



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/08/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005	CONTACT NAME: PHONE (A/C, No. Ext): (503)292-1580	FAX (A/C, No): (503)467-4600
	E-MAIL ADDRESS: certificates@abipdx.com	
	PRODUCER CUSTOMER ID: 00016721	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Accelerant National Insurance Company		
INSURER B: Continental Casualty Company		
INSURER C: Federal Insurance Company		
INSURER D:		
INSURER E:		
INSURER F:		

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)

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	N030PK0163-04	01/10/2026	01/10/2027	BUILDING	\$					
	CAUSES OF LOSS				PERSONAL PROPERTY	\$					
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$					
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$					
	<input checked="" type="checkbox"/> SPECIAL				RENTAL VALUE	\$					
	<input checked="" type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$ 15,079,635					
	<input checked="" type="checkbox"/> WIND				BLANKET PERS PROP	\$					
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$					
	<input checked="" type="checkbox"/> Water Damage					\$					
	<input type="checkbox"/>					\$					
A	INLAND MARINE		01/10/2026	01/10/2027	X Earthquake Limit	\$ 10,000,000					
	CAUSES OF LOSS										
	NAMED PERILS										
A	<input checked="" type="checkbox"/> CRIME		01/10/2026	01/10/2027	X Employee Dishonesty	\$ 350,000					
	TYPE OF POLICY										
	See Page 2										
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN		01/10/2026	01/10/2027	X Computer Fraud	\$ 350,000					
	N030PK0163-04										
A	<input checked="" type="checkbox"/> Commercial General Liability		01/10/2026	01/10/2027	X Forgery/Alteration	\$ 100,000					
	Directors & Officers										
A	618767822										
	N030PK0163-04										

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	 CMD

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ADDITIONAL REMARKS SCHEDULE

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AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED AUO of Sunshine Creek Condominiums c/o FRESH START Real Estate, Inc. 6107 SW Murray Blvd. Suite 313 Beaverton, OR 97008
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE: 01/10/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

WALLS IN COVERAGE INCLUDED

BETTERMENTS AND IMPROVEMENTS INCLUDED

GUARANTEED REPLACEMENT COST

54 RESIDENTIAL 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

The policy includes a Special Causes of Loss Form with a \$25,000 per occurrence deductible for all covered perils except as respects water damage. A \$25,000 per unit deductible applies only to water damage. In any one occurrence of loss or damage, the aggregate Per Unit Deductible shall not exceed 5% of the total Limit of Insurance for Building coverage.

Building Ordinance:

Coverage A (Undamaged Portion of Building) - \$15,079,635 Limit / \$25,000 Ded.

Coverage B (Demolition) - \$500,000 Limit / \$25,000 Ded.

Coverage C (Increased Cost of Construction) - \$500,000 Limit / \$25,000 Ded.

Full Employee Dishonesty Limits are written through two separate carriers which are listed as follows:

*Accelerant National Insurance Company - Policy # N030PK0163-04 - 01/10/2026-01/10/2027 - \$50,000

*Continental Casualty Company - Policy # 618767822 - 01/10/2026-01/10/2027 - \$300,000

The Umbrella Policy is written through the following carrier:

*Federal Insurance Company - Policy #: G75244721 - 01/10/2026-01/10/2027 - \$5,000,000

The Directors & Officers Policy is written through Continental Casualty Company