

### **INSURANCE BINDER for Ellington, A Condominium; First and Broad Building Association**

To: Duncan Kirk From: Michael K. Weaver

At: Hub International Northwest LLc Date: 19 Nov 2014

#### **ASSIGNED RENEWAL POLICY NO. TK095**

This binder is issued subject to all the terms and conditions of the policy regularly issued by the Company in the state or province in which the property is located. However, if there is any inconsistency or conflict with the terms and conditions of said policy, other than statutory, the terms and conditions of this binder will take precedence.

#### A. POLICY TERM:

01-December-2014 to 01-December-2015

#### **B. NAMED INSURED:**

Ellington, A Condominium; First and Broad Building Association, and its wholly or majority owned subsidiaries and any interest which may now exist or hereinafter be created or acquired which are owned, controlled or operated by any one or more of those named insureds, and as Insurance Trustee for all the Unit Owners collectively for the condominium real property.

#### C. POLICY LIMIT:

This company's liability will not exceed the respective Sub-Limits of Liability shown elsewhere for the coverages involved. However, in no event will the company's total Limit of Liability exceed \$54,250,000 as a result of any one occurrence, regardless of the number of perils, coverages or locations involved.

#### D. INSURANCE PROVIDED:

All risks of direct physical loss or damage, as defined and limited herein, on Real Property, Personal Property, Business Interruption, including the Extensions of Coverage applying at the following described locations:

#### **Location Schedule:**

1. Ellington Condominium and North Tower Phase II, 2801 1st Avenue, Seattle, WA, 98121, Index No. 000192.36

#### E. SUB-LIMITS:

Unless otherwise stated below, the following sub-limits of liability will apply on a per occurrence basis for all coverages provided, and are part of, not in addition to, the above limit(s) of liability.

For Annual Aggregate sub-limits the policy year will begin at the inception date of this policy and be concurrent with the anniversary dates of this policy.

1.	\$25,000,000	Earth Movement (Annual Aggregate, for all coverages provided)
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- 2. \$25,000,000 Flood (Annual Aggregate, for all coverages provided)
- 3. \$1,250,000 Business Interruption and Condominium Maintenance Fees
- 4. \$500,000 Interruption by Communicable Disease Coverage

#### F. EXTENSIONS OF COVERAGE (EOC) SUB-LIMITS:

The following sub-limits of liability will apply on a per occurrence basis for all coverages provided, unless otherwise stated below, and are part of, not in addition to the above limit(s) of liability.

For Annual Aggregate sub-limits the policy year will begin at the inception date of this policy and be concurrent with the anniversary dates of this policy.

#### All Risk - Extensions of Coverage Sub-Limits:

1.	\$100,000	Fire Fighting Materials and Expenses
2.	\$100,000	Professional Fees
3.	\$250,000	Expediting Expenses
4.	\$100,000	Trees, Shrubs, Plants and Lawns not to exceed a limit of \$1,000 per item
5.	\$250,000	Pavements and Roadways
6.	\$50,000	Land and Water Clean Up Expense (Annual Aggregate, for all coverages provided)
7.	\$250,000	Installation Floater
8.	\$2,500,000	Newly Acquired Property
9.	\$1,000,000	Unnamed Locations Coverage
10.	\$250,000	Fine Arts
11.	\$500,000	Accounts Receivable
12.	\$500,000	Valuable Papers and Records
13.	\$500,000	Electronic Data Processing, Data and Media
14. I	Demolition and I	ncreased Cost of Construction
	Policy Limit	Item A: Undamaged Portion
	\$3,000,000	Item B: Demolition
	\$3,000,000	Item C: Compliance with the Law
	\$1,000,000	Item D: Business Interruption
15.	\$1,000,000	Errors and Omissions
16.	\$250,000	Transit
17. T	errorism Covera	age and the Supplemental United States Certified Act of Terrorism Endorsement
	\$100,000	A. United States Certified Act of Terrorism coverage
	\$100,000	B. Terrorism Coverage for Locations Outside of the United States (Annual Aggregate, for all
		coverages provided)
18.	\$1,000,000	Fungus, Mold or Mildew
19.	\$100,000	Deferred Payment
20.	\$250,000	Off-Premises Service Interruption - Property Damage
21.	\$100,000	Arson or Theft Reward
22.	\$100,000	Money and Securities
23.	\$100,000	Locks and Keys
24.	\$100,000	Tenant Relocation Expense
25.	\$100,000	Soft Costs

#### **Business Interruption - Extensions of Coverage Sub-Limits:**

A.	Not Covered	Days of Ordinary Payroll
B.	30	Days of Civil or Military Authority
C.	\$250,000	Off-Premises Service Interruption
D.	\$250,000	Contingent Business Interruption
E.	\$500,000	Lost Lease
F.	\$250,000	Ingress/Egress
G.	\$100,000	Tax Treatment
H.	180	Days of Extended Period of Indemnity

The above Extensions of Coverage sub-limits of liability will be the maximum payable for property damage and business interruption (if applicable) resulting from such property damage, or any combination thereof.

