

OFFER OF TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM



American Family Insurance Company
6000 American Parkway
Madison WI 53783

For customer service and claims service
24 hours a day, 7 days a week

1-800-MY AMFAM (1-800-692-6326)
amfam.com

APPLICANT (First Named Insured): Brownstone At Issaquah Highlands Condominium Association	
DOING BUSINESS AS NAME (dba) Check if None <input checked="" type="checkbox"/>	
PRODUCER CODE: Steven Frank Weidenbach (24974)	POLICY NUMBER: 91002-54810-58

American Family Insurance Company

POLICY TYPE
Businessowners Policy

Thank you for insuring with American Family Insurance. This notice provides you with important information about the Terrorism Risk Insurance Program Reauthorization Act of 2019. Please read the information below about the Act and notify American Family of your decision to accept or reject the coverage for "certified acts of terrorism".

Some Background

On Nov. 26, 2002, President Bush signed the Terrorism Risk Insurance Act into law, which requires insurance carriers to make coverage available to policyholders for losses due to "certified acts of terrorism". This Act has been reauthorized since then, and the latest reauthorization occurred in December of 2019 when President Trump signed the Terrorism Risk Insurance Program Reauthorization Act of 2019 into law. The most recent reauthorization extends the current program through December 31, 2027.

As an American Family customer, you have the right, under the recently reauthorized Act, to purchase insurance coverage for losses resulting from "certified acts of terrorism", which are defined as: any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism. The criteria contained in that law for certifying an act of terrorism includes the following:

- The act is a violent act or an act that is dangerous to human life, property or infrastructure;
- The act results in aggregate property and casualty insurance losses in excess of \$5 million; and
- The act is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Further Explanation

Where coverage is provided under the Act for losses resulting from "certified acts of terrorism", such losses may be partially reimbursed by the United States Government as established by the Act. You should also understand that your policy may contain exclusions (not part of the Act) that might affect your coverage. For example, if a "certified act of terrorism" occurs and results in damage that you're not covered for under other portions of your policy, the terrorism coverage may not apply to the loss because you need to have underlying coverage to qualify for a "certified act of terrorism" loss covered by the Act.

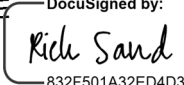
You should also be aware that the reauthorized Act contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" to \$100

billion per calendar year. What this means is, if the combined insured losses for all insurers exceeds \$100 billion, your coverage may be reduced due to the cap.

Per the Act, the United States Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by American Family Insurance. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

Disclosure Of Premium

Location	Premium Charge for Certified Acts of Terrorism		*Fire Following Exposure charge of the total property premium
	charge of the total property premium	charge of the total liability premium	
1	0.4%	3.2%	100.4%

TERRORISM INSURANCE COVERAGE OPTIONS	
(Please indicate your choice by checking the appropriate box.)	
<input type="checkbox"/> I accept coverage for "certified acts of terrorism". I understand that I will be charged an additional premium for this coverage as shown in the previous section.	
<input checked="" type="checkbox"/> I do not wish to purchase coverage for "certified acts of terrorism". I understand that as a result, an exclusion for losses caused by acts of terrorism will be made part of this policy.	
Your decision to accept or reject coverage for "certified acts of terrorism" applies to the term of this policy. You will receive an offer and disclosure at each renewal as required by the act.	
APPLICANT (First Named Insured) Brownstone At Issaquah Highlands Condominium Association	
APPLICANT'S SIGNATURE  <small>DocuSigned by: 832F501A32ED4D3...</small>	DATE 5/3/2022 2:03 PM EDT
PRODUCER CODE 24974	POLICY NUMBER 91002-54810-58

Businessowners Policy Application - Washington



Steven Frank Weidenbach
315 N SPRAGUE ST
ELLENSBURG WA 98926-3369
Agent Phone: 1-509-933-2200
E-mail: sweidenb@amfam.com

American Family Insurance Company
6000 American Parkway
Madison WI 53783
For customer service and claims service
24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

This application has been submitted unbound. No insurance shall be effective until approved by the Company.

Policy And Contact Information			
Policy Information			
Policy Number: 91002-54810-58	Effective Date: 05/01/2022	Expiration: 05/01/2023	
Contract State: Washington	Application Date and Time Taken: 5/2/2022 at 12:59 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.		
Named Insured: Brownstone At Issaquah Highlands Condominium Association			
Policy Mailing Address: 325 118th Ave SE Ste 204 Bellevue WA 98005-3521			
Description of Business and Operations: condo Association			
Year Started: 2014	Form of Business: Limited Liability Company - Member Managed		
Number Of Employees: 5	Number Of Property Managers: 1	Number Of Board Members: 5	

