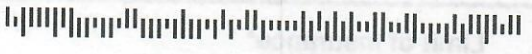




Po Box 853925  
 Richardson, TX 75085-3925

**Named Insured**

AT2 001740 3125 M-15-92E7-FA70 F V  
 GARDEN HOMES AT CHARBONNEAU  
 GREEN TOWNHOME ASSOCIATION  
 PO BOX 164  
 WILSONVILLE OR 97070-0164



<b>Policy Number</b>	97-78-8771-6	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 14 2020	DEC 14 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**  
 JAY PUPPO CPCU  
 9375 SW WLSNVILLE RD STE A  
 WILSONVILLE OR 97070-7899  
 PHONE: (503) 582-8181  
 (503) 582-9282

0107-ST-1-1001

**Residential Community Association Policy**

**Automatic Renewal** - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: ASSOCIATION/COOPERATIVE

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 25,389.00

Discounts Applied:  
 Renewal Year  
 Protective Devices  
 Multiple Unit  
 Claim Record

Prepared  
 OCT 16 2020  
 CMP-4000 OR

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Continued on Reverse Side of Page

## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU  
 Policy Number 97-78-8771-6

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
 Coverage B - Business Personal Property

Limit of Insurance\*  
 \$ 15,704,300  
 No Coverage

Location Number	Location of Described Premises
001	31060 & 31070 BOONES BEND RD WILSONVILLE OR 97070
002	31090 BOONES BEND RD & 31950 FRENCH PRAIRIE DR WILSONVILLE OR 97070-9434
003	32005 & 32025 CYPRESS PT WILSONVILLE OR 97070
004	32065 & 32075 CYPRESS PT WILSONVILLE OR 97070
005	32105,32125 & 32135 CYPRESS PT WILSONVILLE OR 97070
006	8665,8675,8685 & 8695 SW CARMEL CIRCLE WILSONVILLE OR 97070
007	8670 & 8680 SW CARMEL CIRCLE WILSONVILLE OR 97070
008	8630,8640,8650 & 8660 SW CARMEL CIRCLE WILSONVILLE OR 97070

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU**  
**Policy Number 97-78-8771-6**



0207-ST-1-1001

Location Number	Location of Described Premises
009	32305,32325 & 32345 SW DEL MONTE DR WILSONVILLE OR 97070
010	32355 & 32395 SW DEL MONTE DR WILSONVILLE OR 97070
011	32370,32380,32390 & 32400 SW DEL MONTE DR WILSONVILLE OR 97070
012	32300,32330 & 32350 SW DEL MONTE DR WILSONVILLE OR 97070
013	8610 & 8620 SW CARMEL CIRCLE WILSONVILLE OR 97070
014	8600,8605 & 8615 SW CARMEL CIRCLE WILSONVILLE OR 97070
015	8625 & 8645 SW CARMEL CIRCLE WILSONVILLE OR 97070
016	32120,32140 & 32160 SW CYPRESS PT WILSONVILLE OR 97070
017	32060,32080 & 32100 SW CYPRESS PT WILSONVILLE OR 97070
018	32000 & 32020 SW CYPRESS PT WILSONVILLE OR 97070

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU**  
**Policy Number 97-78-8771-6**

**AUXILIARY STRUCTURES**

Location Number	Description
001A	
001B	

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage

**SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 206.5

**SECTION I - DEDUCTIBLES**

**Basic Deductible** \$5,000

**Special Deductibles:**

Earthquake	10%	Money and Securities	\$250
Employee Dishonesty	\$250	Equipment Breakdown	\$2,500

Other deductibles may apply - refer to policy.

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU  
 Policy Number 97-78-8771-6



**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU**  
**Policy Number 97-78-8771-6**

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX**

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU**  
**Policy Number 97-78-8771-6**



0407-ST-1-1001

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

**SECTION II - LIABILITY**

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU  
Policy Number 97-78-8771-6

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**FORMS AND ENDORSEMENTS**

- CMP-4100 Businessowners Coverage Form
- FE-6999.2 \*Terrorism Insurance Cov Notice
- FE-7315.1 Blank Endorsement
- CMP-4237.1 Amendatory Endorsement
- CMP-4719.1 Earthquake Volcanic Eruption
- CMP-4555 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4710 Employee Dishonesty
- CMP-4508 Money and Securities
- CMP-4705.2 Loss of Income & Extra Expnse
- FE-3650 Actual Cash Vlue Endorsement
- CMP-4561.1 Policy Endorsement
- CMP-4527 Excl Ctrl Substances
- FD-6007 Inland Marine Attach Dec
- \* New Form Attached

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

*Lynne M. Yourell*  
Secretary

*Michael J. Tipton*  
President

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for GARDEN HOMES AT CHARBONNEAU  
Policy Number 97-78-8771-6



0507-ST-1-1001

**NOTICE TO POLICYHOLDER:**

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

**Your coverage amount....**

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.<sup>®</sup> using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm<sup>®</sup> does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

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OCT 16 2020  
CMP-4000 OR

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**STATE FARM FIRE AND CASUALTY COMPANY**  
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925  
 Richardson, TX 75085-3925

**Named Insured**

M-15-92E7-FA70 F V

GARDEN HOMES AT CHARBONNEAU  
 GREEN TOWNHOME ASSOCIATION  
 PO BOX 164  
 WILSONVILLE OR 97070-0164

**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	<b>97-78-8771-6</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 14 2020	DEC 14 2021
The policy period begins and ends at 12:01 am standard time at the premises location.		



0607-ST-1-1001

**ATTACHING INLAND MARINE**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Annual Policy Premium** Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

**Forms, Options, and Endorsements**

- FE-8739 Inland Marine Conditions
- FE-6867 Amend of Inland Marine Condtns
- FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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 FD-6007

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010756

ATTACHING INLAND MARINE SCHEDULE PAGE

M 10751

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 10,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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OCT 16 2020  
FD-6007  
010756

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In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, this disclosure is part of your policy.

## **FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

**THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.**

FE-6999.2

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