



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/30/2025

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 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: 00006228														
INSURED AUO of Glenwood Place Inc. PO Box 20816 Portland, OR 97294	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Accelerant National Insurance Company</td><td></td></tr><tr><td>INSURER B : Continental Casualty Company</td><td></td></tr><tr><td>INSURER C : Palomar Specialty Insurance Company</td><td></td></tr><tr><td>INSURER D : Federal Insurance Company</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Accelerant National Insurance Company		INSURER B : Continental Casualty Company		INSURER C : Palomar Specialty Insurance Company		INSURER D : Federal Insurance Company		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****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	N030PK1183-02	01/29/2025	01/29/2026	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING			BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	10,000			EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS			RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE	5%			<input checked="" type="checkbox"/> BLANKET BUILDING	\$31,938,000
	<input checked="" type="checkbox"/> WIND	10,000			BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
		See Page 2	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Earthquake Limit	\$32,498,113
D		G74860734	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Umbrella Limit	\$5,000,000
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input checked="" type="checkbox"/> CRIME				<input checked="" type="checkbox"/> Employee Dishonesty	\$450,000
	TYPE OF POLICY	**See Page 2**	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Computer Fraud	\$450,000
					<input checked="" type="checkbox"/> Forgery/Alteration	\$100,000
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	N030PK1183-02	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Equipment Breakdown	\$32,721,560
						\$
A	Commercial General Liability	N030PK1183-02	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Per Occurrence Limit	\$1,000,000
	Directors & Officers	618839814	01/29/2025	01/29/2026	<input checked="" type="checkbox"/> Directors & Officers	\$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

CMD

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ADDITIONAL REMARKS SCHEDULE

AGENCY ABI Insurance an ISU Network Agency		NAMED INSURED AUO of Glenwood Place Inc.	
POLICY NUMBER		PO Box 20816 Portland, OR 97294	
CARRIER	NAIC CODE	EFFECTIVE DATE: 01/29/2025	

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
144 RESIDENTIAL UNITS
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) - \$31,938,000 Limit / \$10,000 Ded.

Coverage B (Demolition) - \$500,000 Limit / \$10,000 Ded.

Coverage C (Increased Cost of Construction) - \$500,000 Limit / \$10,000 Ded.

Full Earthquake Limits are written through two carriers which are listed as follows:

*Accelerant National Insurance Company - Policy #: N030PK1183-02 - 01/29/2025-01/29/2026 - \$10,000,000

*Palomar Specialty Insurance Company - Policy #: CPDCP-25-1025901-B-05 - 01/29/2025-01/29/2026 - \$22,498,113

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

*Continental Casualty Company - Policy #: 618839814 - 01/29/2025-01/29/2026 - \$400,000

*Accelerant National Insurance Company - Policy #: N030PK1183-02 - 01/29/2025-01/29/2026 - \$50,000

The Directors & Officers Policy is written through Continental Casualty Company