CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/28/2026

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.

PRODUCER ABI Insurance an ISU Network Agency 4800 SW Griffith Dr. Suite 300 Beaverton, OR 97005	**CONTACT NAME:** **PHONE (A/C, No, Ext):** (503)292-1580 **FAX (A/C, No):** (503)467-4600 **E-MAIL ADDRESS:** certificates@abipdx.com **PRODUCER CUSTOMER ID:** 00014199
INSURED Renaissance At Peterkort Woods Homeowner's Association c/o Association Management Services NW 16520 SW Upper Boones Ferry Rd, Ste. 250 Portland, OR 97224	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Accelerant National Insurance Company **INSURER B :** Continental Casualty Company **INSURER C :** Palomar Excess and Surplus Insurance Company **INSURER D :** Federal Insurance Company **INSURER E :** The Princeton Excess and Surplus Lines Insurance Company **INSURER F :** Atain Insurance Company

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	X **PROPERTY**		N030PK4142-01	10/01/2026	10/01/2027		BUILDING	$
	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	$
	BASIC	BUILDING 50,000/Unit					BUSINESS INCOME	$
	BROAD	CONTENTS					EXTRA EXPENSE	$
	X SPECIAL						RENTAL VALUE	$
	X EARTHQUAKE	10%				X	BLANKET BUILDING	$108,191,875
	X WIND	50,000/Unit					BLANKET PERS PROP	$
	FLOOD						BLANKET BLDG & PP	$
			See Page 2	10/01/2026	10/01/2027	X	Earthquake Limit	$109,982,045
			See Page 2	10/01/2026	10/01/2027	X	Umbrella Limit	$25,000,000
	INLAND MARINE		TYPE OF POLICY					$
	CAUSES OF LOSS							$
	NAMED PERILS		POLICY NUMBER					$
								$
	X **CRIME**					X	Employee Dishonesty	$3,700,000
	TYPE OF POLICY		**See Page 2**	10/01/2026	10/01/2027	X	Computer Fraud	$3,700,000
						X	Forgery/Alteration	$75,000
A	X **BOILER & MACHINERY / EQUIPMENT BREAKDOWN**		N030PK4142-01	10/01/2026	10/01/2027	X	Equipment Breakdown	$100,000,000
								$
A	Commercial General Liability		N030PK4142-01	10/01/2026	10/01/2027	X	Per Occurrence Limit	$1,000,000
	Directors & Officers		618979331	10/01/2026	10/01/2027	X	Directors & Officers	$1,000,000

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

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE
Need a certificate for an owner or Lender
Request Certificate from:
www.abipdx.com

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

CMD

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AGENCY CUSTOMER ID: 00014199

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
ABI Insurance an ISU Network Agency	Renaissance At Peterkort Woods Homeowner's Association c/o Association Management Services NW 16520 SW Upper Boones Ferry Rd, Ste. 250 Portland, OR 97224
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 10/01/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

WALLS IN COVERAGE INCLUDED
BETTERMENTS AND IMPROVEMENTS INCLUDED
GUARANTEED REPLACEMENT COST
223 RESIDENTIAL UNITS
THE PROPERTY MANAGEMENT COMPANY IS LISTED AS AN ADDITIONAL INSURED
CANCELLATION NOTICES ARE SENT DIRECTLY TO THE NAMED INSURED WITH A 10 DAY NOTICE FOR NON-PAY AND 30 DAY NOTICE FOR ALL OTHER REASONS

The policy includes a Special Causes of Loss Form with a $50,000 per unit deductible for all covered perils. In any one occurrence of loss or damage, the aggregate Per Unit Deductible shall not exceed 5% of the total Limit of Insurance for Building coverage.

Building Ordinance:
Coverage A (Undamaged Portion of Building) - $108,191,875 Limit / $50,000 Ded.
Coverage B (Demolition) - $500,000 Limit / $50,000 Ded.
Coverage C (Increased Cost of Construction) - $500,000 Limit / $50,000 Ded.

Full Earthquake Limits are written through the following carriers:
*Lexington Insurance Company - Policy #: 043406102 - 10/01/2026-10/01/2027 - $6,277,332
*Palomar Excess and Surplus Insurance Company - Policy #: PE709205 - 10/01/2026-10/01/2027 - $25,000,000
*Palomar Excess and Surplus Insurance Company - Policy #: PN700705 - 10/01/2026-10/01/2027 - $10,000,000
*Palomar Excess and Surplus Insurance Company - Policy #: PD700467 - 10/01/2026-10/01/2027 - $5,000,000
*The Princeton Excess and Surplus Lines Insurance Company - Policy #: B2A3IM0004266-00 - 10/01/2026-10/01/2027 - $18,704,713
*QBE Specialty Insurance Company - Policy #: ESE24261-00 - 10/01/2026-10/01/2027 - $35,000,000
*Accelerant National Insurance Company - Policy #: N030PK4142-01 - 10/01/2026-10/01/2027 - $10,000,000

Full Employee Dishonesty Limits are written through the following carriers:
*Accelerant National Insurance Company - Policy #: N030PK4142-01 - 10/01/2026-10/01/2027 - $25,000
*Continental Casualty Company - Policy #: 618979331 - 10/01/2026-10/01/2027 - $3,675,000

The Umbrella Policy is written through the following carriers:
*Federal Insurance Company - Policy #: G75199764 - 10/01/2026-10/01/2027 - $10,000,000
*Atain Insurance Company - Policy #: AEXL000000609 - 10/01/2026-10/01/2027 - $5,000,000
*Arch Insurance Company - Policy #: 11UXP000011000 - 10/01/2026-10/01/2027 - $10,000,000

Directors & Officers coverage is written through Continental Casualty Company

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