Account Questions	
Are there any business operations previously or currently conducted outside of the American Family Insurance operating territories?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any insurer refused or cancelled a policy in the last five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the applicant had a foreclosure, repossession, bankruptcy, judgment, or lien in the past three years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant been convicted of a felony? (Optional for Auto and 1-4 Family Rental Units in WI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Eligibility Questions	
Are there any uncorrected fire and/or safety code violations at location(s) you own, rent or occupy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there medical or nursing services provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are assisted living services provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the applicant been convicted of any degree of the crime of arson?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant own or operate any business not specified in their business description?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are subcontractors required to provide certificates of insurance prior to doing work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there any prior American Family policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Underwriting Questions	
Are there any buildings or other property not insured on this policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there common community facilities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do the bylaws and/or declaration require the unit owner to insure any portion of the building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the Insured aware that if the property is not insured to full replacement cost, a Loss Payment penalty may apply?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have Condominium bylaws and declarations been provided?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured sponsor any athletic teams, events or activities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Insured provide daycare operation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any of the locations group homes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Underwriting Questions (continued)**

Do any premises include a commercial kitchen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are alcoholic beverages sold, served, and/or distributed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Insured host events where alcoholic beverages are provided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the association responsible for infrastructure maintenance (water, road, utility)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any sun tanning operations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Level Coverages

Property Causes Of Loss	<input checked="" type="checkbox"/> Risks Of Direct Physical Loss <input type="checkbox"/> Named Perils	
<input checked="" type="checkbox"/> Per Occurrence Property Deductible	Deductible: \$25,000	
Liability Limit Per Occurrence / Aggregate Limit: \$2,000,000/\$4,000,000	Property Damage Liability Deductible: <input type="checkbox"/> Per Claim <input type="checkbox"/> Per Occurrence <input checked="" type="checkbox"/> None	Medical Expense Limit: \$5,000
<input checked="" type="checkbox"/> Hired Auto And Non-Owned Auto Liability		
Terrorism	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject	
<input type="checkbox"/> Crime Enhancement Endorsement		
<input checked="" type="checkbox"/> Employee Dishonesty	Limit: \$2,000,000 Deductible: \$1,000 Are Property Management Personnel to be added as Employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Include Board of Directors as Employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Increase Forgery And Alteration Limit to match Employee Dishonesty Limit		
<input checked="" type="checkbox"/> Computer Fraud And Funds Transfer Fraud Coverage	Limit: \$1,000,000	

Policy Level Additional Coverages

<input checked="" type="checkbox"/> Condominium Enhancement	<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input checked="" type="checkbox"/> Platinum
<input checked="" type="checkbox"/> Directors And Officers Liability	<input type="checkbox"/> Silver <input type="checkbox"/> Gold <input checked="" type="checkbox"/> Platinum Limit: \$1,000,000/\$1,000,000 Deductible: \$1,000 Foreclosure Deductible: Not Applicable Discrimination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Prior Acts Included: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Retroactive Date: Prior Carrier Policy Number: EPP4064685 Prior Carrier Retroactive Date: 05/01/2014 Total Assets: \$78,051,567
<input checked="" type="checkbox"/> Employers Liability (Stop Gap)	Limit: \$1,000,000/\$1,000,000/\$1,000,000 Payroll: \$1

Policy Level Exclusions And Conditions

<input checked="" type="checkbox"/> Employment Related Practices Exclusion

Crime Underwriting Questions

Are incoming checks endorsed "For Deposit Only" upon receipt?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is a countersignature of checks required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is an annual vacation of at least 5 consecutive business days required for persons handling money and securities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Policy Number: 91002-54810-58

**Crime Underwriting Questions (continued)**

Are credit checks secured for employees with access to financial transactions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are Social Security numbers verified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is criminal history checked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has any employee been charged with or convicted of employee theft?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What is the maximum deposit? \$1,000	
What is the maximum disbursement/refund made in cash? \$1	
What were the annual gross receipts/rents/association dues for the last fiscal year? \$525,880	
How many board association officers are there? 5	
Are audit(s) made according to accepted auditing standards and certified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are proper trails established for the auditor to follow the origins and history of all entries?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the annual audit carried out by a Certified Public Accountant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
What is the audit frequency? Annually	
Does the association board review audits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Were any discrepancies or loose practices commented upon in this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are audit discrepancies reconciled when found?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of last audit? 01/10/2022	
Are all monies and securities held in a bank/safe deposit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are funds transferred electronically?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are outside software consultants used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does an outside business handle your data processing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do employee(s) advise/work directly with programmer(s)/service company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are computer memory storage facilities safeguarded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are computer systems programmed to notify management of attempts to draw against uncollected funds?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are computer systems programmed to notify management of all unusual account activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are computer systems equipment and operations restricted to authorized personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Directors And Officers Underwriting Questions

How many employees does the Association have? 5	
Does the builder or developer maintain representation on the board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has control of the board been turned over to the association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the property manager maintain representation on the board?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What is your current annual operating budget? \$589,244	
Annual Gross Sales/Receipts from the last Fiscal Year:	
Has the Association ever had a negative financial balance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Board have an annual or semi-annual audit completed by a Certified Public Accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require proof of insurance from property manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How often does the property management company provide financial information to the board? Monthly	
Is the board required to give prior approval for expenditures in excess of a specific amount?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Policy Number: 91002-54810-58



