



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
12/1/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

<b>PRODUCER</b> HUB International Northwest, LLC 12100 NE 195th St Suite 200 Bothell WA 98011	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 800-598-1030 <span style="float: right;"><b>FAX (A/C, No):</b> 425-485-8489</span> <b>E-MAIL ADDRESS:</b> now.info@hubinternational.com <b>PRODUCER CUSTOMER ID:</b> ELLIACO-01														
<b>INSURED</b> Ellington Owners Association/First and Broad Building Association c/o SUHRCO Residential 2010 156th Ave NE #100 Bellevue WA 98007	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th><th style="text-align: center;">NAIC #</th></tr></thead><tbody><tr><td><b>INSURER A :</b> Philadelphia Indemnity Insurance Company</td><td style="text-align: center;">18058</td></tr><tr><td><b>INSURER B :</b> Fireman's Fund Insurance Company</td><td style="text-align: center;">21873</td></tr><tr><td><b>INSURER C :</b> Palomar Excess and Surplus Insurance Company</td><td style="text-align: center;">20907</td></tr><tr><td><b>INSURER D :</b></td><td></td></tr><tr><td><b>INSURER E :</b></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company	18058	<b>INSURER B :</b> Fireman's Fund Insurance Company	21873	<b>INSURER C :</b> Palomar Excess and Surplus Insurance Company	20907	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER:** 1105527424**REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
2801 1st Ave., Seattle, WA 98121. Resd'l units=204. Hold no reserves. Prem. pd. by the assn. at the time this was issued & prop. policy covers the permanent betterments/improvements (WALLS-IN) inside the resd'l units. Sep. of Insureds included in GL wording. Waiver of Subrogation against a unit owner applies to Property and GL. Property Values are reviewed annually. Prop. mgmt. entity covered by Fidelity.

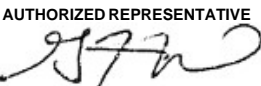
**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 PAID CLAIMS.**

INSTR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
B	<input checked="" type="checkbox"/> <b>PROPERTY</b>	USCO24025230	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> BUILDING	\$ 105,355,130	
	<b>CAUSES OF LOSS</b>				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 300,000	
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ Included
	<input type="checkbox"/> BROAD				\$25,000*	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Repl. Cost				Bldg Limit	<input checked="" type="checkbox"/> Bldg Ord A	\$ Building Limit
<input checked="" type="checkbox"/> Agreed Amt	No Co-Ins	<input checked="" type="checkbox"/> Bldg Ord B & C	\$ 10,000,000				
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	<b>CAUSES OF LOSS</b>					\$	
	NAMED PERILS		POLICY NUMBER				\$
A	<input checked="" type="checkbox"/> <b>CRIME</b>	PCAC0127850420	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> Empl Dishonesty	\$ 1,500,000	
	<b>TYPE OF POLICY</b>						\$
Fidelity						\$	
B	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	USCO24025230	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> Equip Breakdown	\$ Building Limit	
							\$
B C	General Liability Earthquake	USCO24025230 PE704330	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> Occur/Aggregate	\$ 1M / \$2M	
			12/1/2023	12/1/2024	<input checked="" type="checkbox"/> Deductible: 3%	\$ 104,917,297	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*Water Damage deductible = \$25k per unit (subject to a \$250k minimum). At least 30 days' notice of cancellation will be provided to the association, except in the case of non-payment of premium, which is 10 days. The referenced policies do not cover any non-affiliated associations.

**CERTIFICATE HOLDER****CANCELLATION**

<p>.Evidence of Insurance To add Unit Owner/ Mortgagee Clause Send requests to HUB International Northwest LLC Now.info@hubinternational.com or Fax: 425-485-8489</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> <p><b>AUTHORIZED REPRESENTATIVE</b> </p>
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