With respect to items A. and H. the number of days is part of and not in excess to any other outstanding sub-limits of liability.

As respects the United States of America, its territories and possessions, the District of Columbia, the Commonwealth of Puerto Rico, the U. S. Virgin Islands; and Canada, Section D. Extensions of Coverage Item 9. Unnamed Locations and Section C. Additional Coverage Item 4. Property Removed from Described Locations are extended to Section D. Extension of Coverage Item 17. Terrorism with a sub-limit of liability of \$100,000 (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined. Also a \$100,000 Flood sub-limit of liability (if provided) (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined applies to Section D. Extension of Coverage Item 17. Terrorism.

Both of these sub-limits of liability applying to the Extension of Coverage Item 17. Terrorism do not apply to the Supplemental United States Certified Acts of Terrorism Endorsement.

These limits shall not include the Actual Cash Value portion of fire damage caused by Terrorism.

#### G. DEDUCTIBLE AMOUNT:

The following deductible amounts shall apply per occurrence for loss or damage under this policy in the respective loss categories indicated:

1. Earth Movement (per occurrence for all coverages provided):

For each occurrence, this company will not be liable for loss or damage to insured property unless the amount of loss or damage exceeds 3% of the combined value of property at the location where loss or damage occurs, in accordance with the valuation section of this policy and annual business interruption value as defined in the Business Interruption Endorsement attached to this policy at the time such loss or damage at the location where loss occurs, subject to a minimum deductible amount of \$100,000 per location. If coverage is provided for more than one location, this deductible percentage or minimum deductible amount will be calculated for and applied separately to each location.

- 2. \$100,000 Earth Movement Sprinkler Leakage for loss or damage due to water or other substance discharged from any part of fire protection equipment caused by or resulting from Earth Movement (per occurrence for each location for all coverages provided).
- 3. \$100,000 Flood (per occurrence for each location for all coverages provided).
- 4. Off Premises Service Interruption Qualifying Period:

In the event of loss or damage covered by this policy, no coverage is provided unless the service interruption exceeds 24 hours beginning from the time of loss or damage covered by this policy. If the service interruption exceeds 24 hours, the loss will be calculated from the time of loss or damage covered by this policy, subject to the policy deductible.

5. Electronic Data Processing Equipment, Data and Media Deductible:

In the event of loss or damage to Electronic Data Processing (EDP) Equipment, Data and Media insured by this policy caused by the malicious introduction of a machine code or instruction, no coverage is provided unless the period of interruption exceeds 48 hours beginning from the time of insured loss. The company's liability commences only after, and does not include, the Waiting Period specified.

If the period of interruption exceeds 48 hours, the insured loss will be calculated based upon the amount of insured loss in excess of the Waiting Period and subject to a combined deductible for all coverages of \$10,000 per location.

Any period in which business operations or services would have not been maintained, or any period in which goods would have not been produced will not be included as part of or serve to reduce the effect of any Waiting Period.

\$10,000 All Other Losses.

#### H. SPECIAL TERMS AND CONDITIONS:

#### 1. Extended Terrorism Coverage Endorsement

#### Section F. Perils Excluded, Group I. Item 2. f) is amended to:

f. Terrorism, including action taken to prevent, defend against, respond to or retaliate against Terrorism or suspected Terrorism, except to the extent provided in Section D, Extensions of Coverage, 17. Terrorism. However, if direct loss or damage by fire results from any of these acts (unless committed by or on behalf of the insured), then this Policy covers only to the extent the Actual Cash Value of the resulting direct loss or damage by fire to property insured. This coverage exception for such resulting fire loss or damage does not apply to any coverage provided in any Business Interruption Endorsement, if any, which may be a part of this Policy, or any extension of such coverage, or to any other coverages provided by this Policy.

Any act which satisfies the definition of Terrorism provided in Section H, Definitions, or in any Terrorism Endorsement to this policy, shall not be considered to be vandalism, malicious mischief, riot, civil commotion, or any other risk of physical loss or damage which may be covered elsewhere in this Policy.

If any act which satisfies the definition of Terrorism provided in Section H, Definitions, or in any Terrorism Endorsement to this policy, also comes within the terms of the hostile or warlike action exclusion of this Policy in Section F, Group I, 2.a), the hostile or warlike action exclusion applies in place of this exclusion.

If any act excluded herein involves nuclear reaction, nuclear radiation or radioactive contamination, this exclusion applies in place of the nuclear hazard exclusion of this Policy, Section F, Group I, 1.

