

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: 06-01-2021

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	\$769,034			
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	\$792,040			
CONTINUED ON NEXT PAGE				

<p style="text-align: center;">APPLICANT OR INSURED</p> <p>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.</p> <p>Signed _____</p> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p>	<p style="text-align: center;">AGENT</p> <p>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.</p> <p>Signature _____</p> <p>Name JEFFREY WILLIAMS</p> <p>Agent/District Code 109-508</p> <p>Date _____</p>
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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	\$785,467		
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	\$541,172		
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	\$541,172		
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	\$541,172		
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	\$633,193		

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	\$439,292		
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	\$633,193		
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	\$633,193		
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	\$295,783		
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	\$633,193		

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	\$439,292		
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	\$295,783		
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	\$10,816		
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	\$182,947		
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	\$17,528		

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? The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and payment history
- Credit history and credit based insurance scores
- Drivers license records and claims history

When you are no longer our customer, we continue to share your information as described in this notice.

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 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.

Please note:

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.

However, you can contact us at any time to limit our sharing.

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 06-01-2021 TO 06-01-2022
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 413

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 RMR025 RENW
ENTRY DATE 04-12-2021

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 413

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 413

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 413

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 RMR025 RENW
ENTRY DATE 04-12-2021

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 413****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 413****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 413****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 413**AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0003
BRANCH RMR025 RENW
ENTRY DATE 04-12-2021

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 413**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 413**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 413**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 RMR025 RENW
ENTRY DATE 04-12-2021

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 413

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 413

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 413

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 RMR025 RENW
ENTRY DATE 04-12-2021

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 413****The Following Applies To All Premises Identified In This Declaration**

CERTIFIED ACTS OF TERRORISM \$272.00

POLICY 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	\$8,155,926	\$12,677.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$17,528	\$28.00
BUSINESS PERSONAL PROPERTY - Blanket REPLACEMENT COST AUTOMATIC INCREASE IN COVERAGE 4%	\$10,816	\$17.00

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

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
EARTHQUAKE - Blanket	INCLUDED	\$1,394.00

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

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$1,375.00

TOTAL ADVANCE PROPERTY PREMIUM \$15,963.00

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 EXPENSESExcept 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.AGENT 109-508
JEFFREY WILLIAMS
1142 WILLAGILLESPIE RD STE 19
EUGENE, OR 97401-6726PHONE
541-683-6064PAGE 0006
BRANCH RMR025 RENW
ENTRY DATE 04-12-2021

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

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

4 UNITS

\$27.00

PREMISES NO. 0004 BUILDING NO. 001

4 UNITS

\$27.00

PREMISES NO. 0005 BUILDING NO. 001

4 UNITS

\$27.00

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

PHONE
541-683-6064

PAGE 0007
BRANCH RMR025 RENW
ENTRY DATE 04-12-2021

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

36X5705201

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

021-714-756 94

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
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TOTAL ADVANCE BUSINESS LIABILITY PREMIUM	\$360.00
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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		

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

PHONE
 541-683-6064

PAGE 0008
BRANCH RMR025 RENW
ENTRY DATE 04-12-2021

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 PREMIUM

\$16,323.00

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. West
President

[Signature]
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 RMR025 RENW
ENTRY DATE 04-12-2021

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	\$17,528	

* 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.