

# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/30/2023

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.

	f th	is certificate	is being prepa	red for a party who has an insur		perty, do not use	this form. Use A	CORD 2	7 or A	CORD 28.	
PRO	DUCE	ER				CONTACT NAME: Kristie Axmaker					
		Jeff He	rr Insurance Ag	ency LLC.	PHONE (A/C, No, Ext): 5	PHONE (A/C, No, Ext): 503-581-5755 FAX (A/C, No): 503-581-5761					
St	ate	Farm 2657 C	ommercial St S	e	E-MAIL I.	E-MAIL ADDRESS: kristie@jeffherrinsurance.com					
		Salem,	OR 97302		PRODUCER						
		•			OGGIGNERID.	INSURER(S) AFFORDING COVERAGE NAIC #					
INSU	RED				INSURER A . Sta	INSURER A: State Farm Fire and Casualty Company 25143					
		Battleci	reek Commons	Assn Inc.		INSURER B:					
		1823 L	exington Cir Se			INSURER C:					
		Salem,	OR 97306			INSURER D :					
						INSURER E :					
COV	/FR	AGES		CERTIFICATE NUMBER:	INSURER F :	REVISION NUMBER:					
			DESCRIPTION OF P	ROPERTY (Attach ACORD 101, Additional	Remarks Schedule, If more sn:						
Refe	er to	Acord 101	Y THAT THE PO	LICIES OF INSURANCE LISTED BE	ELOW HAVE BEEN ISSUI	ED TO THE INSUR					
CE	RTI	FICATE MAY	BE ISSUED OR	NY REQUIREMENT, TERM OR CO MAY PERTAIN, THE INSURANCE SUCH POLICIES. LIMITS SHOWN M	AFFORDED BY THE PO	LICIES DESCRIBE	D HEREIN IS SUE	RESPEC SJECT TO	OT TO	WHICH THIS THE TERMS,	
INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPE	RTY		LIMITS	
	X	PROPERTY					BUILDING		\$		
	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PRO	PERTY	\$		
		BASIC	BUILDING 15,000				BUSINESS INCO	ME	s S	See Acord 101	
		BROAD	CONTENTS				EXTRA EXPENS	E	\$ S	See Acord 101	
	X	SPECIAL		97-BX-A625-4	40/04/2022	40/04/2024	RENTAL VALUE		\$ S	See Acord 101	
Ī	X	EARTHQUAKE	10%	97-64-4025-4	10/01/2023	10/01/2024	X BLANKET BUILD	ILDING	\$	40,993,200	
		WIND					BLANKET PERS		\$		
		FLOOD					BLANKET BLDG		\$		
Ī									\$		
İ								-	\$		
		INLAND MARINE		TYPE OF POLICY					\$		
CAUSES		SES OF LOSS						-	\$		
Ì		NAMED PERILS		POLICY NUMBER				\$			
									\$		
		CRIME							\$		
	TYP	E OF POLICY									
		2 01 1 02101						-	\$		
	X	BOILER & MACH	IINERY /						\$		
	~	EQUIPMENT BRI	EAKDOWN						\$		
									\$		
									\$		
SPECI	AL C	ONDITIONS / OTI	HER COVERAGES /	Attach ACORD 101, Additional Remarks Sc	hadula if mara enaca ie raquir	ad)			\$		
		Acord 101		The state of the s	nodulo, il liloro apudo la reguli	<b>04</b> )					
IVEIE	ו נט	Acold 101									
CER	TIF	ICATE HOLD	DER		CANCELLAT	CANCELLATION					
		N/A			THE EXPIRA	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 REP	AUTHORIZED REPRESENTATIVE					
						Electronic Signature Not Available. Please Print and Sign.					
				© 1995-2009 AC	ORD CORPORA	TION. A	II righ	its reserved.			

AGENCY CUSTOMER ID:	
1.00 #.	



# ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED			
Jeff Herr Insurance Agency LLC	Battlecreek Commons Assn Inc			
POLICY NUMBER				
97-BX-A625-4				
CARRIER	NAIC CODE			
State Farm Fire and Casualty Company 25143		EFFECTIVE DATE:	10/01/2023	

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance

160 Units. Unit Owner: N/A

Forms, Options and Endorsements:

CMP-4100 Businessowners Coverage Form
CMP-4829 Guaranteed Replacement Cost
CMP-4710 Emp Dishonesty \$100,000
CMP-4705.2 Loss of Income & Extra Expnse
FE-6999.2 Terrorism Insurance Cov Notice

Coverages:

Business Liability \$5,000,000

Medical Payments \$5,000

Products-Completed Operations \$10,000,000

General Aggregate \$10,000,000

Forms, Options and Endorsements:

CMP-4720.1 Earthquake Volcanic Eruption
CMP-4555 Residential Community Assoc
CMP-4508 Money and Securities

CMP-4875 Loss Payable

## 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.

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.