



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2021

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 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 Larry Thompson Agency, Inc. 17125 BOONES FERRY RD LAKE OSWEGO, OR 97035 (503) 924-2200 (036/503)	CONTACT NAME: Larry Thompson	FAX (A/C. No.): (855) 216-5422
	PHONE A/C. No. Ext: (503) 924-2200	E-MAIL ADDRESS: ThompsonAgency@amfam.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Family Mutual Insurance Company, S.I.		19275
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y		36-X32312-01	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		36-X32312-02	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers	Y		36-X32312-03	10/01/2021	10/01/2022	\$2,000,000 Coverage \$500 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 2425 NW 153rd Ave Beaverton, OR 97006
 Association Management Services, NW (AMS-NW) & The Management Group (TMG) listed as additional insured

CERTIFICATE HOLDER AMS-NW 15350 SW Sequoia Parkway #200 Portland, OR 97224	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. AUTHORIZED REPRESENTATIVE
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EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company, S.I. if selection box is not checked.
6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Larry Wayne Thompson
17125 BOONES FERRY RD
LAKE OSWEGO, OR 97035
(503) 924-2200
(036/503)

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

Insured's Name and Address:

Oak Hills HOA
c/o AMS-NW
15350 SW Sequoia Parkway #200
Portland, OR 97224

POLICY NUMBER 36-X32312-01 & 36-X56260-01	
EFFECTIVE DATE (MM/DD/YYYY) 10/01/2021	EXPIRATION DATE (MM/DD/YYYY) 10/01/2022

PROPERTY INFORMATION	
PROPERTY LOCATION 2425 NW 153rd Ave Beaverton, OR 97006	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) Homeowners Association

COVERAGES							
Personal Lines - Property		Farm/Ranch Lines		Business Insurance			
Policy Type		Policy Type		Policy Type	Form		
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input checked="" type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		<input checked="" type="checkbox"/> Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		<input checked="" type="checkbox"/> Inland Marine	<input checked="" type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ 4,510,900		
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ 248,500		
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other Crime & Fidelity	\$ 655,000		
Cov. C Pers. Prop (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____				
Boatowners - Sect. 1	\$ _____	Sec. IV Outbldgs.	\$ _____				
Other	\$ _____	Other	\$ _____				
		Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ 1,000		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ 1,000		
		Deductible Sec. IV	\$ _____	Deductible Crime & Fidelity	\$ 500		

REMARKS (Including Special Conditions/Endorsements)

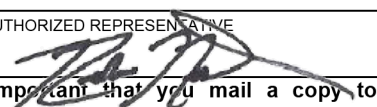
100% Replacement Cost ; Building Coverage is for Gym, Office, and Community Building- EQ Coverage with 15% Deductible ; Personal Property Coverage is for Basketball Court, Swimming pool, Playground Equipment, Tennis Courts, Picnic Area, and Association Lawn Equipment, And gymnasium personal property

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION

EFFECTIVE DATE - Date additional interest is added.

RENEWAL OF COVERAGE / CANCELLATION -This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

* The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST	
AMS-NW 15350 SW Sequoia Parkway #200 Portland, OR 97224	LOAN NUMBER	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/>	
	DATE ISSUED 08/24/2021	AUTHORIZED REPRESENTATIVE 
	TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.	