#### 2. United States Certified Act of Terrorism 2008

As respects the United States, its territories and possessions and the Commonwealth of Puerto Rico, the definition of terrorism contained in Section H. DEFINITIONS is declared null and void and it is agreed that an event defined as a Certified Act of Terrorism under the terms of the SUPPLEMENTAL UNITED STATES CERTIFIED ACT OF TERRORISM ENDORSEMENT attached to this policy shall be considered terrorism within the terms of this policy. Notwithstanding anything contained in this policy to the contrary, this policy provides coverage for direct physical loss or damage to insured property and any resulting Business Interruption loss, as provided in the policy, caused by or resulting from a Certified Act of Terrorism only to the extent coverage is provided under the terms and conditions of the SUPPLEMENTAL UNITED STATES CERTIFIED ACT OF TERRORISM ENDORSEMENT attached to this policy. Any difference in limit between loss recoverable under the SUPPLEMENTAL UNITED STATES CERTIFIED ACT OF TERRORISM ENDORSEMENT and this policy is not recoverable under this policy.

Upon the expiration of the Terrorism Risk Insurance Act of 2002, the above clause shall be declared null and void and an act of terrorism shall be as described in Section H. Definitions of this Policy. Coverage for such act of terrorism shall be subject to the terms and conditions of this Policy.

#### 3. Terrorism Coverage Change

Upon expiration of the coverages provided by Form Nos. 7312 (1/08) and 7312S (1/14), SUPPLEMENTAL UNITED STATES CERTIFIED ACT OF TERRORISM ENDORSEMENT and sub-limited in the Declarations, Extensions of Coverage (EOC) Sub-limit Item 17. Terrorism Coverage and the Supplemental United States Certified Act of Terrorism Endorsement the coverage and sub-limits provided in Item 17. will be replaced with the following:

#### 17. Terrorism Coverage

\$2,500,000	A. Terrorism for locations in the State of New York
\$100,000	B. Terrorism for all other described locations in the United States (except
	the state of New York); District of Columbia; Commonwealth of Puerto
	Rico; and the U. S. Virgin Islands
\$100,000	C. Terrorism for described locations outside the United States (Annual
	Aggregate, for all coverages provided)

Additionally, upon such expiration the following wording (which appears below) in the Extensions of Coverage (EOC) Sub-limits section in the Declarations:

Section D. Extensions of Coverage Item 9. Unnamed Locations and Section C. Additional Coverage Item 4. Property Removed from Described Locations are extended to Section D. Extension of Coverage Item 17. Terrorism with a sub-limit of liability of \$100,000 (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined. Also a \$100,000 Flood sub-limit of liability (if provided) (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined applies to Section D. Extension of Coverage Item 17. Terrorism.

Both of these sub-limits of liability applying to the Extension of Coverage Item 17. Terrorism do not apply to the Supplemental United States Certified Acts of Terrorism Endorsement.

These limits shall not include the Actual Cash Value portion of fire damage caused by Terrorism.

#### Will be replaced with the following:

Section D., Extension of Coverage Item 17., Terrorism is extended to Section D. Extension of Coverage Item 9., Unnamed Locations and Section C. Additional Coverage Item 4., Property Removed from a Location.

The following sub-limits of liability will apply on a per occurrence basis for all coverages provided, unless otherwise stated below, and are part of, not in addition to the above limit(s) of liability

Section D., Extension of Coverage Item 9., Unnamed Locations and Section C. Additional Coverage Item 4., Property Removed from a Location are subject to a sub-limit of liability of \$100,000 (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined applying to Section D., Extension of Coverage Item 17. Terrorism in the United States of America (except the State of New York); the District of Columbia; the Commonwealth of Puerto Rico; the U. S. Virgin Islands and locations outside the United States.

Also, a \$100,000 Flood sub-limit of liability (if provided) (Annual Aggregate for all coverages provided) for Property Damage and Business Interruption (if provided) combined applies to Section D., Extension of Coverage Item 17. Terrorism in the United States of America (except the State of New York); the District of Columbia; the Commonwealth of Puerto Rico; the U. S. Virgin Islands and locations outside the United States.

These limits shall not include the Actual Cash Value portion of fire damage caused by Terrorism.

#### 4. Interruption by Communicable Disease

This policy is extended to cover the reasonable and necessary expenses incurred by the Insured to:

- a) Clean up, remove, and dispose of communicable diseases from insured property at a described location; and
- b) Restore the premises;

In a manner to satisfy the minimum requirements of any law or ordinance regulating communicable diseases.

This policy is also extended to cover business interruption (if provided) loss directly resulting from items a) and b) above.

All coverage above must be directly resulting from access being prohibited to a described location or any portion thereof:

- a) Due to the actual presence of and the spread of communicable diseases at that described location; and
- b) As a direct result of a declaration by a civil authority enforcing any law or ordinance regulating communicable diseases.

For the purpose of this extension, the presence of and the spread of communicable diseases will be considered direct physical damage and the expenses listed in items a) and b) above will be considered expenses to repair such damage.

There will be no coverage to comply with any law or ordinance with which the Insured was required to comply had the direct physical damage not occurred.

