



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Jay Puppo 9375 SW Wilsonville Rd Ste A		CONTACT NAME: Jay Puppo PHONE (A/C, No, Ext): (503) 582-8181 E-MAIL ADDRESS: jay.puppo.l8k1@statefarm.com PRODUCER CUSTOMER ID:	FAX (A/C, No): (503) 685-6282
Wilsonville, OR 97070-7899		INSURER(S) AFFORDING COVERAGE	
INSURED Tanglewood Townhouse Assn 3 Monroe Pkwy Pmb p156		INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	25143
Lake Oswego, OR 97035-1486			

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 checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> EARTHQUAKE 10% <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DEDUCTIBLES <input type="checkbox"/> BUILDING \$5,000 <input type="checkbox"/> CONTENTS <input type="checkbox"/>	97-81-9163-3	06/19/2022	06/19/2023	BUILDING	\$
					PERSONAL PROPERTY	\$
					BUSINESS INCOME	\$ SEE ACORD 101
					EXTRA EXPENSE	\$ SEE ACORD 101
					RENTAL VALUE	\$ SEE ACORD 101
					BLANKET BUILDING	\$ 12,522,400
					BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
						\$
						\$
<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/>	<input type="checkbox"/> TYPE OF POLICY <input type="checkbox"/> POLICY NUMBER					\$
						\$
						\$
						\$
<input type="checkbox"/> CRIME <input type="checkbox"/> TYPE OF POLICY						\$
						\$
						\$
<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
						\$

CERTIFICATE HOLDER	CANCELLATION
<p>Tanglewood Townhouse Assn 3 Monroe Pkwy Pmb P156 Lake Oswego,</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.</p>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Jay Puppo		NAMED INSURED Tanglewood Townhouse Assn	
POLICY NUMBER 97-81-9163-3			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE:	06/19/2022

ADDITIONAL REMARKS

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

Unit Owner:

Tanglewood Pkwy Assn - 3 Monroe Pkwy Pmb P156 - Lake Oswego, - OR - 97035-1486 - Unit Loan Number:na - Number Of Units: 0038

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
CMP-4830	Interior Building Damage
CMP-4719.1	Earthquake Volcanic Eruption
CMP-4829	Guaranteed Replacement Cost
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	\$1,000,000
CMP-4237.1	Amendatory Endorsement	
CMP-4862	Building Ordinance Or Law Cov	
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 bylaws 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.