

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

|   | CERTIFICATE OF LIA                        | DILITINSURANCE  | 7/17/2023                     |  |  |  |
|---|---|---|-------------------------------|--|--|--|
| PRODUCER Phone: 425-455-5640 The Partners Group Ltd 1111 Lake Washington Blvd N Renton WA 98056 | Fax: 425-455-6727<br><b>I</b> , Suite 400 | THIS CERTIFICATE IS ISSUED AS A MATTER ONLY AND CONFERS NO RIGHTS UPON THOUSER. THIS CERTIFICATE DOES NOT AMBALTER THE COVERAGE AFFORDED BY THE F | HE CERTIFICATE END, EXTEND OR |  |  |  |
|   |   | INSURERS AFFORDING COVERAGE   | NAIC#                         |  |  |  |
| INSURED  Mercer Park Condominiums C   | Condominium Association                   | INSURER A: Accelerant National Insurance Company  | 10220                         |  |  |  |
| c/o Trestle Community Manag   |   | INSURER B: Federal Insurance Company  | 20281                         |  |  |  |
| 2100 124th Ave NE, Ste 110  | ,   | INSURER C: The Hanover Insurance Company  | 22292                         |  |  |  |
| Bellevue WA 98005   |   | INSURER D:  |                               |  |  |  |
|   |   | INSURER E:  |                               |  |  |  |
| COVERAGES   |   |   |                               |  |  |  |
| THE IS TO SEPTIFICATION   | DOLLOIFO OF INCLIDANCE LIGHED BELOW!      | IAVE DEEN LOOUED TO THE INCHEED MAKED ABOVE   | FOR THE BOLLOV                |  |  |  |

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.

| SR ADD'L<br>R INSRD  | TYPE OF INSURANCE  | POLICY NUMBER            | POLICY EFFECTIVE<br>DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMIT  | s   |
|--|--|--------------------------|---------------------------------------|-------------------------------------|--|---|
| A  | GENERAL LIABILITY   X   COMMERCIAL GENERAL LIABILITY   CLAIMS MADE   X   OCCUR | N030PK176400             | 7/13/2023                             | 7/13/2024                           | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) | \$ 1,000,000<br>\$ 100,000<br>\$ 5,000    |
|  |  |                          |                                       |                                     | PERSONAL & ADV INJURY GENERAL AGGREGATE  | \$ 1,000,000<br>\$ 2,000,000              |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC                     |                          |                                       |                                     | PRODUCTS - COMP/OP AGG   | \$ 1,000,000                              |
| A  | AUTOMOBILE LIABILITY  ANY AUTO   | N030PK176400             | 7/13/2023                             | 7/13/2024                           | Stop Gap  COMBINED SINGLE LIMIT (Ea accident)                                      | 1,000,000<br>\$ 1,000,000                 |
|  | ALL OWNED AUTOS SCHEDULED AUTOS X  |                          |                                       |                                     | BODILY INJURY<br>(Per person)  | \$  |
|  | X HIRED AUTOS NON-OWNED AUTOS  |                          |                                       |                                     | BODILY INJURY<br>(Per accident)  | \$  |
|  |  |                          |                                       |                                     | PROPERTY DAMAGE<br>(Per accident)  | \$  |
|  | GARAGE LIABILITY   |                          |                                       |                                     | AUTO ONLY - EA ACCIDENT  | \$  |
|  | ANY AUTO   |                          |                                       |                                     | OTHER THAN AUTO ONLY:  EA ACC AGG  | \$  |
|  | EXCESS / UMBRELLA LIABILITY  | G74600840                | 7/13/2023                             | 7/13/2024                           | EACH OCCURRENCE  | \$ 5,000,000                              |
|  | X OCCUR CLAIMS MADE  |                          |                                       |                                     | AGGREGATE  | \$ 5,000,000                              |
|  | DEDUCTIBLE   |                          |                                       |                                     |  | \$  |
|  | EMDI OVEDSI I IABII ITV  | N030PK176400             | 7/13/2023                             | 7/13/2024                           | WC STATU- X OTH-<br>TORY LIMITS X ER   | \$<br>WA Stopgap                          |
| AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under |  |                          |                                       |                                     | E.L. EACH ACCIDENT   | \$ 1,000,000                              |
|  |  |                          |                                       |                                     | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000                              |
| SPE  | CIAL PROVISIONS below  |                          |                                       |                                     | E.L. DISEASE - POLICY LIMIT  | \$ 1,000,000                              |
| OTHI<br>Crim<br>Direc  | ER<br>e (Fidelity)<br>ctors & Officers   | BD2J08105501<br>99835947 | 7/13/2023<br>7/13/2023                | 7/13/2024<br>7/13/2024              | Crime Limit:<br>Crime Deductible:<br>D&O Limit:<br>D&O Deductible:                 | 1,500,000<br>10,000<br>1,000,000<br>1,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Cartificate Holder is named as Additional Insured as respect the Named Insured. Severability of Inter-

