



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9/29/2021

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.

<b>PRODUCER</b> Larry Thompson Agency, Inc 17125 Boones Ferry Rd Lake Oswego, OR 97035-3393			<b>CONTACT NAME:</b> Larry Thompson <b>PHONE (A/C, No, Ext):</b> (503) 924-2200 <b>E-MAIL ADDRESS:</b> ThompsonAgency@amfam.com <b>PRODUCER CUSTOMER ID:</b> 036/503		<b>FAX (A/C, No):</b> (855) 216-5422
<b>INSURED</b> Millridge Homeowners Association c/o Community Management Company 2105 SE 9th Avenue Portland, OR 97214-4653			<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Family Mutual Insurance Group <b>INSURER B:</b> Trivedi <b>INSURER C:</b> PMA Companies <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 19275

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**1610 NW 143rd Avenue, Portland, OR 97229**

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			
<b>A</b>	<input checked="" type="checkbox"/>	<b>PROPERTY</b>	<b>36-X44086-03-00</b>	<b>11/15/2021</b>	<b>11/15/2022</b>	BUILDING	\$			
	CAUSES OF LOSS					DEDUCTIBLES	PERSONAL PROPERTY	\$		
	<input type="checkbox"/>	BASIC				BUILDING	BUSINESS INCOME	\$		
	<input type="checkbox"/>	BROAD				<b>\$10,000</b>	EXTRA EXPENSE	\$		
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	RENTAL VALUE	\$		
	<input checked="" type="checkbox"/>	EARTHQUAKE				<b>15%</b>	<input checked="" type="checkbox"/>	BLANKET BUILDING	\$	<b>20,593,894</b>
	<input checked="" type="checkbox"/>	WIND				<b>\$10,000</b>	<input checked="" type="checkbox"/>	BLANKET PERS PROP	\$	<b>157,912</b>
	<input type="checkbox"/>	FLOOD					<input type="checkbox"/>	BLANKET BLDG & PP	\$	
<input checked="" type="checkbox"/>	Liability	<b>\$0</b>		<input checked="" type="checkbox"/>	Per Occurrence	\$	<b>2,000,000</b>			
<input checked="" type="checkbox"/>	Liability	<b>\$0</b>		<input checked="" type="checkbox"/>	Aggregate	\$	<b>4,000,000</b>			
	<input type="checkbox"/>	<b>INLAND MARINE</b>	TYPE OF POLICY				\$			
		CAUSES OF LOSS					\$			
		NAMED PERILS	POLICY NUMBER				\$			
							\$			
<b>A</b>	<input checked="" type="checkbox"/>	<b>CRIME</b>	<b>36-X44086-01-00</b>	<b>11/15/2021</b>	<b>11/15/2022</b>	<input checked="" type="checkbox"/>	Theft	\$	<b>375,000</b>	
		TYPE OF POLICY				<input checked="" type="checkbox"/>	Forgery	\$	<b>375,000</b>	
		<b>Fidelity</b>				<input checked="" type="checkbox"/>	Deductible	\$	<b>500</b>	
		<input type="checkbox"/>					\$			
		<input type="checkbox"/>					\$			
<b>B</b>		<b>Directors &amp; Officers</b>	<b>ADOORF153045712</b>	<b>11/15/2021</b>	<b>11/15/2022</b>	<input checked="" type="checkbox"/>	Coverage	\$	<b>1,000,000</b>	
						<input checked="" type="checkbox"/>	Deductible	\$	<b>1,000</b>	

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Property coverage is replacement cost protection without regard to limit of insurance (BP 8790)  
**B: \$10,000,000 Commercial Umbrella with Trivedi; Policy # SUO00032415325**  
**C: Workers Compensation policy #2021010920413Y Eff. dates 08/23/2021 - 08/23/2022. State Limits of \$500,000 Each.**

<b>CERTIFICATE HOLDER</b> Community Management Company 2105 SE 9th Avenue Portland, OR 97214-4653		<b>CANCELLATION</b> 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 	