

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: WOODTIQUE HEIGHTS HOMEOWNER'S ASSOCIATION

Doing Business As Name (if applicable):

Insured Mailing Address: 2201 HAWKINS LN
EUGENE, OR 97405-1326

Valuation Type: Replacement Cost

Effective Date: 06-01-2022

Policy Number to which Blanket coverages are to apply (N/A if new business): 36X5705201

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 1 BUILDING NO. 1
LOCATION 2101 2103 2105 HAWKINS LN EUGENE OR 97405

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$889,500

PREMISES NO. 2 BUILDING NO. 1
LOCATION 2109 2111 2113 2115 HAWKINS LN EUGENE OR 97405

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$917,700

CONTINUED ON NEXT PAGE

APPLICANT OR INSURED

All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.

Signed _____

Name _____

Title _____

Date _____

AGENT

I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.

Signature _____

Name JEFFREY WILLIAMS

Agent/District Code 109-508

Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

| | | | |
|----------------|--|--------------|---|
| PREMISES NO. | 3 | BUILDING NO. | 1 |
| LOCATION | 2117 2119 2121 2123 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$911,117 | | |
| PREMISES NO. | 4 | BUILDING NO. | 1 |
| LOCATION | 2125 2127 2129 2131 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$627,252 | | |
| PREMISES NO. | 5 | BUILDING NO. | 1 |
| LOCATION | 2133 2135 2137 2139 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$627,252 | | |
| PREMISES NO. | 6 | BUILDING NO. | 1 |
| LOCATION | 2141 2143 2145 2147 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$627,252 | | |
| PREMISES NO. | 7 | BUILDING NO. | 1 |
| LOCATION | 2203 2205 2207 2209 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$735,000 | | |

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

| | | | |
|----------------|--|--------------|---|
| PREMISES NO. | 8 | BUILDING NO. | 1 |
| LOCATION | 2211 2213 2215 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$503,100 | | |
| PREMISES NO. | 9 | BUILDING NO. | 1 |
| LOCATION | 2217 2219 2221 2223 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$735,000 | | |
| PREMISES NO. | 10 | BUILDING NO. | 1 |
| LOCATION | 2225 2227 2229 2231 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$735,000 | | |
| PREMISES NO. | 11 | BUILDING NO. | 1 |
| LOCATION | 2233 2235 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$339,430 | | |
| PREMISES NO. | 12 | BUILDING NO. | 1 |
| LOCATION | 2237 2239 2241 2243 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$735,000 | | |

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

| | | | |
|----------------|--|--------------|---|
| PREMISES NO. | 13 | BUILDING NO. | 1 |
| LOCATION | 2245 2247 2249 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$503,100 | | |
| PREMISES NO. | 14 | BUILDING NO. | 1 |
| LOCATION | 2251 HAWKINS LN EUGENE OR 97405 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$339,400 | | |
| PREMISES NO. | 15 | BUILDING NO. | 1 |
| LOCATION | 2201 HAWKINS LN EUGENE, OR 97405-1326 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUSINESS PERSONAL PROPERTY | | |
| VALUES | \$11,249 | | |
| PREMISES NO. | 15 | BUILDING NO. | 1 |
| LOCATION | 2201 HAWKINS LN EUGENE, OR 97405-1326 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | BUILDINGS | | |
| VALUES | \$209,300 | | |
| PREMISES NO. | 15 | BUILDING NO. | 1 |
| LOCATION | 2201 HAWKINS LN EUGENE, OR 97405-1326 | | |
| OCCUPANCY | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE | | |
| CONSTRUCTION | FRAME | | |
| *PROPERTY TYPE | AUXILIARY BUILDINGS/STRUCTURES | | |
| VALUES | \$19,098 | | |