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. (122 Residential Units, 17 Buildings, 1 Clubhouse) Evidence of Insurnace.

**CERTIFICATE HOLDER** 

#### CANCELLATION

Evidence of Insurance

To Request COI with Lender/Unit Owner information: condos@tpgrp.com

\*Please allow 24 hours for processing\*

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10-30 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

| Ryn | Stewart |
|-----|---------|
| 0   |         |

## **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) 7/17/2023

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 (A/C, No, Ext): 425-455-5640   |          |     |       | COMPANY NAME AND ADDRESS NAIC NO: 102  |        |                  |            |                                       |          | NAIC NO: 10220 |                                 |
|--|----------|-----|-------|--|--------|------------------|------------|---------------------------------------|----------|----------------|---------------------------------|
| The Partners Group Ltd<br>1111 Lake Washington Blvd N, Suite 400   |          |     |       | Accelerant National - Property (N030PK176400)<br>QBE Ins - Earthquake (120596) |        |                  |            |                                       |          |                |                                 |
| Renton, WA 98056   |          |     |       | 201 ms(  |        |                  |            |                                       |          |                |                                 |
| FAX (A/C, No): 425-455-6727 E-MAIL ADDRESS: condos@tpgrp.com   |          |     |       | IF MULTIPLE  | CON    | //PAN            | IIES, C    | OMPL                                  | ETE S    | SEPARA         | TE FORM FOR EACH                |
| CODE: SUB CODE:  |          |     |       | POLICY TYPE  |        |                  | -,-        |                                       |          |                |                                 |
| AGENCY<br>CUSTOMER ID #: 17360   |          |     |       | Property, Earthquake   |        |                  |            |                                       |          |                |                                 |
| NAMED INSURED AND ADDRESS  |          |     |       | LOAN NUMBER  |        |                  |            |                                       |          | POLIC          | Y NUMBER                        |
| Mercer Park Condominiums Condominium Association c/o Trestle Community Management  |          |     |       |  |        |                  |            |                                       | PK176400 |                |                                 |
| 2100 124th Ave NE, Śte 110<br>Bellevue WA 98005  |          |     |       | EFFECTIVE DATE EXPIRATION DATE 07/13/2023 07/13/2024                           |        |                  |            | CONTINUED UNTIL TERMINATED IF CHECKED |          |                |                                 |
| ADDITIONAL NAMED INSURED(S)  |          |     |       | THIS REPLACES PRIOR EVID   | DEN    | CE D             | ATED:      |                                       |          |                |                                 |
| PROPERTY INFORMATION (Use REMARKS on page 2, if mo   |          |     |       | required\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                  | DIA    | 10               | <b>O</b> B |                                       | 1161     | NECC           | S PERSONAL PROPERTY             |
| LOCATION/DESCRIPTION See additional notes and locations under "Remarks" section See Attached   | JIE :    | spa | Je is | s required) A BOIL   | יווט.  | 10               | OK         |                                       | <u> </u> | NESC           | FERSONAL PROPERTY               |
| THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO TO ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIOF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OF SUCH POLICIES. |          |     |       | JMENT WITH RESPECT TO<br>SCRIBED HEREIN IS SUBJI                               | WH     | HOH              | THIS       | EVID                                  | DENC     | E OF           | PROPERTY INSURANCE MAY          |
| COVERAGE INFORMATION PERILS INSURED  | ВА       | SIC |       | BROAD X SPECIA   | AL     |                  |            |                                       |          |                |                                 |
| · .  | 34.75    |     | 0     | 12.107.12  | -      |                  |            |                                       |          | DEI            | D:25.000                        |
|  | YES      | NO  | N/A   |  |        |                  |            |                                       |          |                |                                 |
| ■ BUSINESS INCOME  | Х        |     |       | If YES, LIMIT:798,413  |        |                  |            |                                       | Х        | Actual         | Loss Sustained; # of months: 12 |
| BLANKET COVERAGE   | X        |     |       | If YES, indicate value(s) rep  | porte  | ed or            | n prop     | perty id                              | dentif   | ied abo        | ove: \$ 29.985.500              |
