



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER		CONTACT NAME: Nick Foppiano	
Nick Foppiano PO Box 907  Woodinville WA 98072-5003		PHONE (A/C, NO, EXT): 360-536-4506	FAX (A/C, NO): 360-850-0099
		E-MAIL ADDRESS: nfoppiano@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: Truck Insurance Exchange	21709
SUMMERWIND HOA 9564 SILVERDALE WAY NW STE 200		INSURER B: Farmers Insurance Exchange	21652
SILVERDALE WA 98383		INSURER C: Mid Century Insurance Company	21687
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
C	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			606228749	04/25/2025 04/25/2026	EACH OCCURRENCE \$ 2,000,000  DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 75,000  MED EXP (Any one person) \$ 5,000  PERSONAL & ADV INJURY \$ 2,000,000  GENERAL AGGREGATE \$ 4,000,000  PRODUCTS - COMP/OP AGG \$ 2,000,000  \$
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input type="checkbox"/>					
	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$  \$
	NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB					OCCUR
	EXCESS LIAB					CLAIMS-MADE
DED	RETENTION \$					EACH OCCURRENCE \$  AGGREGATE \$  \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N  N/A				PER STATUTE \$  E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Borrower: Andra Bordeaux-Perry, 9672 Long Point Ln NW, Silverdale WA 98383. Loan/ Reference number: 3057501025.						
Building Policy number: 606228749. Building limit: \$48,971,400.00. 83 buildings/153 units. Deductible \$50,000. Replacement coverage. Policy is "Walls-in" including improvements and betterments. Earthquake Policy #: 114278 (General Security Indemnity Company of Arizona).						

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance in Effect	
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 Nick Foppiano	