



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/22/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown Insurance Services, Inc. 601 SW 2nd Avenue Suite 1200 Portland OR 97204		CONTACT NAME: Tracy Gifford PHONE (A/C, No, Ext): (503) 274-6511 E-MAIL ADDRESS: tracy.gifford@bbrown.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: The Cincinnati Insurance Company	NAIC # 10677
		INSURER B: Gotham Insurance Company	
		INSURER C: SAIF Corporation	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Mountain Park Homeowners Association 2 Mount Jefferson Terrace Lake Oswego OR 97035-1438			

COVERAGES

CERTIFICATE NUMBER: CL244221112

REVISION NUMBER:

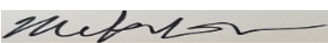
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			EPP0534549	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0534549	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired NonOwned Liability \$ 1,000,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EX202400004775	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE OTH-ER \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	947971	04/01/2024	04/01/2025	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blanket Bldg & BPP Special Form / Replacement Cost			EPP0534549	04/01/2024	04/01/2025	Limit: \$15,715,829 Deductible: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This policy applies to the Neighborhood Association - Recreation/Clubhouse building and common areas. It does not provide any property coverage for condo building or homes within the association or neighborhood.

CERTIFICATE HOLDER**CANCELLATION**

Mountain Park Homeowners Association 2 Mount Jefferson Terrace Lake Oswego OR 97035	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 
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Additional Named Insureds

Other Named Insureds

Mountain Park HOA Employee Savings Plan

Mountain Park Playschool, Inc

ADDITIONAL COVERAGES

Ref #	Description Supplementary Payments-Loss of Earnings	Coverage Code	Form No.	Edition Date	
Limit 1 500/Day	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Abuse and Molestation - Aggregate	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Former Employees as Insureds	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Terrorism Coverage	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$394.00
Ref #	Description Supplementary Payments-Bail Bonds	Coverage Code	Form No.	Edition Date	
Limit 1 2,500	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Bodily Injury incl Mental Anguish	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Property Damage-Borrowed Equipment	Coverage Code	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount 250	Deductible Type Dollars	Premium
Ref #	Description Broadened Notice of Occurrence	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Unintentional Failure to Disclose Hazards	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Professional Liability - Each Incident	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Employee Benefits Liability - Aggregate	Coverage Code	Form No.	Edition Date	
Limit 1 3,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

ADDITIONAL COVERAGES

Ref #	Description Newly Formed/Acquired Organizations	Coverage Code	Form No.	Edition Date	
Limit 1 180 Days	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Waiver of Subrogation by Contract	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Professional Liability - Aggregate	Coverage Code	Form No.	Edition Date	
Limit 1 2,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Non-Owned Aircraft	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Pollution Liability-Bodily Injury	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$345.00
Ref #	Description Good Samaritan Coverage	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Extended Liability Endorsement:	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$345.00
Ref #	Description Property Damage-Reasonable Force	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Abuse and Molestation - Per Person	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$948.00
Ref #	Description Automatic Add'l Insured by Contract	Coverage Code	Form No.	Edition Date	
Limit 1 Included	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description PIP-Basic	Coverage Code PIP	Form No.	Edition Date	
Limit 1 Statutory	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
	Uninsured/Underinsured Motorist BI	UMUIM		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
1,000,000				
Premium				
	Hired Auto Physical Damage - Collision			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
ACV			100	
Premium				
	Hired Auto Physical Damage - Comprehensive			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
ACV			100	
Premium				
	State Srchg 1	STSRI		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium	\$2,362.02			
	Terrorism Premium	TTER		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium	\$86.82			
	Experience Mod Factor 1	EXP01		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium	\$3,537.08			
	Catastrophe	CAT-1		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium	\$173.63			
	Premium discount	PDIS		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium	-\$3,004.66			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				