Directors And Officers Underwriting Questions (continued)	
Who is required for dual signatures? President & Secretary	
How often does the board treasurer provide financial information to the full board? Monthly	
Have there been, during the last 5 years, or are there now pending, any proceedings brought against the Association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any known incidents that may give rise to a proceeding against the Association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any known construction defects or liens?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the association completed a foreclosure sale against an owner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How often are board elections conducted? every 2 years	
Has the board initiated litigation for reasons other than collection of dues or fees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the association completed any renovation or improvement projects which required a special assessment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any units, under the control of the association, rented or leased?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What percentage of units controlled by the association are rented or leased?	
Are any units, controlled by the association, short-term or vacation rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any units, controlled by the association, under construction or yet to be sold?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington

Location Schedule

Location 1 - Address Information

Location #: 1	Location Address: 1093 10TH AVE NE ISSAQUAH WA 98029-7472
Program: Condo/Townhouse Associations	Location Description:

Location 1 - General Information

Level Of Smoking Allowed: Smoking Allowed	Waterfront: No Waterfront
Playground/Tennis Court/Basketball Court?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Freshwater Wells?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Outdoor Swimming Pool(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Undeveloped Land?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Location 1 - Eligibility Questions

Are there any ineligible dog breeds on premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any reptiles, wolves, horses or exotic animals on premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Location 1 - Property Oversight

Property Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Property Manager Name: Rich Sand					
Is the premises part of a gated community?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Security Guards <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed <input checked="" type="checkbox"/> None	24 Hour Doorman <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Continuous Video Recording <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Guard Dogs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drop Safe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Other Description:

Location 1 - Additional Coverages

<input checked="" type="checkbox"/> Windstorm Or Hail Deductible	Deductible: \$2,500
--	---------------------

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 1 - Building Details					
Location #: 1	Building #: 1	Building Address: 1093 10TH AVE NE ISSAQUAH WA 98029-7472			
Building Description: 1091 10TH AVE NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 1 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 1 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 1 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 1 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 1 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 1 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 1 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 1 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58


Location 1 Building 1 - Building Coverages (continued)

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 1 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 2 - Building Details					
Location #: 1	Building #: 2	Building Address: 1071 10TH AVE NE ISSAQUAH WA 98029-7472			
Building Description: 1071 10TH AVE NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 2 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 2 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 2 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 2 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 2 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 2 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 2 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 2 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 2 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 2 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 3 - Building Details					
Location #: 1	Building #: 3	Building Address: 1045 10TH AVE NE ISSAQUAH WA 98029-7472			
Building Description: 1045 10TH AVE NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 3 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 3 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 3 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 3 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 3 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 3 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 3 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 3 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 3 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 3 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 4 - Building Details					
Location #: 1	Building #: 4	Building Address: 1021 10TH AVE NE ISSAQUAH WA 98029-7472			
Building Description: 1021 10TH AVE NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 4 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 4 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 4 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 4 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 4 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 4 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 4 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 4 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 4 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 4 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 5 - Building Details					
Location #: 1	Building #: 5	Building Address: 1384 BROOKLYN WALK NE ISSAQUAH WA 98029-6263			
Building Description: 1384 BROOKLYN WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 5 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 5 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:

☐ Structural Upgrade

☐ Short Columns

☐ Soft Story/Stories

☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering?..... ☐ Yes ☐ No

Is it located in a mobile home park?..... ☐ Yes ☐ No

Is the building footprint regular shape?..... ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 5 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 5 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 5 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 5 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 5 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 5 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 5 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 5 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 6 - Building Details							
Location #: 1	Building #: 6	Building Address: 1354 BROOKLYN WALK NE ISSAQUAH WA 98029-6263					
Building Description: 1354 BROOKLYN WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 6 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
6		0%	6				6	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58

**Location 1 Building 6 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 6 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 6 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 6 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 6 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 6 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 6 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 6 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 6 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 7 - Building Details							
Location #: 1	Building #: 7	Building Address: 1324 BROOKLYN WALK NE ISSAQUAH WA 98029-6263					
Building Description: 1324 BROOKLYN WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 7 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
6		0%	6				6	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58

**Location 1 Building 7 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 7 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 7 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 7 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 7 - Protective Devices (continued)				
<input checked="" type="checkbox"/> Temperature Alarm		Alarm Type: No qualifying devices		
<input type="checkbox"/> Lightning Protection System				
<input type="checkbox"/> Gas Leakage Sensors				
<input checked="" type="checkbox"/> Seismic Shut-Off Valve		Device Type: No qualifying devices		
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve		Water Leakage Sensors: _____ Device Type: No		
<input type="checkbox"/> Back-up Generator				
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass		Storm Protection Type: No qualifying Storm Protection		
Are the exterior windows protected by bars and/or doors protected by gates?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the exterior windows have bars, are they equipped with quick release devices?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Location 1 Building 7 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building contain any 'knob & cleat' or aluminum wiring?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Provide Details:				
Location 1 Building 7 - Building Coverages				
<input checked="" type="checkbox"/> Building		Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Policy Number: 91002-54810-58