#### 5. Contingent Business Interruption Coverage Territory

Coverage provided in Section 5., EXTENSIONS OF COVERAGE, item D. Contingent Business Interruption Coverage, is limited to property anywhere in the world except in the following countries, provinces or jurisdictions;

Afghanistan; Albania; Algeria; Angola; Armenia; Azerbaijan; Bangladesh; Belize; Benin; Botswana; Burkina Faso; Burundi; Cambodia; Cameroon; Central African Republic; Chad; Cote D'Ivoire; Cuba; Democratic Republic of the Congo; Djibouti; Egypt; Equatorial Guinea; Eritrea; Ethiopia; Fiji; Gabon; Gambia; Georgia; Ghana; Grenada; Guinea; Guinea-Bissau; Guyana; Haiti; Jammu and Kashmir in India; Iran; Iraq; Gaza Strip, West Bank and territories north of Latitude 32.80 N in Israel; Laos; Lebanon; Lesotho; Liberia; Libya; Madagascar; Malawi; Mali; Mauritania; Mauritius; Moldova; Mongolia; Montenegro; Montserrat; Mozambique; Myanmar; Namibia; Nepal; Niger; Nigeria; North Korea; Pakistan; Papua New Guinea; Aksai Chin and Trans-Karakoram Tract in People's Republic of China; Republic of the Congo; Chechen Republic of the Russian Federation; Rwanda; Senegal; Seychelles; Sierra Leone; Somalia; Sri Lanka; South Sudan; Sudan; Swaziland; Syria; Tajikistan; Tanzania; Timor-Leste; Togo; Agri, Batman, Bingol, Bitlis, Diyarbakir, Elazig, Hakkari, Igdir, Mardin, Mus, Sanliurfa, Siirt, Sirnak and Van in Turkey; Turkmenistan; Uganda; Uzbekistan; Yemen; Zambia; and Zimbabwe.

#### 6. Notice of Cancellation:

Section G. General Conditions Item 17. Cancellation is replaced by the following wording:

#### 17. Cancellation:

- a) The first named Insured may cancel this policy at any time by surrendering the policy to this company or by mailing or delivering advance written notice of cancellation to this company.
- b) This company may cancel this policy by mailing or delivering written notice of cancellation to the first named insured at the address as stated in the declarations section, not less than:
  - 1) Sixty (60) days before the effective date of cancellation; or
  - 2) Ten (10) days before the effective date of cancellation for non-payment of premium.
- c) If this policy is cancelled, written notice of cancellation also will be mailed or delivered to Lenders Loss Payables and Mortgagees as their interests may appear in this policy or as shown on Certificates of Insurance issued on behalf of the first named Insured and on file with this company, not less than:
  - 1) Sixty (60) days before the effective date of cancellation; or
  - 2) Ten (10) days before the effective date of cancellation for non-payment of premium; or
  - 3) Ten (10) days after the first named Insured cancels this policy.

Proof of mailing or delivery will be sufficient proof of notice.

- d) This company will return unearned premium to the first named Insured:
  - 1) On a pro-rata basis if this company cancels this policy.
  - 2) At 90% of the pro-rata basis if the first named Insured cancels this policy.

#### 7. Mortgagee and Lenders Loss Payable Interests and Obligations

The following is added to Section G., GENERAL CONDITIONS.

#### Mortgagee/Lenders Loss Payable:

- a) Loss or damage, if any, to specified property insured under this policy shall be payable to each specified Mortgagee and Lenders Loss Payable (hereinafter collectively called Lender) as its interest may appear, in addition to the first named Insured or as the first named Insured directs.
- b) This insurance as to the interest of the Lender shall not be invalidated by:
  - 1) Any act or neglect of the debtor, mortgagor, or owner (as the case may be) of the property.
  - 2) Foreclosure, notice of sale, or similar proceedings with respect to the property.
  - 3) Change in the title or ownership of the property.
  - 4) Change to a more hazardous occupancy.

The Lender will notify this company of any known change in ownership, occupancy, or hazard and, within 10 days of written request by this company, may pay the increased premium associated with such known change. If the Lender fails to pay the increased premium, all coverage under this policy will cease.

- c) If the first named Insured fails to render proof of loss within the time provided in this policy, the Lender shall render proof of loss within sixty days after having knowledge of the first named Insured's failure in the form and manner provided by this policy, and, further, shall be subject to the provisions of this policy relating to Appraisal, Legal Action Against this Company, When Loss Payable and the time of payment and bringing suit.
- d) Whenever this company shall pay the Lender for loss or damage under this policy and shall deny payment to the debtor, mortgagor or owner, this company shall, to the extent of such payment, be subrogated to the rights of the Lender under all collateral held to secure the debt or mortgage. No subrogation shall impair the right of the Lender to recover the full amount due. At its option, this company may pay to the Lender the whole principal due on the debt or mortgage plus any accrued interest. In this event, all rights and securities will be assigned

- and transferred from the Lender to this company, and the remaining debt or mortgage will be paid to this company.
- e) This company may invoke this policy's Suspension clause. The suspension of insurance will apply to the interest of the Lender in any machine, vessel, or part of any machine or vessel subject to the suspension. This company will provide the Lender at the last reported address a copy of the suspension notice.
- f) All notices sent to the Lender shall be sent to its last reported address below.