| TERRORISM COVERAGE   |          | Х   |       | Attach Disclosure Notice / D   | •      |                  |            |                                       |          |                |                                 |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?   | X        |     |       |  |        |                  |            |                                       |          |                |                                 |
| IS DOMESTIC TERRORISM EXCLUDED?  | X        |     |       |  |        |                  |            |                                       |          |                |                                 |
| LIMITED FUNGUS COVERAGE  | <u> </u> | Х   |       | If YES, LIMIT:   |        |                  |            |                                       |          |                | DED:25,000                      |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)  | Х        |     |       | N WA 1058 12 21  |        |                  |            |                                       |          |                |                                 |
| REPLACEMENT COST   | X        |     |       | 150% Extended Replaceme  | ant C  | `net             |            |                                       |          |                |                                 |
| AGREED VALUE   | X        |     |       | 100 % Extended replaceme   | onic c | J031             |            |                                       |          |                |                                 |
| COINSURANCE  |          | Х   |       | If YES. %  |        |                  |            |                                       |          |                |                                 |
| EQUIPMENT BREAKDOWN (If Applicable)  |          |     |       | If YES, LIMIT: Included  |        |                  |            |                                       |          |                | DED:25,000                      |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg  |          |     |       | - inoladea   |        |                  |            |                                       |          |                | 20,000                          |
| - Demolition Costs   |          |     |       | If YES, LIMIT:500,000 per b  | hlda   | 1                |            |                                       |          |                | DED:25,000                      |
| - Incr. Cost of Construction   | X        |     |       | If YES, LIMIT:500,000 per b  |        |                  |            |                                       |          |                | DED: <sub>25,000</sub>          |
| EARTH MOVEMENT (If Applicable)   | X        |     |       | If YES, LIMIT:36.602.093   | blug   |                  |            |                                       |          |                | DED:10% Per Unit                |
| FLOOD (If Applicable)  |          |     |       | If YES, LIMIT:   |        |                  |            |                                       |          |                | DED:                            |
| WIND / HAIL (If Subject to Different Provisions)   |          |     |       | If YES, LIMIT:34.753.680   |        |                  |            |                                       |          |                | DED:25.000                      |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS  |          |     |       | 04,100,000   |        |                  |            |                                       |          |                | 20,000                          |
|  |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| CANCELLATION   |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES EDUCIVERED IN ACCORDANCE WITH THE POLICY PROVISION  |          | CAN | ICE   | LLED BEFORE THE E  | ΧPI    | IRA <sup>.</sup> | TION       | I DA                                  | TE       | THER           | EOF, NOTICE WILL BE             |
| ADDITIONAL INTEREST  |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| MORTGAGEE CONTRACT OF SALE   |          |     |       | LENDER SERVICING AGENT N   | NAM    | E AN             | D ADD      | RESS                                  | i        |                |                                 |
| LENDERS LOSS PAYABLE   |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| Evidence of Insurance  |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| To Request COI with Lender/Unit Owner information:   |          |     |       |  |        |                  |            |                                       |          |                |                                 |
| condos@tpgrp.com<br>*Please allow 24 hours for processing*   |          |     |       | AUTHORIZED REPRESENTATI  | IVE    | Kyn              | 5          | tewart                                | _        |                |                                 |
|  |          |     |       |  |        | <del></del>      |            |                                       |          |                |                                 |