**Location 1 Building 7 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 7 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 8 - Building Details							
Location #: 1	Building #: 8	Building Address: 1304 BROOKLYN WALK NE ISSAQUAH WA 98029-6263					
Building Description: 1304 BROOKLYN WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 8 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
6		0%	6				6	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58

**Location 1 Building 8 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 8 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 8 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 8 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 8 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 8 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 8 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 8 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 8 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 9 - Building Details					
Location #: 1	Building #: 9	Building Address: 1395 BROOKLYN WALK NE ISSAQUAH WA 98029-6285			
Building Description: 1395 BROOKLYN WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 9 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58



Location 1 Building 9 - Building Valuation Information					
Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average
Check All That Apply For Construction: <input type="checkbox"/> Cripple Walls: <input type="checkbox"/> Structural Upgrade <input type="checkbox"/> Short Columns <input type="checkbox"/> Soft Story/Stories <input type="checkbox"/> Reinforcement Level:			If Mobile Home: Does it have tie down engineering?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is it located in a mobile home park?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Is the building footprint regular shape?..... <input type="checkbox"/> Yes <input type="checkbox"/> No (E.g. square, round, rectangular) Does the building have vertical irregularities? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 9 - Roofing Information				
Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None
Is there evidence of roof damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Location 1 Building 9 - Building Information	
<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 9 - Protective Devices	
<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 9 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 9 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 9 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 9 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 9 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 10 - Building Details							
Location #: 1	Building #: 10	Building Address: 1355 BROOKLYN WALK NE ISSAQUAH WA 98029-6285					
Building Description: 1355 BROOKLYN WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 10 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
6		0%	6				6	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58



Location 1 Building 10 - Building Valuation Information					
Valuation ID 585397384	Building Replacement Cost Calculation \$2,365,098.13	Year Built 2014	Primary Construction Type Frame	Primary Exterior Wall Covering Siding - Hardboard/Masonite	Construction Quality Average
Check All That Apply For Construction: <input type="checkbox"/> Cripple Walls: <input type="checkbox"/> Structural Upgrade <input type="checkbox"/> Short Columns <input type="checkbox"/> Soft Story/Stories <input type="checkbox"/> Reinforcement Level:			If Mobile Home: Does it have tie down engineering? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it located in a mobile home park? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the building footprint regular shape? <input type="checkbox"/> Yes <input type="checkbox"/> No (E.g. square, round, rectangular) Does the building have vertical irregularities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location 1 Building 10 - Roofing Information					
Year Roof Updated/Installed 2014	Roof Shape Gable	Roof Slope Low/Moderate	Primary Roof Construction Architectural Shingles	Roof Class None	
Is there evidence of roof damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Location 1 Building 10 - Building Information					
<input checked="" type="checkbox"/> Attached/Built-in Garage			Location: Ground Level		
			Number of Parking Stalls:		
<input type="checkbox"/> Indoor Swimming Pools			Number of Indoor Pools:		
			Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Steam Room/Sauna					
<input type="checkbox"/> Fitness Equipment					
<input checked="" type="checkbox"/> Laundry Facilities			Location: No Laundry Facilities		
<input checked="" type="checkbox"/> Decks			Deck Location: Above Ground Level		
			Deck Construction: Other		
			Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Solar Panels					
<input type="checkbox"/> Chimney			Number of Chimneys:		
Location 1 Building 10 - Protective Devices					
<input checked="" type="checkbox"/> Fire Alarm			Alarm Type: No qualifying devices		
<input checked="" type="checkbox"/> Sprinkler System			Sprinkler Type: No Sprinkler System		
			Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Date Sprinkler Inspected: No		
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Carbon Monoxide Detector			Type: No Detector		
<input checked="" type="checkbox"/> Burglar Alarm			Alarm Type: No qualifying devices		

Policy Number: 91002-54810-58



Location 1 Building 10 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 10 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 10 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 10 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 10 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 11 - Building Details					
Location #: 1	Building #: 11	Building Address: 1325 BROOKLYN WALK NE ISSAQUAH WA 98029-6285			
Building Description: 1325 BROOKLYN WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 11 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 11 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 11 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 11 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 11 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 11 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 11 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 11 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 11 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 11 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 12 - Building Details							
Location #: 1	Building #: 12	Building Address: 1317 BROOKLYN WALK NE ISSAQUAH WA 98029-6285					
Building Description: 1317 BROOKLYN WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 12 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
6		0%	6				6	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58

**Location 1 Building 12 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering?..... ☐ Yes ☐ No

Is it located in a mobile home park?..... ☐ Yes ☐ No

Is the building footprint regular shape?..... ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 12 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 12 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 12 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 12 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 12 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 12 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58


