directors & Officers	\$ 1,000,000	
A	Commercial General Liability	KPP1058445-00	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> Per Occurrence Limit	\$ 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

Vern Newcomb/ELLYP

COMMENTS/REMARKS

WALLS IN COVERAGE INCLUDED
BETTERMENTS AND IMPROVEMENTS INCLUDED
100% REPLACEMENT COST
180 RESIDENTIAL UNITS & 15 COMMERCIAL 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

Building Ordinance:

Coverage A (Undamaged Portion of Building) - \$\$91,061,600 Limit / \$25,000 Ded.
Coverage B (Demolition)- \$9,106,160 Limit / \$25,000 Ded
Coverage C (Increased Cost of Construction)
\$9,106,160 Limit / \$25,000 Ded.