



BUSINESS OWNER DECLARATION PAGE
Eagle West Insurance Company – NAIC Code 12890
A CIG Company

INSURED COPY

Name and Address of Insured

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

Servicing Agency

The Partners Group - 70991
 11225 SE 6th Street, #110
 Bellevue, WA 98004

425-455-5640

Policy #: 25-BOP-2-1884523 Declaration Type: Endorsement Effective Date: 11/10/2014

Policy Period: **From 09/27/2014 To 09/27/2015** 12:01 a.m. standard time.

This is Declaration #: 3 and when attached to the applicable forms, it completes the policy.

Transaction Reason: Deductible is increased to \$25,000
Business Type: Residential Condo Associations
Form of Business: Association
Package Type: Condominium
Property Coverage: Special Form Businessowners

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

| Endorsement Summary | | Policy Summary | |
|---------------------|--------------------|-----------------------------|-------------|
| Endorsement Premium | -\$2,263.00 | Current Policy Term Premium | \$30,353.00 |
| Total | -\$2,263.00 | | |

This is not a Bill. The return premium will be credited to your Account Bill.

Policy Forms:

| | | | | |
|-----------------|--------------|--------------|--------------------|-----------------|
| 00-014 03/09 | 08-041 01/06 | 08-132 08/11 | BP0002 01/97 | BP0106 01/97 |
| BP0006 12/92 | 03-050 02/08 | 03-029 06/08 | BP0009 06/89 | BP0460 01/97 |
| 03-484 WA 04/13 | 03-415 10/03 | 03-491 02/07 | BP0455 01/97 | 03-312 10/01 |
| BP0420 01/97 | 03-022 02/07 | BP0473 12/98 | 03-416 FF WA 04/11 | 03-424 03/08 |
| 08-122 12/06 | 03-396 06/03 | 03-313 09/99 | BE17a 06/03 | 03-380 WA 06/08 |
| 03-346 WA 06/08 | 03-385 04/02 | 03-386 04/02 | BP0523 01/08 | BP0542 01/08 |
| 03-254 08/12 | 03-250 08/12 | 03-608 04/12 | | |

Authorized Signature: _____
 December 19, 2014

TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 986-9974

THE FOLLOWING COVERAGES APPLY TO ALL LOCATIONS COLLECTIVELY.

Property Deductible: \$25,000

| <u>Policy Coverage</u> | <u>Limit</u> |
|---|----------------------------------|
| Extended Replacement Cost | up to 125% of the building limit |
| Elimination of Co-Insurance – Buildings | Included |
| Building – Property Off Premises | \$15,000 |
| Business Income | Actual Loss Sustained |
| Business Income or Extra Expense, Interruption of Service | \$25,000 |
| Business Income or Rents for Newly Acquired Structures | \$100,000 |
| Equipment Breakdown | Included |
| Income Support Properties | \$25,000 |
| Newly Acquired or Constructed Property | \$500,000 |
| Newly Acquired Business Personal Property | \$50,000 or 25% of BPP |
| Outdoor Property | \$25,000 |
| Power Failure – Off-Premises | \$10,000 |
| Arson Reward | \$5,000 |
| Forgery And Alteration | \$5,000 |
| Off Premises Including Transit | \$5,000 |
| Money and Securities \$15,000 Inside/ \$5,000 Outside | Included |
| Property of Others (Bailees) | \$15,000 |
| Tenant's Building Glass | \$25,000 |
| Reverse Flow of Sewer or Drain Water | \$100,000 |
| Employee Dishonesty | \$5,000 |

Liability and Medical Payments:

Except for Tenants Liability, each paid claim for these coverages reduces the amount of insurance provided during applicable annual period. Please refer to paragraph D.4 of the Businessowners Liability coverage form.

| <u>Policy Coverage</u> | <u>Limit</u> |
|--------------------------------|--------------|
| Liability per Occurrence | \$2,000,000 |
| Products Aggregate | \$2,000,000 |
| General Aggregate | \$4,000,000 |
| Medical Expenses per Person | \$5,000 |
| Tenants Liability | \$300,000 |
| Hired/Non-Owned Auto Liability | \$1,000,000 |

Coverage Level Premium(s): \$1,063.00

Applicable Credits/Discounts

Loss Free Discount

On the following pages, specific coverages for each separate location are described.

Location # 1: 12404 E Gibson Rd Everett, WA 98204

Location # 1 Total Premium: \$29,290.00

Doing Business As:

THESE COVERAGES APPLY TO THIS LOCATION ONLY.

| | <u>Limit</u> |
|-----------------------------|--------------|
| Exterior Signs | \$25,000 |
| Additional Debris Removal | \$25,000 |
| Personal Effects | \$2,500 |
| Computer Equipment/Software | \$15,000 |
| Valuable Papers | \$15,000 |
| Accounts Receivable | \$15,000 |

Building # 1

Inflation Guard: 3.5 %

| | | | |
|--|----------------------------|--------------|---------|
| A – BUILDING | Replacement Cost | \$33,897,957 | Blanket |
| Automatic Increase – Building Limit 8% | | | |
| Building Ordinance | Included in Building Limit | Included | |
| Building Glass | | Included | |
| Protective Safeguards | Symbol(s): P-1 | | |

Building 1 Forms:

BP0430 01/96

Location 1 Forms:

BP1206 06/89

Location 1 Additional Interests:

Loss Payee: Specialized Loan Servicing LLC, P O Box 620188, Doraville, GA 30362

Loss Payee: Sterling Savings Bank, P O Box 57046, Irvine, CA 92619-7046