



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2018

PRODUCER Phone: 425-455-5640
The Partners Group Ltd
11225 SE 6th St., Suite 110
Bellevue WA 98004

Fax: 425-455-6727

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**NAIC #**

INSURED
Bluegrass Owners Association
c/o SUHRCO Residential Properties LLC
2010 156th Ave NE Suite 100
Bellevue WA 98007

INSURER A: Liberty Mutual Ins Co	
INSURER B: Great American Alliance Insurance Co	26832
INSURER C: Great American Insurance Company	16691
INSURER D: Arch Specialty Insurance Company	
INSURER E:	

COVERAGES

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
D	GENERAL LIABILITY <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	AGL005597100	9/27/2018	9/27/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AGL005597100	9/27/2018	9/27/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
B	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	UM30139927	9/27/2018	9/27/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A C	OTHER Crime (Fidelity) Directors & Officers	CAC0009000910 EPP971478011	9/27/2018 9/27/2018	9/27/2019 9/27/2019	Crime Limit 1,000,000 Crime Deductible 500 D&O Limit 1,000,000 D&O Retention 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named as Additional Insured as respects the Named Insured. Severability of Interests / Separation of Insureds applicable. Property Manager is included as an insured on the Fidelity / Crime policy. (221 Condo Units - 15 Buildings)
Evidence of Insurance

CERTIFICATE HOLDER

SUHRCO Residential Properties LLC
2010 156th Ave NE Suite 100
Bellevue WA 98007

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/1/2018

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group Ltd 11225 SE 6th St., Suite 110 Bellevue WA 98004		PHONE (A/C, No, Ext): 425-455-5640	COMPANY NAME AND ADDRESS Aspen Specialty Ins #WKAC076300 (Prop) Lexington Ins #WKFC0075500 (Prop) Underwriters at Lloyds #10635L180180 (Prop) Underwriters at Lloyds #10149L180057 (XS Prop) QBE Specialty Ins Co - #SSE8424901 (EQ/FL)		NAIC NO:
FAX (A/C, No): 425-455-6727	E-MAIL ADDRESS: condos@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Property; Earthquake/Flood		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER See Above	
NAMED INSURED AND ADDRESS Bluegrass Owners Association c/o SUHRCO Residential Properties LLC 2010 156th Ave NE Suite 100 Bellevue, WA 98007		EFFECTIVE DATE 09/27/2018	EXPIRATION DATE 09/27/2019	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION/DESCRIPTION
12404 E Gibson Road, Everett, WA 98204

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 33,897,957		DED:25,000			
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X			If YES, LIMIT: 871,098	Actual Loss Sustained; # of months:
BLANKET COVERAGE		X		If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X				
IS DOMESTIC TERRORISM EXCLUDED?	X				
LIMITED FUNGUS COVERAGE		X		If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	X				
REPLACEMENT COST	X				
AGREED VALUE		X			
COINSURANCE		X		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	X			If YES, LIMIT: 33,897,957	DED: 25,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X				
- Demolition Costs	X			If YES, LIMIT: 3,389,795	DED: 25,000
- Incr. Cost of Construction	X			If YES, LIMIT: 3,389,795	DED: 25,000
EARTH MOVEMENT (If Applicable)	X			If YES, LIMIT: 35,294,055	DED: 10%
FLOOD (If Applicable)	X			If YES, LIMIT: 35,294,055	DED: 10%
WIND / HAIL (If Subject to Different Provisions)	X			If YES, LIMIT: 33,897,957	DED: 25,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X			

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.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS SUHRCO Residential Properties LLC 2010 156th Ave NE Suite 100 Bellevue WA 98007		AUTHORIZED REPRESENTATIVE

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Certificate Holder is named as Mortgagee / Loss Payee. Coverage is "All In" including Tenant Improvement and Betterments (TIB), walls in and interior build out. Wind / Hail coverage is included and is subject to the property deductible. (221 Condo Units – 15 Buildings)
Evidence of Insurance

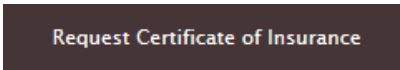
Certificate of Insurance Instructions



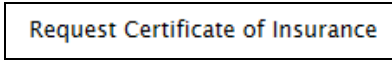
Please follow exactly:

1) Go to www.tpgrp.com:

- a) Click **Request Certificate of Insurance** located at the top right corner of page



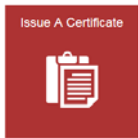
- b) Again, click **Request Certificate of Insurance** (pop-up window)



- c) Type in the following Login I.D. and Password:

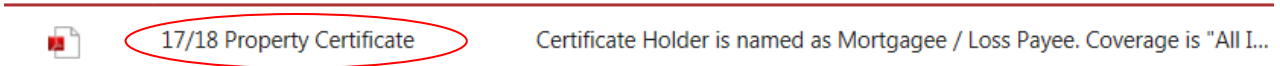
Login ID = **bluegrass**
Password = **certs**

- d) Select the **“Issue a Certificate”** icon

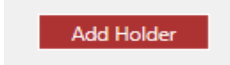


2) **Issue the Property Certificate:**

- a) Select the link for the Property Certificate:



- b) Select **“Add Holder”** icon



- c) Cert Holder Information:

This is where you will enter in the Lender/Mortgagee information.