Location 1 Building 12 - Building Coverages (continued)

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 12 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 13 - Building Details					
Location #: 1	Building #: 13	Building Address: 933 NE ELLIS DR ISSAQUAH WA 98029-7885			
Building Description: 933 NE Ellis Dr		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 13 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 13 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 13 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 13 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 13 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 13 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 13 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 13 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 13 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$21,600</p> <p>Annual Income (this building only): \$21,600</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 13 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$236,600</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 14 - Building Details					
Location #: 1	Building #: 14	Building Address: 1388 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1388 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 14 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 14 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 14 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 14 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 14 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 14 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 14 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 14 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 14 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 14 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 15 - Building Details					
Location #: 1	Building #: 15	Building Address: 1372 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1372 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is the building currently for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the building designated as a historic property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have any unrepaired damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any evidence of water damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any damage due to flood/high water/sewer back-up/sump pump failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any neighboring buildings less than 10 feet away? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any of those neighboring buildings approximately 8 stories or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 15 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Corporate Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Senior Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Vacation Rentals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Seasonal Rental <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Provide details:							
Was the building constructed for current occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 15 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering?..... ☐ Yes ☐ No

Is it located in a mobile home park?..... ☐ Yes ☐ No

Is the building footprint regular shape?..... ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 15 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 15 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 15 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 15 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 15 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 15 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 15 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 15 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000
	Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 16 - Building Details					
Location #: 1	Building #: 16	Building Address: 1312 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1312 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 16 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 16 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 16 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 16 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 16 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 16 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 16 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 16 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 16 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 16 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 17 - Building Details					
Location #: 1	Building #: 17	Building Address: 1379 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1379 Greenwich Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 17 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 17 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 17 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 17 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 17 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 17 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 17 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 17 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 17 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 17 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 18 - Building Details					
Location #: 1	Building #: 18	Building Address: 1341 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1341 Greenwich Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 18 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 18 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 18 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 18 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 18 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 18 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 18 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 18 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 18 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 18 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 19 - Building Details					
Location #: 1	Building #: 19	Building Address: 1321 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1321 Greenwich Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 19 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 19 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 19 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 19 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 19 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 19 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 19 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 19 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 19 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 19 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 20 - Building Details					
Location #: 1	Building #: 20	Building Address: 1312 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1312 GREENWICH WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	12,904		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		4,301	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 20 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
6		0%	6				6
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 20 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585397384	\$2,365,098.13	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 20 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 20 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 20 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 20 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 20 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 20 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$2,366,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 20 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$21,600
	Annual Income (this building only): \$21,600
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 20 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$2,366,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$236,600
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 21 - Building Details					
Location #: 1	Building #: 21	Building Address: 969 NE ELLIS DR ISSAQUAH WA 98029-7823			
Building Description: 969 NE ELLIS DR		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 21 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
5		0%	5				5
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 21 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 21 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 21 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 21 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 21 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 21 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 21 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 21 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$18,000
	Annual Income (this building only): \$18,000
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 21 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,943,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$194,300
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 22 - Building Details							
Location #: 1	Building #: 22	Building Address: 1375 CHELSEA WALK NE ISSAQUAH WA 98029-6271					
Building Description: 1375 CHELSEA WALK NE			Year Purchased:		Purchase Price:		
Occupancy: Residential Condominiums without Mercantile			Building Interest: Owner - Leased to Other				
Is the building currently under renovation or rehabilitation?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?							<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition			Primary Foundation	
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor			Slab	
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic		Finished Attic	Attic Area (Sq. Ft.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Location 1 Building 22 - Occupancy Information								
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units	
5		0%	5				5	
Does each unit have two means of exit?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Senior Housing							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vacation Rentals							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Seasonal Rental							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Months unoccupied:								
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide details:								
Was the building constructed for current occupancy?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Square Footage By Usage								
Residential:	100%	Auto Service:	0%	Other:				0%
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:				
Food Service - Full Cooking:	0%	Mercantile:	0%					

Policy Number: 91002-54810-58

**Location 1 Building 22 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 22 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 22 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 22 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 22 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 22 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 22 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 22 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$18,000
	Annual Income (this building only): \$18,000
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 22 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,943,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$194,300
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 23 - Building Details					
Location #: 1	Building #: 23	Building Address: 1345 CHELSEA WALK NE ISSAQUAH WA 98029-6271			
Building Description: 1345 CHELSEA WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 23 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
5		0%	5				5
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 23 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 23 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 23 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 23 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 23 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 23 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 23 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 23 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$18,000
	Annual Income (this building only): \$18,000
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 23 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,943,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$194,300
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 24 - Building Details					
Location #: 1	Building #: 24	Building Address: 978 NE DISCOVERY DR ISSAQUAH WA 98029-6275			
Building Description: 978 NE DISCOVERY DR		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is the building currently for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the building designated as a historic property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have any unrepaired damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any evidence of water damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any damage due to flood/high water/sewer back-up/sump pump failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any neighboring buildings less than 10 feet away? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any of those neighboring buildings approximately 8 stories or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 24 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
5		0%	5				5
Does each unit have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Corporate Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Senior Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Vacation Rentals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Seasonal Rental <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Provide details:							
Was the building constructed for current occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 24 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 24 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 24 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 24 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 24 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 24 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 24 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 24 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$18,000
	Annual Income (this building only): \$18,000
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 24 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,943,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$194,300
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 25 - Building Details					
Location #: 1	Building #: 25	Building Address: 935 NE ELLIS DR ISSAQUAH WA 98029-7885			
Building Description: 935 NE Ellis Dr		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 25 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
5		0%	5				5
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58