Subject to this provision, loss, if any, under this policy will be adjusted with the first named Insured and made payable to or as the first named Insured directs and to the following:

Lender

Location/Interest

As their interests may appear in this policy or as shown on Certificates of Insurance issued on behalf of the first named Insured and on file with this company.

#### 8. Loss Payable Endorsement (applicable to locations in the State of Washington only):

Subject to the provisions of the attached Loss Payable Endorsement, Form Reg.-335, loss, if any, under this policy will be adjusted with and made payable to the Insured and the following, as their interest may appear in this policy or as shown on any Certificate(s) of Insurance issued on behalf of the first named Insured and on file with this company for locations in the State of Washington.

Lender

Location/Interest

#### I. INDEX OF FORMS:

The following forms are made part of this policy:

<u>Title</u>	Form No.	<b>Edition</b>
Standard Fire Insurance Policy	1677-A	(10/13)
Declarations	S-1 PRO CO 3100	(1/08)
Condominium Form All Risk Property Coverage	PRO CO 3100	(10/09)
Business Interruption Endorsement Rents/Extra Expense	PRO RI-EE 3250	(8/11)
Supplemental United States Certified Act of Terrorism Endorsement	7312	(1/08)
Supplemental United States Certified Act of Terrorism Endorsement	73128	(1/14)
Washington Amendatory Endorsement Changes to Form PRO 3100 Forms	7415	(10/10)
Loss Payable Endorsement (Washington)	Form Reg335	
Application of Policy to Date and Time Recognition	PRO DTR 2400	(11/00)

Total Premium excluding the United States Certified Act of Terrorism coverage: \$93,258 at 17.00% commission Engineering Fees: \$3,500 at no commission.

Applicable state taxes, surcharges and fees are not included in this binder. Applicable state taxes, surcharges and fees will be added to the invoice.

Any variations between this binder and Affiliated FM forms versus your application are not provided.

This binder expires January 1, 2015.

Insurance under this binder will end when whichever of the following happens first; 1) the replacing policy is issued; 2) the expiration date of this binder; or 3) cancellation by the Insured or this Company.

Thank you for your business and please feel free to call with any questions.

#### Regards,

#### Michael Weaver

Production Underwriter
Affiliated FM
Key Center, 601 108th Ave. N.E.
Suite 1400
Bellevue, WA 98004 United States
T:425 637 2382 C: 206 719 1236

F: 425 454 7847

E: michael.k.weaver@affiliatedfm.com

www.affiliatedfm.com





A Member of the Tokio Marine Group

One Bala Plaza, Suite 100 Bala Cynwyd, Pennsylvania 19004 610.617.7900 Fax 610.617.7940 PHLY.com

### Philadelphia Indemnity Insurance Company COMMON POLICY DECLARATIONS

Policy Number: PHPK1261384

Named Insured and Mailing Address:

Ellington Owners Association 2010 156th Ave NE Ste 100 c/o SUHRCO Residential Propert Bellevue, WA 98007-3826 Producer: 160

**Hub International Northwest, LLC** 

PO Box X

110 UNITY STREET Bellingham, WA 98227

Policy Period From: 12/01/2014 To: 12/01/2015

at 12:01 A.M. Standard Time at your mailing

address shown above.

**Business Description:** Condominium Association

IN RETURN FOR THE 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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM **Commercial Property Coverage Part** 8,146.00 Commercial General Liability Coverage Part Commercial Crime Coverage Part Commercial Inland Marine Coverage Part 186.00 **Commercial Auto Coverage Part Businessowners** Workers Compensation 100.00 Stop Gap Liability Total 8,432.00 96.00 Total Includes Federal Terrorism Risk Insurance Act Coverage

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE Refer To Forms Schedule

*Omits applicable Forms and Endo	rsements if shown in specific Coverage Part	/Coverage Form Declarations
CPD- PIIC (01/07)		Robertof
	Countersignature Date	Authorized Representative

#### Philadelphia Indemnity Insurance Company

#### **Locations Schedule**

Policy Number: PHPK1261384

Prems. Bldg.

