

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/19/2024 THIS EVIDENCE OF 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. PHONE (A/C, No. Ext): 503-239-4116 Eagle West Insurance Company LaPorte Insurance, LLC 5515 SE Milwaukie Ave Portland, OR 97202 E-MAIL ADDRESS: Ibeavers@laporte-insurance.com FAX (A/C, No): 503-231-9021 CODE: SUB CODE: AGENCY CUSTOMER ID #: INSURED I OAN NUMBER POLICY NUMBER Pacific View Condo Association 27BOP2070008947 c/o GBTS PO Box 2700 FFFFCTIVE DATE **EXPIRATION DATE** CONTINUED UNTIL Gearhart OR 97138 TERMINATED IF CHECKED 09/01/2024 09/01/2025 THIS REPLACES PRIOR EVIDENCE DATED: PROPERTY INFORMATION LOCATION/DESCRIPTION Location: 1238 N Marion Ave., Gearhart, OR, 97138 27 units 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 COVERAGE / PERILS / FORMS DEDUCTIBLE AMOUNT OF INSURANCE Building, Replacement Cost, Special Form \$10,000 \$6.647.761 Included in Bldg Limit \$10,000 Building Ordinance or Law Equipment Breakdown, Special Form Business Income with Extra Expense - 24 Months \$10,000 \$6,647,761 Actual Loss Sustained \$10.000 Reverse Flow of Sewer or Drain Water \$100,000 \$10,000 **REMARKS (Including Special Conditions)** Building Coverage includes 125% Replacement Cost 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 NAME AND ADDRESS ADDITIONAL INSURED LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE LOAN # Proof of Insurance AUTHORIZED REPRESENTATIVE