FACTS**WHAT DOES AMERICAN FAMILY INSURANCE DO WITH YOUR PERSONAL INFORMATION?**

| | |
|-------------|--|
| Why? | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. |
|-------------|--|

| | |
|--------------|---|
| What? | <p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and income • Account balances and payment history • Credit history and credit based insurance scores • Drivers license records and claims history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> |
|--------------|---|

| | |
|-------------|--|
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons American Family Insurance chooses to share; and whether you can limit this sharing. |
|-------------|--|

| Reasons we can share your personal information | Does American Family Insurance share? | Can you limit this sharing? |
|---|---------------------------------------|-----------------------------|
| For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes | No |
| For our marketing purposes— to offer our products and services to you | Yes | No |
| For joint marketing with other financial companies | Yes | No |
| For our affiliates' everyday business purposes— information about your transactions and experiences | Yes | No |
| For our affiliates' everyday business purposes— information about your creditworthiness | Yes | Yes |
| For our affiliates to market to you | Yes | Yes |
| For nonaffiliates to market to you | Yes | Yes |

| | |
|-----------------------------|--|
| To limit our sharing | <p>Call 1-888-312-2263 – when prompted you will be asked to provide your first name, middle initial (if applicable), last name, address, city, state and at least one of your policy numbers. Please also indicate if you are requesting to limit sharing for others on your policies. Please indicate their full names.</p> <p>Please note:</p> <p>If you are a new customer, or receiving this notice from us for the first time, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p> |
|-----------------------------|--|

| | |
|-------------------|--|
| Questions? | Please go to our website at www.amfam.com/privacy-security |
|-------------------|--|

| | |
|--------------------------------------|--|
| Who we are | |
| Who is providing this notice? | This privacy notice is provided by American Family Mutual Insurance Company, S.I. and the affiliates as listed under the "Other important information" section of this notice (referred to collectively as "American Family Insurance"). |

Page 2

| What we do | |
|---|---|
| How does American Family Insurance protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does American Family Insurance collect my personal information? | We collect your personal information, for example, when you <ul style="list-style-type: none"> • Apply for insurance • Pay insurance premiums • File an insurance claim • Give us your contact information • Use your credit or debit card |
| Why can't I limit all sharing? | Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.) |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your limit-sharing request will only apply to the names received in your request. |

| Definitions | |
|------------------------|--|
| Affiliates | Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • The affiliates of American Family Mutual Insurance Company, S.I. include the companies identified under the "Other important information" section of this notice, and other affiliated companies within Homesite Group Incorporated and PGC Holdings Corp. |
| Nonaffiliates | Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • Nonaffiliates we share with can include our sales agents, mortgage companies and direct marketing companies. |
| Joint marketing | A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • Our joint marketing partners include other financial services companies and insurance companies. |

| Other important information |
|--|
| <p>For Nevada residents only.</p> <p>You have the right to place your telephone number on American Family Insurance's internal do not call list, which means we can contact you by telephone only in response to a specific request from you for information or in order to service any existing American Family Insurance business. For additional information about the Nevada do not call requirements, or to add your telephone number to our internal do not call list, contact American Family Insurance at 1-877-216-9232. For information on the Nevada state do not call law, contact the Nevada Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Ste. 3900, Las Vegas, NV 90101, Phone: 1-702-486-3132, email: BCPINFO@ag.state.nv.us</p> |
| <p>For Vermont residents only.</p> <p>We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at www.amfam.com/privacy-security or call 1-800-692-6326.</p> |
| <p>For Georgia residents only.</p> <p>NOTICE: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.</p> |
| <p>For New Mexico residents only.</p> <p>We are prohibited from disclosing information related to domestic abuse. In New Mexico an individual has certain rights as a Protected Person under N.M. Admin Code 13.7.5 and N. M. S. A 1978, § 59A-16B-4. If you would like to exercise any of those rights or want an explanation of those rights, please contact American Family Insurance at 1-800-MYAMFAM ext. 78082.</p> |

Other important information – continued**For our customers in AK, AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, SC and VA only.**