No. No. Address

0001 0001 2801 1st Ave

2801 1st Ave Seattle, WA 98121-1129

### Philadelphia Indemnity Insurance Company

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

	WEIGHT OF HE	IVAL LIAD		VLIVAGE	LAKI DE	OLAIVA I IONO		
Policy Number:	PHPK1261384							
✓ See Summler	nontal Cabadula				Agent # 160			
See Supplen	<u>.                                    </u>							
\$ 2,000,000 General Aggregate Limit (Other Than Products – Completed Operations) \$ 2,000,000 Products/Completed Operations Aggregate Limit (Any One Person Or Organization) \$ 1,000,000 Personal and Advertising Injury Limit \$ 1,000,000 Each Occurrence Limit \$ 100,000 Rented To You Limit \$ 5,000 Medical Expense Limit (Any One Person)								
FORM OF BUS	INESS: ASSOCIATION	N						
Busines	ss Description: Condor	minium Associa	ation					
Location	n of All Premises You (	Own, Rent or Oc	cupy: S	EE SCHEDUL	E ATTACHED			
AUDIT PERIOD	, ANNUAL, UNLESS	OTHERWISE ST	TATED: Thi	s policy is no	t subject to p	remium audit.		
			Ra	ates	Advance Premiums			
Classifications	Code No.	Premium Basis	Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.		
SEE SCHEDU	JLE ATTACHED							
	TOTAL PREMIUM FOR THIS COVERAGE PART: \$ 8,146.00 \$							
This insurance d	DATE (CG 00 02 ONL loes not apply to "Bodil e retroactive date, if an	y İnjury", "Prope	erty Damage	", or "Personal	and Advertising	g Injury" which		

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

**Authorized Representative** 

Countersignature Date

# Philadelphia Indemnity Insurance Company COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK1261384

Agent # 160

		F	Premium Basis	Prem./	ates Prod./	Advance F Prem./	Prod./
Classifications	Code No.			Ops.	Comp. Ops.	Ops.	Comp. Ops.
WA PREM NO. 001 CONDO-RESIDENTIAL	62003		204	32.000	INCL	6,604	INCI
PROD/COMP OP SUBJ TO GEN AGG LIMIT		UNIT					
WA PREM NO. 001 CONDO-COMM'L-BANK/MERC/MFG	62000		4,930	34.064	INCL	172:	INCI
PROD/COMP OP SUBJ TO GEN AGG LIMIT		AREA					
WA PREM NO. 001 PARKING-PRIVATE	46622		29,236	46.328	INCL	1,370	INCI
PROD/COMP OP SUBJ TO GEN AGG LIMIT		AREA					
WA LIABILITY DELUXE	4444					INCL	
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### ITEM TWO Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit	Premium
Liability	08, 09	\$ 1,000,000 CSL	\$ 158.00
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus  \$ Deductible	\$
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus  Deductible For Each Accident	\$
Auto Medical Payments	-	\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated in The Medical Expense And Income Loss Benefits Endorsement	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

**ITEM TWO** Schedule Of Coverages And Covered Autos (Cont'd)

	Covered		]	
Coverages	Autos	Limit		Premium
Physical Damage Comprehensive Coverage	08, 09	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning  See Item Four for Hired or Borrowed Autos.	\$	25.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 25 Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism See Item Four for Hired or Borrowed Autos.	\$	
Physical Damage Collision Coverage	08, 09	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus  \$ SCHEDULE Deductible For Each Covered Auto  See Item Four for Hired or Borrowed Autos.	\$	34.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$	-
Terrorism	All	Per Coverage Endorsement	\$	4.00
		Premium For Endorsements	\$	485.00
		Estimated Total Premium*	\$	706.00
*This policy may b	e subject to t	inal audit.		

### STOP GAP LIABILITY COVERAGE PART DECLARATIONS

POLICY NO. PHPK1249647

**EFFECTIVE DATE:** 11/15/2014

12:01 AM STANDARD TIME

LIMITS OF INSURANCE:	
Each Person	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Bodily Injury by Disease Aggregate	\$ 1,000,000

DESIGNATED STATES, TERRITORY OR POSSESSION: WA	

CLASSIFICATION OF OPERATIONS	PREMIUM BASIS	RATES BODILY INJURY	ADVANCE PREMIUMS BODILY INJURY
STOP GAP LIABILITY	* 100,000	PER \$100 OF TOTAL PAYROLL	\$ 100.00
MINIMUM PREMIUM \$	,	TOTAL ADVANCE PREMIUMS	\$ 100.00

FORMS AND ENDORSEMENTS (OTHER THAN APPLICABLE FORMS AND ENDORSEMENTS SHOWN ELSEWHERE IN THE POLICY):

SEE SCHEDULE ATTACHED

THESE DECLARATIONS AND THE GENERAL PROVISIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

POLICY NUMBER: PHPK1249647

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### GARAGEKEEPERS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: 2200 Condominium Association

**Endorsement Effective Date: 11/15/2014** 

#### **SCHEDULE**

<b>Location Number</b>	Address Where You Conduct Garage Operations (Main Location)			
001	2200 Westlake	Ave, Seattle, WA 98121-2713		
Coverages	Limit Of Insurance And Deductible			Premium
Comprehensive	\$ 100,000	Limit Of Insurance	\$	289
	\$ 500	Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism		
	\$ 2,500	Maximum Deductible For Loss Caused By Theft Or Mischief Or Vandalism In Any One Event		
	OR			
	\$	Limit Of Insurance		
	\$	Deductible For All Perils For Each Customer's Auto		
	\$	Maximum Deductible For All Loss In Any One Event		

