





## ADDITIONAL REMARKS SCHEDULE

<p><b>AGENCY</b> Gibran Zogbi</p> <p><b>POLICY NUMBER</b> 97-C6-0570-4</p> <p><b>CARRIER</b> State Farm Fire and Casualty Company</p>	<p><b>NAMED INSURED</b> CROSSCREEK HOMEOWNERS ASSOCIATION INC</p> <p><b>EFFECTIVE DATE:</b> 06/01/2023</p>
<p><b>NAIC CODE</b> 25143</p>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 24      **FORM TITLE:** Certificate of Property Insurance

**Unit Owner:**

EXAMPLE UNITOWNER - Example Unit #1 - Hillsboro, - OR - 97123 - Unit Loan Number:1234567 - Number Of Units: 0309

**Association Type:** Residential Community Association Policy

**Forms, Options and Endorsements:**

CMP-4100	Businessowners Coverage Form
CMP-4237.1	Amendatory Endorsement
CMP-4555	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement
CMP-4527	Excl Ctrl Substances

**Forms, Options and Endorsements:**

CMP-4814	Dir & Officers	\$2,000,000
FE-6999.3	Terrorism Insurance Cov Notice	
CMP-4710	Emp Dishonesty	\$25,000
CMP-4705.2	Loss of Income & Extra Expnse	
CMP-4561.1	Policy 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.