▼ **Holder Information**

Name	Lender/Company Name
Address	
Line 1	Address 1
Line 2	Address 2
Line 3	
Line 4	
City	City
State/Province	WA
Zip/Postal Code	99999
Country	
This certificate supersedes previously issued certificate	<input type="checkbox"/> Yes
Do They Receive Renewals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> One Time Only Interest Ends <input type="text"/>
Loan Number	DO NOT ADD LOAN # HERE
Summary	
Group Code	

d) Property / Nature of Interest

- i) Additional Named Insured – Leave this blank
- ii) Property Information – Leave this blank
- iii) Check appropriate boxes for Mortgagee and Loss Payee

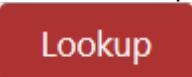
Mortgagee	<input checked="" type="checkbox"/>
Loss Payee	<input checked="" type="checkbox"/>

- iv) Other Interest – Leave this blank

e) Description of Operations

This is where you will enter in the borrower(s) information

- i) In the Holder Specific Portion: Click the “**Lookup**” button, a popup window will appear



- ii) Select “**Owner Information**” to populate the appropriate lines in the Description box as follows:

Owner Information	Unit Owner Name:
	Address:
	Unit #

- iii) Enter in the Unit Owner’s Name(s), Property Address, Unit # and Loan

Holder Specific Portion	Unit Owner Name: JOHN DOE Address: 123 MAIN STREET, SEATTLE, WA 98103 Unit #111 Loan #12345678
	<input type="button" value="Lookup"/> <input type="button" value="Spell Check"/>

f) Delivery Information - Recipient #1

You will send the certificate to your email address:

- i) Enter your name in the “**Attention**” box
- ii) Check the “**Email the Form**” box then enter your email address

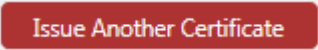
▼ Recipient 1

Attention	<input type="text" value="Your Name"/>
Subject	<input type="text" value="Proof of Insurance for Sorano at Lakeland Condominium"/>
Message	<input type="text" value="Client Name Certificate"/>
Fax the Form	<input type="checkbox"/>
Fax Number	<input type="text"/>
Include Cover Page	<input type="checkbox"/>
Email the Form	<input checked="" type="checkbox"/>
Email	<input type="text" value="youremail@youremail.com"/>

g) Click “**Submit**” in the bottom right corner of the page

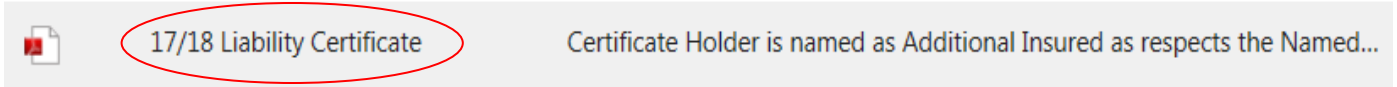


Click “**Issue Another Certificate**”

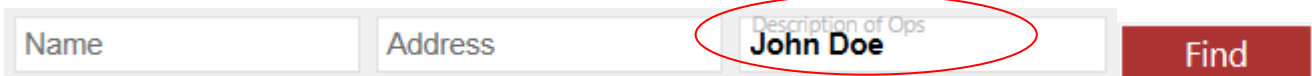


3) Issue the Liability Certificate:

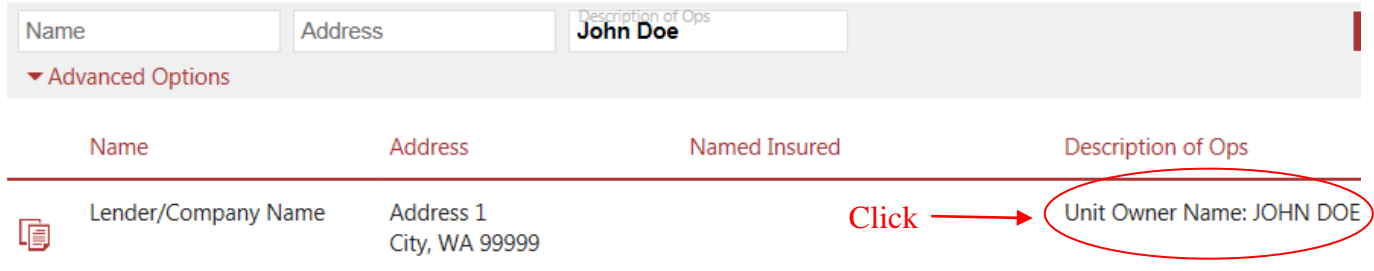
a) Select the link for the Liability Certificate:



b) In the “**Description of Ops**” search bar, type in the Unit Owner’s name and then click “**Find**”:



i) Locate the previously issued Certificate Holder. When located, click the appropriate Certificate Holder:



ii) Info from the previously issued certificate should copy over. **Leave everything as is.**

c) Click “**Submit**” in the bottom right corner of the page



Certificate Issuance is now complete.

After you hit submit, the next screen will confirm that the information has been submitted. The generated certificate will be instantly sent to your email address provided.

If you do not receive the certificate in your email within a couple minutes, please check your junk mail folder. If it still has not arrived, feel free to call our office at (425) 455-5640 or email at condos@tpgrp.com.