You have the right to review information in your file. You may do so by writing to us at the address at the end of this section and providing us with your complete name, address, date of birth, and all policy numbers under which you are insured. Within 30 days of receipt of your request, we will contact you and inform you of the nature of recorded information that can be reasonably located and retrieved about you in our files. If you believe there is information in our file that is incorrect, you have the right to notify us and request that it be corrected, amended or deleted from your file. Use this address for requesting information in your file or for questions about the information in your file: **American Family Insurance, Attn: Consumer Affairs Department, 6000 American Pkwy., Madison, Wisconsin 53783-0001.**

American Family Insurance Legal Entities:

In addition to American Family Mutual Insurance Company, S.I., this privacy notice is provided by the following companies, which are all affiliates of American Family Mutual Insurance Company, S.I.: American Standard Insurance Company of Wisconsin, American Family Life Insurance Company, American Family Brokerage, Inc., American Family Insurance Company, American Standard Insurance Company of Ohio, and Midvale Indemnity Company. All companies are collectively referred to as "American Family Insurance" in this notice.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
36X5705201CUSTOMER BILLING ACCOUNT
021-714-756 94

NAMED INSURED WOODTIQUE HEIGHTS HOMEOWNER'S ASSOCIATION

MAILING ADDRESS 2201 HAWKINS LN
EUGENE, OR 97405-1326POLICY PERIOD FROM 06-01-2022 TO 06-01-2023
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

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.

SECTION I PROPERTY

ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:

COVERED CAUSES OF LOSS SPECIAL - RISK OF DIRECT PHYSICAL LOSS

| COVERAGE | LIMIT OF INSURANCE | PREMIUM |
|--|--------------------|----------|
| OPTIONAL COVERAGE EMPLOYEE DISHONESTY | \$50,000 | \$200.00 |

COVERAGE PROVIDED. BLANKET INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.

DESCRIPTION OF PREMISESPREMISES NO. 0001 BUILDING NO. 001
LOCATION 2101 2103 2105 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISESPREMISES NO. 0002 BUILDING NO. 001
LOCATION 2109 2111 2113 2115 HAWKINS LN EUGENE OR 97405AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0001
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
36X5705201CUSTOMER BILLING ACCOUNT
021-714-756 94BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001

LOCATION 2117 2119 2121 2123 HAWKINS LN EUGENE OR 97405

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001

LOCATION 2125 2127 2129 2131 HAWKINS LN
EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001

LOCATION 2133 2135 2137 2139 HAWKINS LN EUGENE OR 97405

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1974

AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0002
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
36X5705201CUSTOMER BILLING ACCOUNT
021-714-756 94**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450****DESCRIPTION OF PREMISES**PREMISES NO. 0006 BUILDING NO. 001
LOCATION 2141 2143 2145 2147 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450****DESCRIPTION OF PREMISES**PREMISES NO. 0007 BUILDING NO. 001
LOCATION 2203 2205 2207 2209 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450****DESCRIPTION OF PREMISES**PREMISES NO. 0008 BUILDING NO. 001
LOCATION 2211 2213 2215 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 3
CONSTRUCTION FRAME
YEAR BUILT 1974**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450**AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0003
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
36X5705201CUSTOMER BILLING ACCOUNT
021-714-756 94**DESCRIPTION OF PREMISES**PREMISES NO. 0009 BUILDING NO. 001
LOCATION 2217 2219 2221 2223 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450**DESCRIPTION OF PREMISES**PREMISES NO. 0010 BUILDING NO. 001
LOCATION 2225 2227 2229 2231 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450**DESCRIPTION OF PREMISES**PREMISES NO. 0011 BUILDING NO. 001
LOCATION 2233 2235 HAWKINS LN EUGENE OR 97405BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 1974
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450**DESCRIPTION OF PREMISES**PREMISES NO. 0012 BUILDING NO. 001
LOCATION 2237 2239 2241 2243 HAWKINS LN EUGENE OR 97405AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0004
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
36X5705201CUSTOMER BILLING ACCOUNT
021-714-756 94BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0013 BUILDING NO. 001

