



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/08/2024

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.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Lechtenberg Agency, LLC (590406)  430 91ST AVE NE STE 9D  LAKE STEVENS WA 98258	<b>CONTACT NAME:</b> Lechtenberg Agency, LLC <b>PHONE (A/C, No, Ext):</b> 1-425-474-8061 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> rlechten@amfam.com														
<b>INSURED</b>  Wilderun Homeowners Association  3726 72nd Ave NE  Marysville WA 98270-6968	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : American Family Insurance Company</td><td>10386</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</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 : American Family Insurance Company	10386	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : American Family Insurance Company	10386														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

## COVERAGES

CERTIFICATE NUMBER: 00001

REVISION NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																								
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <table border="0"><tr><td><input type="checkbox"/> CLAIMS-MADE</td><td><input checked="" type="checkbox"/> OCCUR</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> See Remarks</td></tr></table> GEN'L AGGREGATE LIMIT APPLIES PER: <table border="0"><tr><td><input checked="" type="checkbox"/> POLICY</td><td><input type="checkbox"/> PRO-JECT</td><td><input type="checkbox"/> LOC</td></tr><tr><td colspan="3">OTHER:</td></tr></table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> See Remarks		<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC	OTHER:					91003-90442-64	05/17/2024	05/17/2025	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>Included</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	Included	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR																														
<input checked="" type="checkbox"/> See Remarks																															
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC																													
OTHER:																															
EACH OCCURRENCE	\$1,000,000																														
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000																														
MED EXP (Any one person)	\$10,000																														
PERSONAL & ADV INJURY	Included																														
GENERAL AGGREGATE	\$2,000,000																														
PRODUCTS - COMP/OP AGG	\$2,000,000																														
	\$																														
	<b>AUTOMOBILE LIABILITY</b> <table border="0"><tr><td><input type="checkbox"/> ANY AUTO</td><td></td></tr><tr><td><input type="checkbox"/> ALL OWNED AUTOS</td><td><input type="checkbox"/> SCHEDULED AUTOS</td></tr><tr><td><input type="checkbox"/> HIRED AUTOS</td><td><input type="checkbox"/> NON-OWNED AUTOS</td></tr></table>	<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$										
<input type="checkbox"/> ANY AUTO																															
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS																														
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS																														
COMBINED SINGLE LIMIT (Ea accident)	\$																														
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <table border="0"><tr><td>DED</td><td>RETENTION</td></tr></table>	DED	RETENTION						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$																
DED	RETENTION																														
EACH OCCURRENCE	\$																														
AGGREGATE	\$																														
	\$																														
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <table border="0"><tr><td>Y/N</td><td>N/A</td></tr></table>	Y/N	N/A						<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$														
Y/N	N/A																														
PER STATUTE	OTH-ER																														
E.L. EACH ACCIDENT	\$																														
E.L. DISEASE - EA EMPLOYEE	\$																														
E.L. DISEASE - POLICY LIMIT	\$																														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Wilderun Homeowners Association  
3726 72ND AVE NE  
MARYSVILLE WA 98270-6968

## CANCELLATION

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  
Lechtenberg Agency, LLC

© 1988-2014 ACORD CORPORATION. All rights reserved.



# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Lechtenberg Agency, LLC		<b>NAMED INSURED</b> Wilderun Homeowners Association	
<b>POLICY NUMBER</b> 91003-90442-64		3726 72nd Ave NE Marysville WA 98270-6968	
<b>CARRIER</b> American Family Insurance Company	<b>NAIC CODE</b> 10386	<b>EFFECTIVE DATE:</b> May 17, 2024	

## ADDITIONAL REMARKS

<b>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,</b>	
<b>FORM NUMBER:</b> ACORD 25	<b>FORM TITLE:</b> Certificate Of Liability Insurance
<b>Coverage: Directors and Officers Liability</b> Annual Aggregate Limit of Insurance: \$2,000,000	