Location 1 Building 25 - Building Valuation Information					
Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average
Check All That Apply For Construction: <input type="checkbox"/> Cripple Walls: <input type="checkbox"/> Structural Upgrade <input type="checkbox"/> Short Columns <input type="checkbox"/> Soft Story/Stories <input type="checkbox"/> Reinforcement Level:			If Mobile Home: Does it have tie down engineering? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it located in a mobile home park? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the building footprint regular shape? <input type="checkbox"/> Yes <input type="checkbox"/> No (E.g. square, round, rectangular) Does the building have vertical irregularities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location 1 Building 25 - Roofing Information					
Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class	
2014	Gable	Low/Moderate	Architectural Shingles	None	
Is there evidence of roof damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Location 1 Building 25 - Building Information					
<input checked="" type="checkbox"/> Attached/Built-in Garage			Location: Ground Level		
			Number of Parking Stalls:		
<input type="checkbox"/> Indoor Swimming Pools			Number of Indoor Pools:		
			Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Steam Room/Sauna					
<input type="checkbox"/> Fitness Equipment					
<input checked="" type="checkbox"/> Laundry Facilities			Location: No Laundry Facilities		
<input checked="" type="checkbox"/> Decks			Deck Location: Above Ground Level		
			Deck Construction: Other		
			Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Solar Panels					
<input type="checkbox"/> Chimney			Number of Chimneys:		
Location 1 Building 25 - Protective Devices					
<input checked="" type="checkbox"/> Fire Alarm			Alarm Type: No qualifying devices		
<input checked="" type="checkbox"/> Sprinkler System			Sprinkler Type: No Sprinkler System		
			Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Date Sprinkler Inspected: No		
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input checked="" type="checkbox"/> Carbon Monoxide Detector			Type: No Detector		
<input checked="" type="checkbox"/> Burglar Alarm			Alarm Type: No qualifying devices		

Policy Number: 91002-54810-58



Location 1 Building 25 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 25 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 25 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 25 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$18,000</p> <p>Annual Income (this building only): \$18,000</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 25 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,943,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$194,300</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 26 - Building Details					
Location #: 1	Building #: 26	Building Address: 1356 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1356 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	10,891		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,630	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 26 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
5		0%	5				5
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 26 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585393093	\$1,942,951.42	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 26 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 26 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level
	Number of Parking Stalls:
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools:
	Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level
	Deck Construction: Other
	Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 26 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System
	Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 26 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 26 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 26 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,943,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 26 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$18,000
	Annual Income (this building only): \$18,000
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 26 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building
	Limit: \$1,943,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$194,300
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Annual Aggregate Limit: \$250,000
Deductible: \$10,000	

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 27 - Building Details					
Location #: 1	Building #: 27	Building Address: 1374 CHELSEA WALK NE ISSAQUAH WA 98029-6271			
Building Description: 1374 CHELSEA WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	9,015		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 27 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
4		0%	4				4
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 27 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585399413	\$1,689,539.72	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 27 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 27 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 7.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 27 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 27 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 27 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 27 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,690,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 27 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$14,400
	Annual Income (this building only): \$14,400
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 27 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,690,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$169,000
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 28 - Building Details					
Location #: 1	Building #: 28	Building Address: 1316 CHELSEA WALK NE ISSAQUAH WA 98029-6271			
Building Description: 1316 CHELSEA WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	9,015		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 28 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
4		0%	4				4
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 28 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585399413	\$1,689,539.72	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 28 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 28 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 7.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 28 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 28 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 28 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 28 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,690,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 28 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$14,400
	Annual Income (this building only): \$14,400
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 28 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,690,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$169,000
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 29 - Building Details					
Location #: 1	Building #: 29	Building Address: 1332 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1332 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	9,015		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 29 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
4		0%	4				4
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 29 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585399413	\$1,689,539.72	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 29 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 29 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 7.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 29 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 29 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 29 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 29 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,690,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 29 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$14,400</p> <p>Annual Income (this building only): \$14,400</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 29 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,690,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$169,000</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 30 - Building Details					
Location #: 1	Building #: 30	Building Address: 1326 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1326 GREENWICH WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is the building currently for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the building designated as a historic property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have any unrepaired damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any evidence of water damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any damage due to flood/high water/sewer back-up/sump pump failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any neighboring buildings less than 10 feet away? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any of those neighboring buildings approximately 8 stories or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	9,015		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 30 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
4		0%	4				4
Does each unit have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Corporate Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Senior Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Vacation Rentals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Seasonal Rental <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Provide details:							
Was the building constructed for current occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 30 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585399413	\$1,689,539.72	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 30 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 30 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 7.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 30 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 30 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 30 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 30 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,690,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 30 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$14,400
	Annual Income (this building only): \$14,400
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 30 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,690,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$169,000
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 31 - Building Details					
Location #: 1	Building #: 31	Building Address: 1366 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1366 GREENWICH WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	9,015		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		3,005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 31 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
4		0%	4				4
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 31 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585399413	\$1,689,539.72	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering?..... ☐ Yes ☐ No