LOCATION 2245 2247 2249 HAWKINS LN EUGENE OR 97405

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 3

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0014 BUILDING NO. 001

LOCATION 2251 HAWKINS LN EUGENE OR 97405

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 2

CONSTRUCTION FRAME

YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450

DESCRIPTION OF PREMISES

PREMISES NO. 0015 BUILDING NO. 001

LOCATION 2201 HAWKINS LN
EUGENE, OR 97405-1326BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 1

CONSTRUCTION FRAME

YEAR BUILT 1974

AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0005
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
36X5705201**DECLARATIONS**CUSTOMER BILLING ACCOUNT
021-714-756 94**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 450****The Following Applies To All Premises Identified In This Declaration**CERTIFIED ACTS OF TERRORISM \$332.00POLICY PROPERTY DEDUCTIBLE \$5,000**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
EARTHQUAKE PERCENTAGE DEDUCTIBLE 15%

| COVERAGE | LIMIT OF INSURANCE | PREMIUM |
|---|--------------------|-------------|
| BUILDING - Blanket REPLACEMENT COST | \$9,434,403 | \$15,609.00 |
| AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST | \$19,098 | \$32.00 |
| BUSINESS PERSONAL PROPERTY - Blanket REPLACEMENT COST AUTOMATIC INCREASE IN COVERAGE 4% | \$11,249 | \$18.00 |

| ADDITIONAL COVERAGE | LIMIT OF INSURANCE | PREMIUM |
|---------------------|-----------------------|----------|
| BUSINESS INCOME | ACTUAL LOSS SUSTAINED | INCLUDED |

| OTHER COVERAGES OR OPTIONS | LIMIT OF INSURANCE | PREMIUM |
|----------------------------|--------------------|------------|
| EARTHQUAKE - Blanket | INCLUDED | \$1,612.00 |

Property forms and endorsements applying to this premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15 BP 10 03 01 06 BP 84 11 07 98 BP 85 11 12 08
BP 84 10 07 98

| MORTGAGEHOLDER | LOAN NO. | PREMISE NO. | BUILDING NO. |
|---|------------|-------------|--------------|
| WELLS FARGO BANK NA #936 ITS SUCCESSORS AND/OR ASSIGNS PO BOX 100515 FLORENCE, SC 29502-0515 | 0576880553 | 0008 | 001 |

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$1,383.00TOTAL ADVANCE PROPERTY PREMIUM \$19,186.00AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0006
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
36X5705201**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
021-714-756 94

Property forms and endorsements applying to all premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 06 01 01 07

BP 83 01 07 98

BP 83 02 01 07

BP 84 04 01 07

SECTION II LIABILITY AND MEDICAL EXPENSES

Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

| COVERAGE | LIMIT OF INSURANCE |
|--|---------------------------|
| AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS) | \$4,000,000 |
| PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT | \$4,000,000 |

| | |
|---|----------|
| DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES | \$50,000 |
|---|----------|

| | |
|----------------------------------|-------------|
| LIABILITY - EACH OCCURENCE LIMIT | \$2,000,000 |
|----------------------------------|-------------|

| | | | |
|-----------|----------|-----------------------------------|---------|
| PREM 0001 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0002 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0003 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0004 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0005 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0006 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0007 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0008 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0009 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0010 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0011 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0012 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0013 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0014 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |
| PREM 0015 | BLDG 001 | MEDICAL EXPENSES - ANY ONE PERSON | \$5,000 |

| LOCATION | PREMIUM BASIS | RATE | ADVANCE PREMIUM |
|------------------------------------|----------------------|-------------|------------------------|
| PREMISES NO. 0001 BUILDING NO. 001 | 4 UNITS | | \$27.00 |
| PREMISES NO. 0002 BUILDING NO. 001 | 4 UNITS | | \$27.00 |
| PREMISES NO. 0003 BUILDING NO. 001 | | | |

AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726

PHONE
541-683-6064

PAGE 0007
BRANCH AIG003 **RENW**
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

