



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

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Philadelphia Indemnity Insurance Company COMMON POLICY DECLARATIONS

Policy Number: PHPK2133446

Named Insured and Mailing Address:
Seaview Condominium Association
PO Box 676
c/o Powell, Sailer & Company P.S.
Long Beach, WA 98631-0676

Producer: 2082
KNUTSEN INSURANCE
968 COMMERCIAL STREET
P.O. BOX 657
ASTORIA, OR 97103

Policy Period From: 07/22/2020 **To:** 07/22/2021

(503)325-1541
at 12:01 A.M. Standard Time at your mailing
address shown above.

Business Description: Condominium Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | PREMIUM |
|--|----------------|
| Commercial Property Coverage Part | |
| Commercial General Liability Coverage Part | 875.00 |
| Commercial Crime Coverage Part | |
| Commercial Inland Marine Coverage Part | |
| Commercial Auto Coverage Part | |
| Businessowners | |
| Workers Compensation | |
| UltimateCover Property Coverage Part | 7,086.00 |

Total \$ **7,961.00**

Total Includes Federal Terrorism Risk Insurance Act Coverage **81.00**

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE
Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD- PIIC (06/14)

Secretary

John W. Glomb, Jr.
President & Chief Underwriting Officer

Philadelphia Indemnity Insurance Company

Form Schedule – Policy

Policy Number: PHPK2133446

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

| Form | Edition | Description |
|-------------------|----------------|---|
| WHY MyPHLY | 0000 | WHY MyPHLY? |
| CSNotice-1 | 0120 | Making Things Easier |
| BJP-190-1 | 1298 | Commercial Lines Policy Jacket |
| PI-SAMEX-NOTICE 1 | 0519 | Advisory Notice To Policyholders |
| PI-FEES-NOTICE 1 | 0619 | Notice Late Fee Reinstatement Fee |
| PP2015 | 0615 | Privacy Policy Notice |
| CPD-PIIC | 0614 | Common Policy Declarations |
| Location Schedule | 0100 | Location Schedule |
| PI-BELL-1 | 1109 | Bell Endorsement |
| PI-CME-1 | 1009 | Crisis Management Enhancement Endorsement |
| IL0021 | 0908 | Nuclear Energy Liability Exclusion Endorsement |
| IL0123 | 1113 | Washington Changes - Defense Costs |
| IL0146 | 0810 | Washington Common Policy Conditions |
| IL0157 | 0702 | Washington Changes - Actual Cash Value |
| IL0198 | 0908 | Nuclear Energy Liability Exclusion Endorsement |
| PI-ACL-001 | 1218 | Absolute Cyber Liability And Electronic Exclusion |
| PI-SAM-018 | 0519 | Absolute Abuse or Molestation Exclusion |
| PI-TER-DN1 | 0115 | Disclosure Notice Of Terrorism Ins Coverage Rejection |

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK2133446

| Premis. No. | Bldg. No. | Address |
|------------------------|----------------------|--|
| 0001 | 0001 | 1420 48th St Seaview, WA 98644-2065 |
| 0001 | 0002 | 1420 48th St Seaview, WA 98644-2065 |

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2133446

Agent # 2082

See Supplemental Schedule

LIMITS OF INSURANCE

| | | |
|----|-----------|--|
| \$ | 2,000,000 | General Aggregate Limit (Other Than Products – Completed Operations) |
| \$ | 2,000,000 | Products/Completed Operations Aggregate Limit |
| \$ | 1,000,000 | Personal and Advertising Injury Limit (Any One Person or Organization) |
| \$ | 1,000,000 | Each Occurrence Limit |
| \$ | 100,000 | Rented To You Limit (Any One Premises) |
| \$ | 5,000 | Medical Expense Limit (Any One Person) |

FORM OF BUSINESS: ASSOCIATION

Business Description: Condominium Association

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

| Classifications | Code No. | Premium Basis | Rates | | Advance Premiums | |
|--|----------|---------------|-------------|-------------------|------------------|-------------------|
| | | | Prem./ Ops. | Prod./ Comp. Ops. | Prem./ Ops. | Prod./ Comp. Ops. |
| SEE SCHEDULE ATTACHED | | | | | | |
| TOTAL PREMIUM FOR THIS COVERAGE PART: | | | | | \$ 875.00 | \$ |

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK2133446

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

| Form | Edition | Description |
|-------------------|----------------|--|
| Gen Liab Dec | 1004 | Commercial General Liability Coverage Part Declaration |
| Gen Liab Schedule | 0100 | General Liability Schedule |
| CG0001 | 0413 | Commercial General Liability Coverage Form |
| CG0181 | 0508 | Washington Changes |
| CG0197 | 1207 | WA Chgs-Employment-Related Practices Excl |
| CG2004 | 1185 | Addl Ins - Condominium Unit Owners |
| CG2106 | 0514 | Excl-Access/Disclosure-With Ltd Bodily Injury Except |
| CG2170 | 0115 | Cap On Losses From Certified Acts Of Terrorism |
| CG2429 | 0913 | Washington Changes - Binding Arbitration |
| CG2445 | 0119 | WA-Lmtd Cov Loss BI/PD or Pers Adv Involve Eff Prox |
| CG2626 | 0393 | Washington Changes - Condominiums |
| CG2677 | 1204 | Washington - Fungi or Bacteria Exclusion |
| PI-CO-6 | 1106 | General Liability Deluxe Endt: Condominium Association |
| PI-GL-001 | 0894 | Exclusion - Lead Liability |
| PI-GL-002 | 0894 | Exclusion - Asbestos Liability |
| PI-SAM-006 | 0117 | Abuse Or Molestation Exclusion |

Philadelphia Indemnity Insurance Company
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2133446

Agent # 2082

| Classifications | Code No. | Premium Basis | Rates | | Advance Premiums | |
|---|----------|---------------|-------------|-------------------|------------------|-------------------|
| | | | Prem./ Ops. | Prod./ Comp. Ops. | Prem./ Ops. | Prod./ Comp. Ops. |
| WA PREM NO. 001 CONDO-RESIDENTIAL PROD/COMP OP SUBJ TO GEN AGG LIMIT | 62003 | UNIT 30 | 29.081 | INCL | 875 | INCL |
| WA LIABILITY DELUXE | 44444 | | | | INCL | |