|   | AL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)  |
|---|--|
| Certificate Holder is named as Wind / Hail coverage is include  | Mortgagee / Loss Payee. Coverage is "All-In" including Tenant Improvement and Betterments (TIB), walls-in and interior build-out. ed and is subject to the Property Deductible. (122 Residential Units, 17 Residential Buildings, 1 Clubhouse) |
| 2540 118th Ave SE, Bellevue, 2580 118th Ave SE, Bellevue, 2660 118th Ave SE, Bellevue, 2600 118th Ave SE, Bellevue, 2610 118th Ave SE, Bellevue, 2630 118th Ave SE, Bellevue, 2640 118th Ave SE, Bellevue, 2660 118th Ave SE, Bellevue, 2670 118th Ave SE, Bellevue, 2770 118th Ave SE, Bellevue, 2730 118th Ave SE, Bellevue, 2730 118th Ave SE, Bellevue, 2740 118th Ave SE, Bellevue, 2680 118th Ave SE, Bellevue, 2690 118th Ave SE, Bellevue, 2500 118th Ave SE, Bellevue, Evidence of Insurnace. | WA 98005<br>WA 98005   |
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| ACORD 28 (2009/12)  | Page 2 of 2  |

| DESCRIPTIONS Continued.  |
|--|
| LOCATION/DESCRIPTION:  |
| 2540 118th Ave SE, Bellevue, WA 98005<br>2580 118th Ave SE, Bellevue, WA 98005<br>2560 118th Ave SE, Bellevue, WA 98005<br>2600 118th Ave SE, Bellevue, WA 98005<br>2610 118th Ave SE, Bellevue, WA 98005  |
| 2610 118th Ave SE, Bellevue, WA 98005 2630 118th Ave SE, Bellevue, WA 98005 2640 118th Ave SE, Bellevue, WA 98005 2660 118th Ave SE, Bellevue, WA 98005 2670 118th Ave SE, Bellevue, WA 98005 2720 118th Ave SE, Bellevue, WA 98005                |
| 2730 118th Ave SE, Bellevue, WA 98005<br>2740 118th Ave SE, Bellevue, WA 98005<br>2680 118th Ave SE, Bellevue, WA 98005<br>2690 118th Ave SE, Bellevue, WA 98005<br>2520 118th Ave SE, Bellevue, WA 98005<br>2500 118th Ave SE, Bellevue, WA 98005 |
| 2500 118th Ave SE, Bellevue, WA 98005  |
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# **OBTAINING A CERTIFICATE OF INSURANCE**

## Lender Instructions

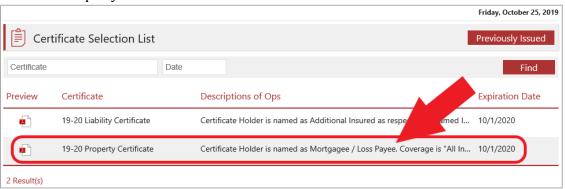
- 1. **CLICK HERE** or go to <a href="https://portal.csr24.com/mvc/4555640">https://portal.csr24.com/mvc/4555640</a>:
  - a. Enter the following Username and Password:

Username: mercerpark Password: certs

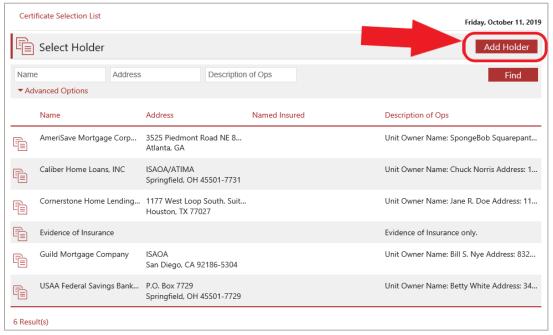
b. Select the "Issue a Certificate" icon



