




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/19/2023

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.

<b>PRODUCER</b>  Michael Holton 5520 S Macadam Ave Ste 250  Portland, OR 97239-3740		<b>CONTACT</b> NAME: Michael Holton PHONE (A/C, No, Ext): (503) 517-9090 E-MAIL ADDRESS: michael.holton.p8jc@statefarm.com PRODUCER CUSTOMER ID		<b>FAX (AC, NO):</b> (503) 445-1366	
<b>INSURED</b> ARBOR RIDGE P U D HOMEOWNERS ASSOCIATION C/O TMG INC TMG ASSOCIATION 15350 SW SEQUOIA PKWY S  PORTLAND, OR 97224-7173		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		INSURER A : State Farm Fire and Casualty Company			25143
		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

REFER TO ACORD 101.

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
	<input type="checkbox"/> <b>PROPERTY</b>					
	CAUSES OF LOSS DEDUCTIBLES					
	<input type="checkbox"/> BASIC <input type="checkbox"/> BUILDING \$500.00				BUILDING	\$ \$119,800
	<input type="checkbox"/> BROAD <input type="checkbox"/> CONTENTS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> SPECIAL				BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/> EARTHQUAKE	97-CU-9096-2	07/19/2023	07/19/2024	EXTRA EXPENSE	\$ SEE ACORD 101
	<input type="checkbox"/> WIND				RENTAL VALUE	\$ SEE ACORD 101
	<input type="checkbox"/> FLOOD				BLANKET BUILDING	\$
					BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
						\$
						\$
						\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> <b>CRIME</b>					\$
	TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
						\$
						\$

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

REFER TO ACORD 101.

## CERTIFICATE HOLDER

## CANCELLATION

TMG INC, TMG ASSOCIATION MANAGEMENT SERVICES NW LLC AND AMS/ASSOCIATION MANAGEMENT SERVICES 15350 SW Sequoia Pkwy Ste 200  Portland, OR 97224-7173	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  IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

© 1995-2015 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

<b>AGENCY</b> Michael Holton		<b>NAMED INSURED</b> ARBOR RIDGE P U D HOMEOWNERS ASSOCIATION	
<b>POLICY NUMBER</b> 97-CU-9096-2		<b>EFFECTIVE DATE:</b> 07/19/2023	
<b>CARRIER</b> State Farm Fire and Casualty Company	<b>NAIC CODE</b> 25143		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 24 **FORM TITLE:** Certificate of Property Insurance

#### Unit Owner:

ARBOR RIDGE P U D HOMEOWNERS ASSOCIATION - 16961 NW Arizona Dr - Beaverton, - OR - 97006-7476 - Unit Loan Number:NA - Number Of Units: 0462

**Association Type:** Residential Community Association Policy

#### Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
CMP-4814	Dir & Officers \$1,000,000
CMP-4555	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement
CMP-4527	Excl Ctrl Substances

#### Forms, Options and Endorsements:

CMP-4237.1	Amendatory Endorsement
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4561.1	Policy Endorsement

#### 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 Covenants, Conditions, and Restrictions (CC&Rs) 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.