



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

4/7/2015

THIS EVIDENCE OF 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.

AGENCY Shay and Associates Mosaic Insurance Alliance, LLC 6009 Capitol Blvd SW Ste 101 Tumwater WA 98501	PHONE (A/C, No, Ext): (360)943-9974	COMPANY Dauntless Specialty Brokerage
FAX (A/C, No): (360)790-2957	E-MAIL ADDRESS: bshay@shayagency.com	
CODE: AGENCY CUSTOMER ID #: 00009721	SUB CODE:	
INSURED Kahler Glen Condo Association 20795 Kahler Dr Unit 9 Leavenworth WA 98826	LOAN NUMBER	POLICY NUMBER WA0200116158-00
	EFFECTIVE DATE 3/20/2015	EXPIRATION DATE 3/20/2016
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

## PROPERTY INFORMATION

LOCATION/DESCRIPTION 20795 Kahler Dr Leavenworth, WA 98826
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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

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building 1	\$1,931,948	\$2500
Building 2	\$1,931,948	\$2500
Building 3	\$1,934,948	\$2500
Building 4	\$1,934,948	\$2500
Building 5	\$1,934,948	\$2500
Building 6	\$1,934,948	\$2500
Building 7	\$54,166	\$2500
Building 8	\$54,166	\$2500
Building 9	\$54,166	\$2500
Building 10	\$54,166	\$2500

## REMARKS (Including Special Conditions)

Policy includes replacement cost for All Perils. Coverage also includes \$1,000,000 per occurrence and \$2,000,000 general aggregate liability coverage. And \$25,000 per person for medical expense.

## 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

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED	
	<input type="checkbox"/>	LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE  /MSHAY			



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FAX (A/C, No): (360)790-2957	E-MAIL ADDRESS: bshay@shayagency.com			
CODE:	SUB CODE:			
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## COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building 11	\$54,166	\$2500
Building 12	\$54,166	\$2500
Building 13	\$350,000	\$2500

## REMARKS (Including Special Conditions)

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## CANCELLATION

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## ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE		
	LOAN #			
	AUTHORIZED REPRESENTATIVE			