- 2. Issue the Property Certificate:
  - a. Select the Property Certificate Link

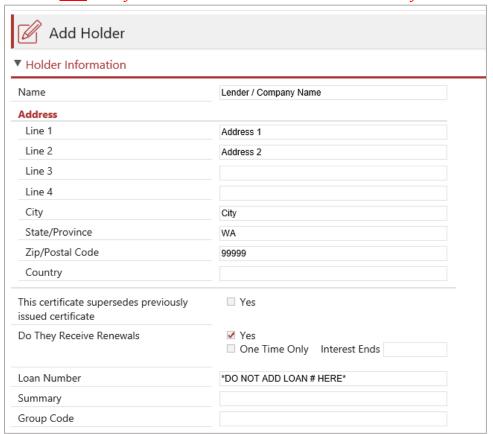


b. Click "Add Holder" at the top, or select an existing entry



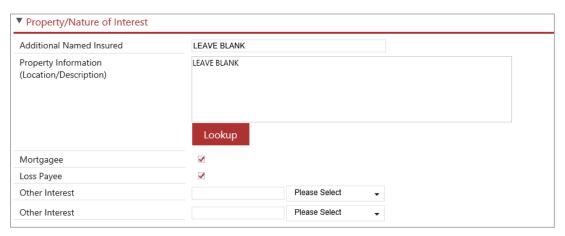
## c. Holder Information

This is where you enter the Lender/Mortgagee information, following the guide below: Note: Do <u>NOT</u> enter your client's loan # in the 'Loan Number' box – you will do this later.



## d. Property / Nature of Interest

- i. Additional Named Insured Leave this blank
- ii. Property Information Leave this blank
- iii. Check appropriate boxes for 'Mortgagee' and 'Loss Payee'
- iv. Other Interest Leave both fields blank



## e. <u>Description of Operations</u>

This is where you enter your borrower's information, following the guide below:

i. Click the "Lookup" button within the 'Holder Specific Portion' – a popup window will appear.



ii. Select the 'Owner Information' template, which will populate the appropriate lines in the 'Description' box as follows:

| Owner Information | Unit Owner Name:<br>Address:<br>Unit # |
|-------------------|--|
|-------------------|--|

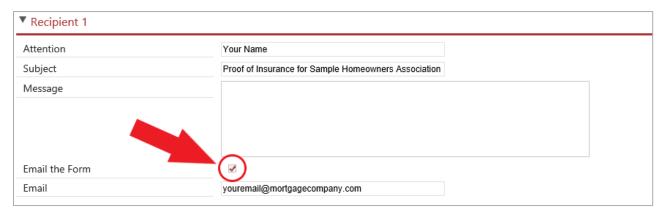
iii. Enter the unit owner's Name(s), Property Address, Unit #, and Loan #



f. <u>Delivery Information – Recipient #1</u>

You will send the certificate to your email address

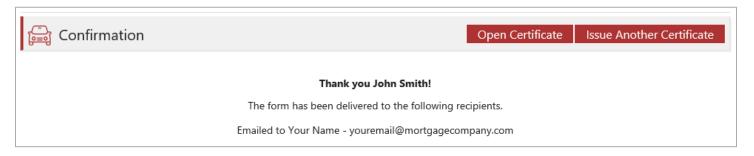
- i. Enter Your Name (or the intended recipient's name) in the 'Attention' box
- ii. Check the 'Email the Form' box and enter your email address in the 'Email' field



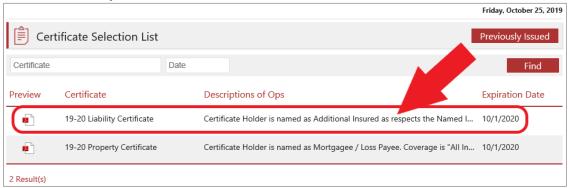
iii. If everything looks correct, click "Submit" to send the Property Certificate to yourself.



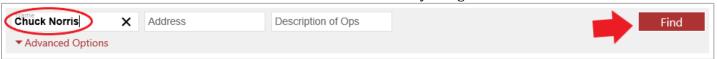
g. If you also need a Certificate of Liability Insurance for your client, click "Issue Another Certificate" and proceed to Step 3 of the instructions. If not, you're now finished and can close the window.



- 3. Issue the Liability Certificate
  - a. Select the Liability Certificate Link



b. If you've already completed a Property Certificate, your lender and client information should be available on the list. You can also search for the entry using the search bar.



- c. Once you select the holder, info from the previously issued certificate should copy over. **Leave everything as is.**
- d. Click "Submit" to send the Liability Certificate to yourself.



## Certificate Issuance is now complete.

After you hit submit, the next screen will confirm that the information has been submitted. The generated certificate will be instantly sent to your email address provided.

If you do not receive the certificate in your email within a couple minutes, please check your junk mail folder. If it still has not arrived, feel free to call our office at (425) 455-5640 or email at <a href="mailto:condos@tpgrp.com">condos@tpgrp.com</a>.