

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/01/2014

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy ertificate holder in lieu of such endor				ndorse	ment. A star	tement on th	is certificate does not c	onfer i	rights to the	
PRODUCER						CONTACT NAME:					
	Marsh Risk & Insurance Services					PHONE FAX					
CA License #0437153 777 South Figueroa Street					(A/C, No, Ext): (A/C, No):						
Los Angeles, CA 90017					ADDRESS:						
Attn: c/o Kenneth Chau 52520 -70006-NDEV-14-15					INSURER(s) AFFORDING COVERAGE INSURER A : Federal Insurance Company					NAIC # 20281	
52520 -70000-NDEV-14-15 INSURED					INSURER B: N/A					N/A	
Suncadia Residential Owners Association										1477	
4244 Bullfrog Road Suite 1 Cle Elum, WA 98922					INSURER C:						
Cie Eluiti, WA 90922					INSURER D :						
					INSURER E :						
					INSURER F:						
		E NUMBER:		LOS-001573209-04 REVISION NUMBER : 2							
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		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY			99476033		04/01/2014	04/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	NIL	
	GET HIM BE GOOGLE							PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	OFNII ACCRECATE LIMIT ARRIVES DER								\$	2,000,000	
	POLICY PROJECT X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT			
								(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IFS (Attach	ACORD 101 Additional Remarks	Schedula	if more enace is	s required)				
	Suncadia Residential Owners Association, 4244 Bullfi				Scriedule	, il lilore space is	s required)				
		09.100		7 1,010 210, 17 1 00022							
CERTIFICATE HOLDER						CANCELLATION					
Suncadia Residential Owners Association 4244 Bullfrog Road Suite 1 Cle Elum, WA 98922					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 of Marsh Risk & Insurance Services						
						Cynthia Glist Cynthia Mit					