



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2017

PRODUCER Phone: 425-455-5640 Fax: 425-455-6727

The Partners Group Ltd  
11225 SE 6th St., Suite 110  
Bellevue WA 98004**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  
Tall Firs Condominiums of Federal Way  
c/o Emerald Management & Consulting, LLC  
14900 Interurban Ave S Ste 271  
Tukwila WA 98168INSURER A: Country Mutual Insurance Comp 20990  
INSURER B: McGowan & Company, Inc.  
INSURER C: Liberty Mutual Ins Group 80  
INSURER D: Liberty Int'l Underwriters 7  
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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	WA020018893900	8/1/2017	8/1/2018	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					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
A	<b>AUTOMOBILE LIABILITY</b> <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	WA020018893900	8/1/2017	8/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	SU00003223787721183	8/1/2017	8/1/2018	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
C	<b>OTHER</b> Crime (Fidelity)	CAC018569-0117	8/1/2017	8/1/2018	Crime Limit	1,000,000
D	Directors & Officers	CAP037697-0117	8/1/2017	8/1/2018	Crime Deductible	250
					D&O Limit	1,000,000
					D&O Deductible	500

**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. (201 residential units, 30 building(s)).  
Exhibit of Insurance**CERTIFICATE HOLDER**Emerald Management & Consulting, LLC  
14900 Interurban Ave S Ste 271  
Tukwila WA 98168**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
8/4/2017

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 Country Mutual Insurance Company		NAIC NO: 20990
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	
AGENCY CUSTOMER ID #:		NAMED INSURED AND ADDRESS Tall Firs Condominiums of Federal Way c/o Emerald Management & Consulting, LLC 14900 Interurban Ave S Ste 271 Tukwila, WA 98168		LOAN NUMBER	POLICY NUMBER WA020018893900
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 08/01/2017	EXPIRATION DATE 08/01/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:			

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

LOCATION/DESCRIPTION  
See Additional Remarks Section

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**

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 43,997,193	DED:	10,000
	YES	NO	N/A
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	X		If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 18
BLANKET COVERAGE	X		If YES, indicate value(s) reported on property identified above: \$ 43,997,193
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		BP 06 69 01 06
REPLACEMENT COST	X		
AGREED VALUE			X
COINSURANCE		X	If YES,    %
EQUIPMENT BREAKDOWN (If Applicable)	X		If YES, LIMIT: \$43,997,193    DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	X		
- Demolition Costs	X		If YES, LIMIT: 8,799,439    DED: 10,000
- Incr. Cost of Construction	X		If YES, LIMIT: 8,799,439    DED: 10,000
EARTH MOVEMENT (If Applicable)		X	If YES, LIMIT:    DED:
FLOOD (If Applicable)		X	If YES, LIMIT:    DED:
WIND / HAIL (If Subject to Different Provisions)			X    If YES, LIMIT:    DED:
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**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS Emerald Management & Consulting, LLC 14900 Interurban Ave S Ste 271 Tukwila WA 98168		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. Water Damage Deductible of \$2,500 per unit applies. (201 residential units, 30 building(s)).  
Exhibit of Insurance