



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/2/2014

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> HUB Northwest LLC PO Box 3018 Bothell WA 98041	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 425-489-4500 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID:</b> SOUAR-2	<b>FAX (A/C, No):</b> 425-489-4501
<b>INSURED</b> 98 Union Apartment Owners Association c/o Ewing & Clark 2110 Western Avenue Seattle WA 98121-2110	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Affiliated FM Insurance Company	<b>NAIC #</b> 10014
	<b>INSURER B:</b> Continental Casualty Company	20443
	<b>INSURER C:</b> Scottsdale Insurance Company	41297
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER:** 1334350847

**REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
HOLDS NO RESERVES; PREMIUM PAID BY ASSOCIATION. AT THE TIME THIS WAS ISSUED, THE PROP POLICY COVERS THE PERMANENT IMPROVEMENTS/BETTERMENTS INSIDE THE RESIDENTIAL UNITS. TOTAL OF 75 RESIDENTIAL UNITS. SEPARATION OF INSURED INCLUDED IN GL WORDING. PROP MGMT ENTITY COVERED UNDER FIDELITY.

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	
A	<input checked="" type="checkbox"/>	<b>PROPERTY</b>	TK103	12/1/2014	12/1/2015	BUILDING	\$	
		<b>CAUSES OF LOSS</b>				DEDUCTIBLES	PERSONAL PROPERTY	\$
		BASIC				BUILDING	BUSINESS INCOME	\$
		BROAD				10,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				CONTENTS	RENTAL VALUE	\$
		EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$46,257,000
		WIND					BLANKET PERS PROP	\$
		FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/>	RC End	100%	<input checked="" type="checkbox"/> Bldg Ord A	\$45,645,000			
				<input checked="" type="checkbox"/> Bldg Ord B & C	\$1,000,000			
		<b>INLAND MARINE</b>	TYPE OF POLICY			\$		
		<b>CAUSES OF LOSS</b>				\$		
		<b>NAMED PERILS</b>	POLICY NUMBER			\$		
						\$		
B	<input checked="" type="checkbox"/>	<b>CRIME</b>	0250795562	12/1/2014	12/1/2015	<input checked="" type="checkbox"/> Emp Dishonesty	\$450,000	
		TYPE OF POLICY					\$	
		FIDELITY					\$	
A	<input checked="" type="checkbox"/>	<b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	TK103	12/1/2014	12/1/2015	<input checked="" type="checkbox"/> Equip Breakdown	\$45,645,000	
							\$	
C		<b>GENERAL LIABILITY</b>	CPS2127756	12/1/2014	12/1/2015	<input checked="" type="checkbox"/> Occurrence	\$1,000,000	
						<input checked="" type="checkbox"/> Aggregate	\$2,000,000	

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

FOR  
RESALE  
PURPOSES . ONLY

## 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  
*Your Authorized Signature*

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