

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/28/2025

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.

PRODUCER			CONTACT NAME: Brent Ward	
State Farm	Brent Ward		PHONE (A/C, No, Ext): (425) 488-9100 FAX (AC, NO): (4	125) 485-7443
	14024 NE 181st St Ste 10	1	E-MAIL ADDRESS: brent.ward.b63l@statefarm.com	
			PRODUCER CUSTOMER ID	
	Woodinville,	WA 98072-6822	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED			INSURER A: State Farm Fire and Casualty Company	25143
	SILVER FIRS HOMEOWNERS	S ASSOCIATION PHASE II	INSURER B:	
	C/O PORT GARDNER MANAC	GEMENT PO BOX 1007	INSURER C:	
			INSURER D:	
			INSURER E :	
	EVERETT,	WA 98206-1007	INSURER F:	
COVERAC	GES CEF	RTIFICATE NUMBER:	REVISION NUMBER:	

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REFER TO ACORD 101.

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.

SR FR		TYPE OF IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
		PROPERTY					BUILDING	\$ \$426,400
	CAL	JSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
		BASIC	BUILDING \$1,000.00				BUSINESS INCOME	\$ SEE ACORD 10
		BROAD	CONTENTS				EXTRA EXPENSE	SEE ACORD 10
Ī		SPECIAL	1	00 EV 6100 6	01/24/2025	04/04/0006	RENTAL VALUE	SEE ACORD 10
Ī		EARTHQUAKE		98-EX-6180-6	01/24/2025	01/24/2026	BLANKET BUILDING	\$
		WIND					BLANKET PERS PROP	\$
Ī		FLOOD					BLANKET BLDG & PP	\$
								\$
								\$
		INLAND MARINE	<u>. </u>	TYPE OF POLICY				\$
Ī	CAL	JSES OF LOSS						\$
Ī		NAMED PERILS		POLICY NUMBER				\$
Ī								\$
		CRIME						\$
Ī	TYPE OF POLICY							\$
								\$
	BOILER & MACHINERY /							\$
Ī	EQUIPMENT BREAKDOWN		EAKDOWN					\$
								\$
							1	\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REFER TO ACORD 101.

CERTIFICATE HOLDER	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	
-, WA 98208	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.	

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AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE

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CIATION PHASE I	I				

AGENCY		NAMED INSURED	
Brent Ward	SILVER FIRS HOMEOWNERS ASSOCIATION PHASE II		
POLICY NUMBER			
98-EX-6180-6			
CARRIER	NAIC CODE		
State Farm Fire and Casualty Company	EFFECTIVE DATE:	01/24/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.				
FORM NUMBER: 24	FORM TITLE: Certificate of Property Insurance			

Unit Owner:

---- Everett, - WA - 98208 - Unit Loan Number: -- Number Of Units: 0880

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

Forms, Opt	tions and	Endorsements:
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CMP-4102	Businessowners Coverage Form	CMP-4814	Dir & Officers \$2,000,000
CMP-4247.2	Amendatory Endorsement	FE-6999.3	Terrorism Insurance Cov Notice
CMP-4558	Residential Community Assoc	CMP-4710	Emp Dishonesty \$100,000
CMP-4508	Money and Securities	CMP-4705.2	Loss of Income & Extra Expnse
CMP-4553	Water Damage Deductible	CMP-4572	Amendment of Premium Cond
CMP-4561.4	Policy Endorsement	FE-3661	Actual Cash Value Endorsement

Coverages:

Business Liability	\$2,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$4,000,000
General Aggregate	\$4,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) 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.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. However, these endorsements do not change any replacement cost coverage provided by the policy.

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.