Specified	\$	Limit Of Insurance	\$	
Causes Of Loss	\$	Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism		
	\$	Maximum Deductible For Loss Caused By Theft Or Mischlef Or Vandalism In Any One Event		
		OR	]	
	\$ 	Limit Of Insurance	]	
	\$	Deductible For All Perils For Each Customer's Auto		
	\$ <del></del>	Maximum Deductible For All Loss In Any One Event		
Collision	\$ 100,000	Limit Of Insurance	\$	196
	\$ 500	Deductible For Each Customer's Auto		

Location Number	Address Where You Conduct Garage Ope	rations	
Coverages	Limit Of Insurance And Deductible	Premium	
Comprehensive	\$ Limit Of Insurance	\$	
	\$ Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism		
	\$ Maximum Deductible For Loss Caused By Theft Or Mischief Or Vandalism In Any One Event		
	OR	1	
	\$ Limit Of Insurance		
	\$ Deductible For All Perils For Each Customer's Auto		
	\$ Maximum Deductible For All Loss In Any One Event		
Specified Causes Of Loss	\$ Limit Of Insurance	\$	
	\$ Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism		
	\$ Maximum Deductible For Loss Caused By Theft Or Mischief Or Vandalism In Any One Event		
	OR		
	\$ Limit Of Insurance		
	\$ Deductible For All Perils For Each Customer's Auto		
	\$ Maximum Deductible For All Loss In Any One Event		





## ExecPro sm DECLARATIONS

Community Association
Solution
Insurance Policy

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

☑ Great American Insurance Company

Policy Number: **EPP3325471-02** Policy Form Number: D26100 (2/10)

Item 1. Name of Organization: Ellington Owners Association

Mailing Address: c/o SUHRCO Residential Properties LLC

2010 156th Ave NE Ste 100

City, State, Zip Code: Bellevue, WA, 98007

Item 2. Policy Period: From 12-01-2014 To 12-01-2015

(Month, Day, Year) (Month, Day, Year)

(Both dates at 12:01 a.m. Standard Time at the address of the Organization as stated in Item 1.)

Item 3. (a) Limit of Liability for each Policy Year: \$1,000,000

(b) FLSA Defense Sublimit of Liability: \$150,000 – This limit is part of and not in addition to the Limit of

Liability provided for in 3(a).

Item 4. Retentions:

Insuring Agreement A: \$0 Each Claim

Insuring Agreement B and/or C: \$2,500 Each Claim

Item 5. Premium: \$1,430.00 Annual Taxes/Surcharges: \$0.00 Annual Fees: \$0.00

Item 6. Endorsements Attached:

ExecPro - Community Association Solution D 26100 (2/10)
Terrorism Coverage Endorsement DTCV\_09P (11/09)

Terrorism Coverage Premium Disclosure DTDP\_09P (11/09) Washington Amendatory Endorsement D 26337 (02/10)

Deletion of Noise Exclusion D 26714-2 (11/12)

Terrorism Coverage Policyholder Disclosure NTDN\_08P (1/08)

Item 7. Notices: All notices required to be given to the **Insurer** under this policy shall be addressed to:

