



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/05/2025

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.

|                                                                                                                                                                         |  |                                                                                                                                                         |  |                      |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|---------------|
| <b>PRODUCER</b><br><br>Gibran Zogbi<br>2925 SE 73rd Ave<br><br>Hillsboro, OR 97123-6223 |  | <b>CONTACT</b><br>NAME: Gibran Zogbi<br>PHONE (A/C, No, Ext): (503) 649-9514<br>E-MAIL ADDRESS: gibran.zogbi.qdmq@statefarm.com<br>PRODUCER CUSTOMER ID |  | <b>FAX (AC, NO):</b> |               |
| <b>INSURED</b><br>CROSSCREEK HOMEOWNERS ASSOCIATION INC<br>20555 SW ROSA RD<br><br>ALOHA, OR 97078-3712                                                                 |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                    |  |                      | <b>NAIC #</b> |
|                                                                                                                                                                         |  | INSURER A : State Farm Fire and Casualty Company                                                                                                        |  |                      | 25143         |
|                                                                                                                                                                         |  | INSURER B :                                                                                                                                             |  |                      |               |
|                                                                                                                                                                         |  | INSURER C :                                                                                                                                             |  |                      |               |
|                                                                                                                                                                         |  | INSURER D :                                                                                                                                             |  |                      |               |
|                                                                                                                                                                         |  | INSURER E :                                                                                                                                             |  |                      |               |
|                                                                                                                                                                         |  | INSURER F :                                                                                                                                             |  |                      |               |

## COVERAGES

## CERTIFICATE 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.

| INSR LTR | TYPE OF INSURANCE                                                            | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY  | LIMITS           |
|----------|------------------------------------------------------------------------------|----------------|------------------------------------|-------------------------------------|-------------------|------------------|
|          | <input type="checkbox"/> <b>PROPERTY</b>                                     |                |                                    |                                     |                   |                  |
|          | CAUSES OF LOSS DEDUCTIBLES                                                   |                |                                    |                                     | BUILDING          | \$ \$542,700     |
|          |                                                                              |                |                                    |                                     | PERSONAL PROPERTY | \$               |
|          | BASIC BUILDING \$500.00                                                      |                |                                    |                                     | BUSINESS INCOME   | \$ SEE ACORD 101 |
|          | BROAD CONTENTS                                                               |                |                                    |                                     | EXTRA EXPENSE     | \$ SEE ACORD 101 |
|          | SPECIAL                                                                      |                |                                    |                                     | RENTAL VALUE      | \$ SEE ACORD 101 |
|          | EARTHQUAKE                                                                   | 97-C6-0570-4   | 06/01/2025                         | 06/01/2026                          | BLANKET BUILDING  | \$               |
|          | WIND                                                                         |                |                                    |                                     | BLANKET PERS PROP | \$               |
|          | FLOOD                                                                        |                |                                    |                                     | BLANKET BLDG & PP | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          | <input type="checkbox"/> <b>INLAND MARINE</b>                                | TYPE OF POLICY |                                    |                                     |                   | \$               |
|          | CAUSES OF LOSS                                                               |                |                                    |                                     |                   | \$               |
|          | NAMED PERILS                                                                 | POLICY NUMBER  |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          | <input type="checkbox"/> <b>CRIME</b>                                        |                |                                    |                                     |                   | \$               |
|          | TYPE OF POLICY                                                               |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          | <input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b> |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |
|          |                                                                              |                |                                    |                                     |                   | \$               |

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<br>123 W Example Ave<br><br>Hillsboro, OR 97123 | 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<br><br>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.                                                                               |

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## ADDITIONAL REMARKS SCHEDULE

|                                                 |                    |                                                        |  |
|-------------------------------------------------|--------------------|--------------------------------------------------------|--|
| AGENCY<br>Gibran Zogbi                          |                    | NAMED INSURED<br>CROSSCREEK HOMEOWNERS ASSOCIATION INC |  |
| POLICY NUMBER<br>97-C6-0570-4                   |                    |                                                        |  |
| CARRIER<br>State Farm Fire and Casualty Company | NAIC CODE<br>25143 | EFFECTIVE DATE: 06/01/2025                             |  |

### 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 #2 - Hillsboro, - OR - 97123 - Unit Loan Number:5 - Number Of Units: 0309

**Association Type:** Residential Community Association Policy

#### Forms, Options and Endorsements:

|            |                               |
|------------|-------------------------------|
| CMP-4100   | Businessowners Coverage Form  |
| CMP-4237.2 | Amendatory Endorsement        |
| CMP-4555   | Residential Community Assoc   |
| CMP-4508   | Money and Securities          |
| FE-3650    | Actual Cash Value Endorsement |
| CMP-4529   | Policy Endorsement            |

#### 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-4527   | Excl Ctrl Substances           |
| CMP-4532   | Exclusion Cyber Incident       |

#### 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.