



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/19/2021

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 OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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|--|--------------------------------------|-------------------------------------|---|--|----------------|
| 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 Trisura Specialty Ins Co #WA02210401 (Property) Golden Bear Ins Co #FP6187401 (Earthquake) Zurich/US Assure #BR73790712 (Builders Risk) | | NAIC NO: 16188 |
| FAX (A/C, No): 425-455-6727 | E-MAIL ADDRESS: condoshelp@tpgrp.com | | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH | | |
| CODE: | SUB CODE: | | POLICY TYPE Property, Earthquake, Builders Risk | | |
| AGENCY CUSTOMER ID #: | | LOAN NUMBER | | POLICY NUMBER See above | |
| NAMED INSURED AND ADDRESS Nautica Soundview Condominium Owners Association c/o Port Gardner Management P.O. Box 1007 Everett, WA 98206 | | EFFECTIVE DATE 02/01/2021 | EXPIRATION DATE 02/01/2022 | <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

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| LOCATION/DESCRIPTION See additional remarks |
| 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 | SPECIAL | DED: |
|---|----------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 22,184,400 | | | <input checked="" type="checkbox"/> | | DED: 25,000 |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: |
| BLANKET COVERAGE | | <input checked="" type="checkbox"/> | | | If YES, indicate value(s) reported on property identified above: \$ |
| TERRORISM COVERAGE | | <input checked="" type="checkbox"/> | | | Attach Disclosure Notice / DEC |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION? | | | | <input checked="" type="checkbox"/> | |
| IS DOMESTIC TERRORISM EXCLUDED? | | | | <input checked="" type="checkbox"/> | |
| LIMITED FUNGUS COVERAGE | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 10,000 DED: |
| FUNGUS EXCLUSION (If "YES", specify organization's form used) | | <input checked="" type="checkbox"/> | | | |
| REPLACEMENT COST | | <input checked="" type="checkbox"/> | | | 125% Extended Replacement Cost |
| AGREED VALUE | | | <input checked="" type="checkbox"/> | | |
| COINSURANCE | | | <input checked="" type="checkbox"/> | | If YES, % |
| EQUIPMENT BREAKDOWN (If Applicable) | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 22,184,400 DED: 25,000 |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg | | <input checked="" type="checkbox"/> | | | DED: |
| - Demolition Costs | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 4,000,000 DED: 25,000 |
| - Incr. Cost of Construction | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 4,000,000 DED: 25,000 |
| EARTH MOVEMENT (If Applicable) | | <input checked="" type="checkbox"/> | | | If YES, LIMIT: 18,537,762 DED: 5% |
| FLOOD (If Applicable) | | | <input checked="" type="checkbox"/> | | If YES, LIMIT: DED: |
| WIND / HAIL (If Subject to Different Provisions) | | | | <input checked="" type="checkbox"/> | If YES, LIMIT: DED: |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS | | <input checked="" type="checkbox"/> | | | |

CANCELLATION

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

ADDITIONAL INTEREST

| | | |
|---|------------------|---|
| MORTGAGEE | CONTRACT OF SALE | LENDER SERVICING AGENT NAME AND ADDRESS |
| LENDERS LOSS PAYABLE | | |
| NAME AND ADDRESS CIT Bank, N.A. Successor by merger to Mutual of Omaha Bank 4950 S 48th Street Phoenix, AZ 85040 | | 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 Improvements and Betterments (TIB), walls-in and interior build-out. Wind/Hail coverage is included and is subject to the property deductible. Builders Risk coverage effective 10/21/2020 - 7/21/2021 - \$2,900,000 policy limit (128 Residential Units, 2 Buildings)