36X5705201

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

021-714-756 94

| | | |
|------------------------------------|---------|---------|
| | 4 UNITS | \$27.00 |
| PREMISES NO. 0004 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0005 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0006 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0007 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0008 BUILDING NO. 001 | 3 UNITS | \$20.00 |
| PREMISES NO. 0009 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0010 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0011 BUILDING NO. 001 | 2 UNITS | \$14.00 |
| PREMISES NO. 0012 BUILDING NO. 001 | 4 UNITS | \$27.00 |
| PREMISES NO. 0013 BUILDING NO. 001 | 3 UNITS | \$20.00 |
| PREMISES NO. 0014 BUILDING NO. 001 | 2 UNITS | \$14.00 |
| PREMISES NO. 0015 BUILDING NO. 001 | 1 UNITS | \$7.00 |

CERTIFIED ACTS OF TERRORISM

\$15.00

AGENT 109-508
 JEFFREY WILLIAMS
 1142 WILLAGILLESPIE RD STE 19
 EUGENE, OR 97401-6726

PHONE
 541-683-6064

PAGE 0008
BRANCH AIG003 **RENEW**
ENTRY DATE 04-13-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
36X5705201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
021-714-756 94

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$360.00

Liability forms and endorsements applying to all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

| | | | |
|----------------|----------------|----------------|------------------|
| BP 04 17 07 02 | BP 04 39 07 02 | BP 04 54 01 06 | BP 04 93 01 06 |
| BP 05 17 01 06 | BP 05 77 01 06 | BP 06 27 01 06 | BP 10 05 07 02 |
| BP 15 04 05 14 | BP 84 24 01 07 | BP 85 04 07 10 | BP 85 05 07 98OR |
| BP 85 10 07 98 | BP 85 12 01 06 | | |

TOTAL ADVANCE BUSINESS PREMIUM \$19,546.00

This premium may be subject to adjustment.

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

| | | | |
|----------------|----------------|----------------|----------------|
| BP IN 01 01 06 | BP 00 03 01 06 | BP 01 78 01 08 | BP 05 01 07 02 |
| BP 05 15 01 15 | BP 05 23 01 15 | BP 05 38 01 15 | BP 80 01 08 18 |
| BP 87 01 08 10 | BP 87 90 08 10 | | |

AUTHORIZED REPRESENTATIVE

William B. Vestal
President

PEC
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726

PHONE
541-683-6064

PAGE 0009
BRANCH AIG003 RENW
ENTRY DATE 04-13-2022

BP AF 01 08 18

INSURED

Stock No. 15141

POLICY NUMBER: 36X5705201

BUSINESSOWNERS
BP 85 11 12 08**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

| SCHEDULE* | | | | |
|-------------------------|-------------------------|---|--|---|
| Premises No. | Building No. | Auxiliary Building/Structure Description | Auxiliary Building/ Structure Limit | Auxiliary Buildings Business Personal Property Limit |
| 15 | 1 | TOOL SHED | \$19,098 | |

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

Section I - Property is amended as follows:

A. Paragraph A.1. Covered Property is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

- a.** Building, means the described building shown in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures, including outdoor fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Your personal property in apartments, rooms or common areas furnished by you as landlord;
 - (5) Personal property owned by you that is used to maintain or service the described building or the premises, including:
 - (a) Fire extinguishing equipment;
 - (b) Outdoor furniture;
 - (c) Floor coverings; and
 - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (6) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the described building;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.
- b.** Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:
- (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

- (a) Made a part of the described building you occupy but do not own; and
 - (b) You acquired or made at your expense but cannot legally remove;
 - (4) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and
 - (5) Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.
- c.** Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
 - (a) Fire extinguishing equipment;
 - (b) Floor coverings; and
 - (c) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (5) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the auxiliary buildings/structures;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.
- d.** Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.
- B.** The following is added to **E.3.**, Property Loss Conditions – Duties In the Event of Loss or Damage:
- (10) Keep records of your property in such a way that we can accurately determine the amount of any loss.