AMAN

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/21/2010

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER (503) 292-1580 American Benefits, Inc. 9755 SW Barnes Rd, Suite 290 Portland, OR 97225	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: FOREHEI-02
INSURED Forest Heights Home Owners Association Attn: Stephen Herr 2033 NW Miller Rd Portland, OR 97229-7515	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Philadelphia Insurance Co. INSURER B : Travelers Property Casualty INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
2033 NW Miller Rd
Portland, OR 97229-7515

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY CAUSES OF LOSS — DEDUCTIBLES BASIC — BUILDING 2,500 BROAD — CONTENTS X SPECIAL EARTHQUAKE X WIND 2,500 FLOOD	PHPK655349 The Certificate Holder is named as loss payee and mortgagee with respect to the unit owner listed below.	1/1/2011	1/1/2012	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE X BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP X Replacement Cost	$ $ $ $ $ $ 260,000 $ $ $
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
A	X CRIME TYPE OF POLICY Crime	PHPK655349	1/1/2011	1/1/2012	X Employee Dishonesty X Deductible	$ 750,000 $ 10,000 $
A	X	PHUB328238	1/1/2011	1/1/2012	X Umbrella X Deductible	$ 2,000,000 $ 10,000
A	Commercial General Liability	PHPK655349	1/1/2011	1/1/2012	Per Occurrence Limi	$ $1,000,000
B	Directors and Officers	105521384	1/1/2011	1/1/2012	Directors and Officers	$ $1,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

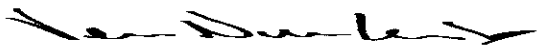
CERTIFICATE HOLDER

EVIDENCE of INSURANCE

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.

AUTHORIZED REPRESENTATIVE



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