Great American Insurance Companies

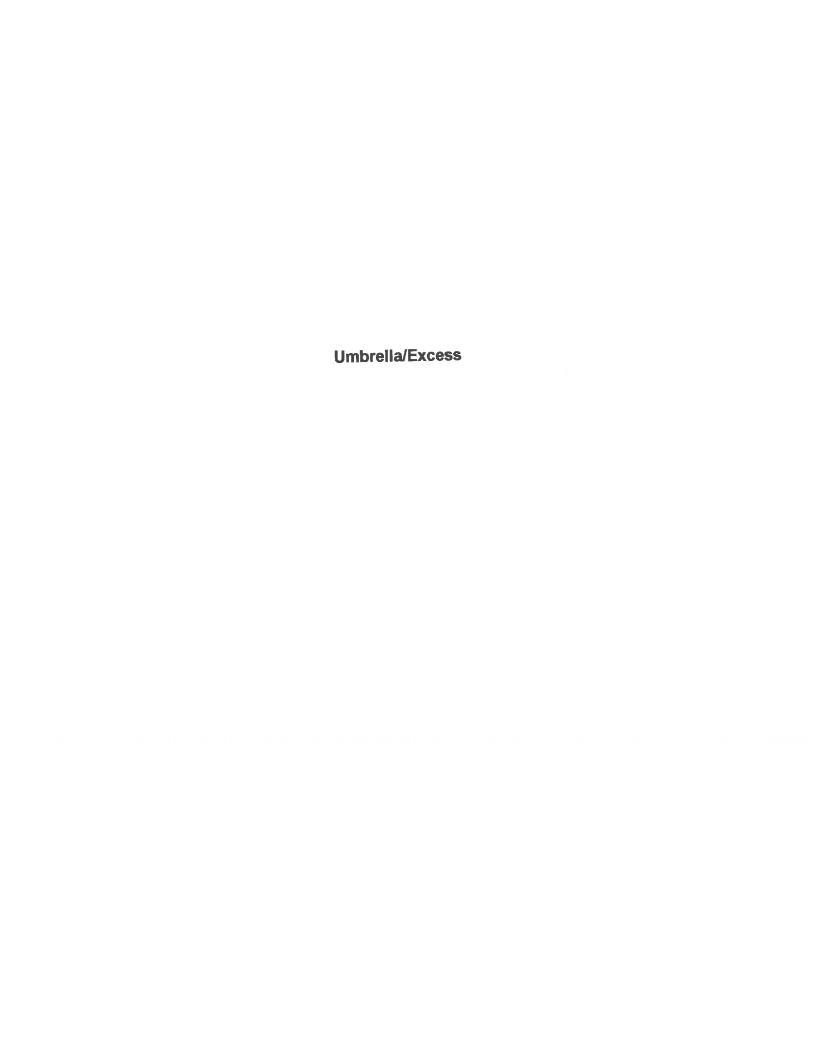
Executive Liability Division

P.O. Box 66943

Chicago, Illinois 60666

Item 8. Prior & Pending Litigation Date: 12-01-2012

These Declarations along with the completed and signed Proposal Form and community Associations Solution Insurance Policy shall constitute the contract between the Insureds and the Insurer.



### CERTIFICATE OF COVERAGE UMBRELLA AND EXCESS LIABILITY INSURANCE

Certificate Number UM30031854 Participating Insurance Company(ies)
VARIOUS

Master Policy Number SEE BELOW

### DISTINGUISHED PROPERTIES UMBRELLA MANAGERS, INC. AND ITS MEMBERS A Real Estate Purchasing Group

Distinguished Properties Umbrella Managers Inc. Risk Purchasing Group Member (Certificate Holder) and Mailing Address:

Ellington Owners Association

c/o SUHRCO Residential Properties LLC

2010 156th Ave NE Ste 100

Bellevue, WA 98007

Designated Location(s) and Named Insured(s): See Schedule of Locations Form # DP001 and Named Insured Schedule Form # DP002 attached to and forming part of this Certificate of Coverage.

Coverage Period:

12-01-2014

to 12-01-2015

12:01 a.m. Standard Time at the Mailing Address of the Purchasing Group Member as stated herein.

#### APPLICABLE LIMITS OF INSURANCE AND PARTICIPATING CARRIERS

**COMBINED LIMIT OF LIABILITY:** 

\$25,000,000 EACH OCCURRENCE AND AGGREGATE AS APPLICABLE \$25,000 CRISIS RESPONSE OCCURRENCE/AGGREGATE LIMIT

#### PARTICIPATING INSURANCE COMPANIES AND LIMITS:

Lead Insurance:

Policy #:

Limits of Insurance:

Great American Insurance Co.

UM3305282

\$10,000,000 Each Occurrence

301 Fourth St.

UN133U3Z6Z

General Aggregate

301 Fourth St.

PO BOX 3407

\$10,000,000 \$10,000,000

Products/Completed Operations

Cincinnati OH 45202

Excess Insurance: Ironshore Indemnity Inc.

002058500

\$15,000,000

Each Occurrence and Aggregate

Care Vis.

Excess of \$10,000,000

New York NY 10008

#### SCHEDULE OF UNDERLYING INSURANCE LIMITS OF LIABILITY:

See Schedule A - Schedule of Underlying Insurance - Form No. GAI 6008 (Ed. 06 97) attached to Policy # UM3305282 FORMS AND ENDORSEMENTS: See Forms and Endorsements Schedule - Form No. GAI 6013 (Ed 06 97) attached to

Policy #UM3305282. See the Excess Insurance Policies for additional Forms and Endorsements.

ADDITIONAL ENDORSEMENTS, EXTENSIONS, EXCLUSIONS, OR EXCEPTIONS attached to Policy #UM3305282:

THE MASTER INSURANCE POLICY STATED ABOVE IS ISSUED TO DISTINGUISHED PROPERTIES UMBRELLA MANAGERS INC., A RISK PURCHASING GROUP. THE INSURANCE APPLIES TO THE PURCHASING GROUP MEMBER(S) NAMED ABOVE AND IS GOVERNED BY AND SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF THE MASTER POLICY.

#### UNDERLYING INSURANCE REQUIREMENTS:

IT IS WARRANTED BY THE PURCHASING GROUP MEMBER AND/OR THEIR PRODUCER THAT THE UNDERLYING INSURANCE MEETS OR EXCEEDS THE MINIMUM REQUIREMENTS AS SHOWN IN SCHEDULE OF UNDERLYING INSURANCE - FORM # GAI 6008 (Ed. 06 97) ATTACHED TO POLICY #UM3305282.

ISSUE DATE: 11-04-2014

**AUTHORIZED SIGNATURE:**