

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/15/2023

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.

COVERAG	GES	CERTIFICATE NUMBER	:		RE	VISION NUM	IBER:	
	ALOHA,	OR	97078-3712	INSURER F:				
				INSURER E :				
				INSURER D :				
	20000 3W KOSA KD			INSURER C :				
	20555 SW ROSA RD	WINERS ASSOCIATION INC		INSURER B :				
INSURED	CDOSSODEEK HOMEO	WNERS ASSOCIATION INC		INSURER A :	State Farm Fire and Casua	alty Company		25143
	Hillsboro,	OR	97123-6223		INSURER(S) AFFORDIN	G COVERAGE		NAIC#
				PRODUCER CUSTOMER I	ID			
	2925 SE 73rd Ave			E-MAIL ADDRESS:	gibran.zogbi.qdmq@stat	efarm.com		
State Farm	Gibran Zogbi			PHONE (A/C, No, Ext)	_{):} (503) 649-9514		FAX (AC, NO):	
PRODUCER				CONTACT NAME:	Gibran Zogbi			
		<u>, </u>						

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.

INSR LTR		TYPE OF IN	SURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
		PROPERTY					BUILDING	\$ \$487,600
	CAU	ISES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	\$
		BASIC	BUILDING \$500.00				BUSINESS INCOME	\$ SEE ACORD 101
		BROAD	CONTENTS	-			EXTRA EXPENSE	\$ SEE ACORD 101
		SPECIAL		97-C6-0570-4	06/01/2023	06/01/2024	RENTAL VALUE	\$ SEE ACORD 101
		EARTHQUAKE		97-00-0370-4	06/01/2023	00/01/2024	BLANKET BUILDING	\$
		WIND					BLANKET PERS PROP	\$
		FLOOD					BLANKET BLDG & PP	\$
								\$
								\$
		INLAND MARINE		TYPE OF POLICY				\$
	CAL	ISES OF LOSS						\$
		NAMED PERILS		POLICY NUMBER				\$
								\$
		CRIME						\$
	TYP	E OF POLICY						\$
								\$
		BOILER & MACH						\$
		EQUIPMENT BR	EARDOWN					\$
								\$
								\$

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

CERTIFICATE HOLDER		CANCELLATION		
EXAMPLE CERTIFICATE HOLDER		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Example Address		AUTHORIZED REPRESENTATIVE		
Hillsboro,	OR 97123	IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.		

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AGENCY CUSTOMER ID:	
LOC#	



ADDITIONAL REMARKS SCHEDULE

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

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:

Forms, Options	and Endorseme	ents:
CMP-4814		Dir &

CMP-4100	Businessowners Coverage Form	CMP-4814	Dir & Officers \$2,000,000
CMP-4237.1	Amendatory Endorsement	FE-6999.3	Terrorism Insurance Cov Notice
CMP-4555	Residential Community Assoc	CMP-4710	Emp Dishonesty \$25,000
CMP-4508	Money and Securities	CMP-4705.2	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement	CMP-4561.1	Policy Endorsement
CMP-4527	Excl Ctrl Substances		·

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.