

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE**DATE (MM/DD/YYYY)  
**04/30/2017**

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 Holyoke of Salem Ins Agcy, Inc dba Dauntless Specialty Brkg 213 Court Street Middletown, CT 06457 Mosaic Insurance Alliance, LLC	PHONE (A/C, No, Ext): <b>888-655-6778</b>	COMPANY NAME AND ADDRESS Country Mutual Insurance 1701 Towanda Avenue Bloomington, IL 61702	NAIC NO: <b>20990H</b>
FAX (A/C, No): <b>860-704-6990</b>	E-MAIL ADDRESS: <b>camille.highter@middleoak.com</b>	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: <b>4358</b>	SUB CODE:	Policy Type <b>Business Owners Policy</b>	
AGENCY CUSTOMER ID #: <b>KAHLE-2</b>	NAMED INSURED AND ADDRESS Kahler Glenn Condos 20795 Kahler DR Leavenworth, WA 98826	LOAN NUMBER	POLICY NUMBER <b>WA0200116158</b>
ADDITIONAL NAMED INSURED(S)	EFFECTIVE DATE <b>03/20/17</b>		EXPIRATION DATE <b>03/20/18</b>
	THIS REPLACES PRIOR EVIDENCE DATED:		<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED

**PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)**  BUILDING OR  Business Personal Property

LOCATION/DESCRIPTION 20795 Kahler Dr. Leavenworth, WA 98826	6 buildings with 48 units and 2 parking garages
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 EVIDENCE OF PROPERTY INSURANCE 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.	

**COVERAGE INFORMATION**

PERILS INSURED

BASIC

BROAD

 SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 12809872</b>	DED: <b>2500</b>
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: <b>18</b>
BLANKET COVERAGE	If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>
LIMITED FUNGUS COVERAGE	If YES, LIMIT: <b>15,000</b> DED: <b>2,500</b>
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<b>BP 0577</b>
REPLACEMENT COST	<input checked="" type="checkbox"/>
AGREED VALUE	<input checked="" type="checkbox"/>
COINSURANCE	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	If YES, LIMIT: <b>12,809,872</b> DED: <b>2,500</b>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>
- Demolition Costs	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)	<input checked="" type="checkbox"/> If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>

**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.

**ADDITIONAL INTEREST**

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS  <b>Kahler Glen Condominium Association 20795 Kahler Dr Leavenworth, WA 98826-9170</b>		AUTHORIZED REPRESENTATIVE <b>Mosaic Insurance Alliance, LLC</b>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)**

**Water back up and Sump over flow coverage of \$50,000 per building with \$5000 Business Income coverage. "All In" coverage including improvements and betterments, Employee Dishonesty coverage for \$25,000, total number of units is 48, 100% Replacement Cost coverage, Inflation Guard "Walls In" coverage included.**

**NOTES:**

INSURED'S NAME **Kahler Glenn Condos**

**KAHLE-2**

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OP ID: AB

DATE **4/30/2017**