Is it located in a mobile home park?..... ☐ Yes ☐ No

Is the building footprint regular shape?..... ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 31 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 31 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 7.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 31 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 31 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 31 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 31 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,690,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 31 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	Ordinary Payroll Expense - Extend Days To: 60 Days - Included
	Extended Business Income - Extend Days To: 60 Days - Included
	Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Limit Type: Specified Limit
	Limit: \$14,400
	Annual Income (this building only): \$14,400
	Dependent Properties Increased Limit: \$0
Total Limit For Dependent Properties: \$5,000	

Location 1 Building 31 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,690,000
	Coverage 2 - Demolition Limit:
	Coverage 3 - Increased Cost of Construction Limit:
	Combined Coverages 2 And 3 Limit: \$169,000
	Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	Annual Aggregate Limit: \$250,000 Deductible: \$10,000

Policy Number: 91002-54810-58



Businessowners Policy Application - Washington Building Schedule

Location 1 Building 32 - Building Details					
Location #: 1	Building #: 32	Building Address: 1320 WILLIAMSBURG WALK NE ISSAQUAH WA 98029-6274			
Building Description: 1320 Williamsburg Walk NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the building currently for sale?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the building designated as a historic property?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the building have any unrepaired damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any evidence of water damage?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any damage due to flood/high water/sewer back-up/sump pump failure?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any neighboring buildings less than 10 feet away?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of those neighboring buildings approximately 8 stories or greater?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	6,811		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		2,270	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 32 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
3		0%	3				3
Does each unit have two means of exit?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Corporate Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Senior Housing					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vacation Rentals					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seasonal Rental					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide details:							
Was the building constructed for current occupancy?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 32 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585401165	\$1,343,516.75	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 32 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 32 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 5.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 32 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 32 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 32 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 32 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,344,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 32 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$10,800</p> <p>Annual Income (this building only): \$10,800</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 32 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,344,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$134,400</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>



Policy Number: 91002-54810-58

Businessowners Policy Application - Washington Building Schedule

Location 1 Building 33 - Building Details					
Location #: 1	Building #: 33	Building Address: 1346 GREENWICH WALK NE ISSAQUAH WA 98029-6273			
Building Description: 1346 GREENWICH WALK NE		Year Purchased:	Purchase Price:		
Occupancy: Residential Condominiums without Mercantile		Building Interest: Owner - Leased to Other			
Is the building currently under renovation or rehabilitation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is the building currently for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Is the building designated as a historic property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Does the building have any unrepaired damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any evidence of water damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is there any damage due to flood/high water/sewer back-up/sump pump failure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Are any neighboring buildings less than 10 feet away? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are any of those neighboring buildings approximately 8 stories or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number Of Stories	Total Area (Sq. Ft.)	Occupied Area (Sq. Ft.)	Property Condition		Primary Foundation
3	6,811		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor		Slab
Finished Basement	Basement Area (Sq. Ft.)	Ground Floor Area (Sq. Ft.)	Attic	Finished Attic	Attic Area (Sq. Ft.)
<input type="checkbox"/> Yes <input type="checkbox"/> No		2,270	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 33 - Occupancy Information							
Total Residential Units	Total Number Of Rooms	% HUD	Total Units Occupied	Total Units Leased	Total Commercial Units	Total Commercial Units Occupied	Total Number Of Units
3		0%	3				3
Does each unit have two means of exit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Corporate Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Senior Housing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Vacation Rentals <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Seasonal Rental <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Months unoccupied:							
If applicable, do you rent through a home sharing site? E.g., Airbnb, VRBO, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Provide details:							
Was the building constructed for current occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Square Footage By Usage							
Residential:	100%	Auto Service:	0%	Other:	0%		
Food Service - Limited Cooking:	0%	Office:	0%	Other Description:			
Food Service - Full Cooking:	0%	Mercantile:	0%				

Policy Number: 91002-54810-58

**Location 1 Building 33 - Building Valuation Information**

Valuation ID	Building Replacement Cost Calculation	Year Built	Primary Construction Type	Primary Exterior Wall Covering	Construction Quality
585401165	\$1,343,516.75	2014	Frame	Siding - Hardboard/Masonite	Average

Check All That Apply For Construction:

☐ Cripple Walls:
☐ Structural Upgrade
☐ Short Columns
☐ Soft Story/Stories
☐ Reinforcement Level:

If Mobile Home:

Does it have tie down engineering? ☐ Yes ☐ No

Is it located in a mobile home park? ☐ Yes ☐ No

Is the building footprint regular shape? ☐ Yes ☐ No
(E.g. square, round, rectangular)

Does the building have vertical irregularities? ☐ Yes ☐ No

Location 1 Building 33 - Roofing Information

Year Roof Updated/Installed	Roof Shape	Roof Slope	Primary Roof Construction	Roof Class
2014	Gable	Low/Moderate	Architectural Shingles	None

Is there evidence of roof damage? ☐ Yes ☒ No

Location 1 Building 33 - Building Information

<input checked="" type="checkbox"/> Attached/Built-in Garage	Location: Ground Level Number of Parking Stalls: 5.00
<input type="checkbox"/> Indoor Swimming Pools	Number of Indoor Pools: Diving Boards/Slides: <input type="checkbox"/> Yes <input type="checkbox"/> No Protective Drain Device: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Steam Room/Sauna	
<input type="checkbox"/> Fitness Equipment	
<input checked="" type="checkbox"/> Laundry Facilities	Location: No Laundry Facilities
<input checked="" type="checkbox"/> Decks	Deck Location: Above Ground Level Deck Construction: Other Grills Allowed on Decks: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Solar Panels	
<input type="checkbox"/> Chimney	Number of Chimneys:

Location 1 Building 33 - Protective Devices

<input checked="" type="checkbox"/> Fire Alarm	Alarm Type: No qualifying devices
<input checked="" type="checkbox"/> Sprinkler System	Sprinkler Type: No Sprinkler System Meets National Installation Standard (NFPA-13d) <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sprinkler Inspected: No
Stove Suppression System in all residential units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are ABC rated fire extinguishers available in common areas? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are ABC rated fire extinguishers available in kitchen areas? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Carbon Monoxide Detector	Type: No Detector
<input checked="" type="checkbox"/> Burglar Alarm	Alarm Type: No qualifying devices

Policy Number: 91002-54810-58



Location 1 Building 33 - Protective Devices (continued)	
<input checked="" type="checkbox"/> Temperature Alarm	Alarm Type: No qualifying devices
<input type="checkbox"/> Lightning Protection System	
<input type="checkbox"/> Gas Leakage Sensors	
<input checked="" type="checkbox"/> Seismic Shut-Off Valve	Device Type: No qualifying devices
<input checked="" type="checkbox"/> Plumbing Auto Shut-Off Valve	Water Leakage Sensors: _____ Device Type: No
<input type="checkbox"/> Back-up Generator	
<input checked="" type="checkbox"/> Qualifying Storm Shutters and Protected Glass	Storm Protection Type: No qualifying Storm Protection
Are the exterior windows protected by bars and/or doors protected by gates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the exterior windows have bars, are they equipped with quick release devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Location 1 Building 33 - Building System Information				
Heating System Information				
Heating system present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Heating Installed/Last Updated (Year): 2014		
Schedule of Heating Systems				
Primary Heating System	System Type	Fuel Type		
<input checked="" type="checkbox"/>	Forced Air	Electric		
Plumbing System Information				
Plumbing System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Plumbing Installed/Last Updated (Year)	Waste System Type	Sump Pump	Battery Back-up	
2014	Sewer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electric System Information				
Electric System Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Electric System Installed/Last Updated (Year)	Electric Panel Type	Lowest Electrical Amperage (each unit)	Primary Wiring Type	Wind Turbine
2014	Circuit Breakers	200 Amps	Plastic Coated (Romex)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Surge protector for the building electrical systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Does the building contain any 'knob & cleat' or aluminum wiring? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Provide Details:				

Location 1 Building 33 - Building Coverages	
<input checked="" type="checkbox"/> Building	Limit: \$1,344,000 Valuation Method - Building: Replacement Cost Guaranteed Replacement Cost: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ACV Loss Settlement - Wind/Hail Roof Surfacing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-54810-58

**Location 1 Building 33 - Building Coverages (continued)**

<input checked="" type="checkbox"/> Business Income Options	<p>Ordinary Payroll Expense - Extend Days To: 60 Days - Included</p> <p>Extended Business Income - Extend Days To: 60 Days - Included</p> <p>Remove 72 Hour Waiting Period: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Limit Type: Specified Limit</p> <p>Limit: \$10,800</p> <p>Annual Income (this building only): \$10,800</p> <p>Dependent Properties Increased Limit: \$0</p> <p>Total Limit For Dependent Properties: \$5,000</p>
--	---

Location 1 Building 33 - Building Additional Coverages

<input checked="" type="checkbox"/> Ordinance Or Law	<p>Coverage 1 - Loss to undamaged portion of the Building Limit: \$1,344,000</p> <p>Coverage 2 - Demolition Limit:</p> <p>Coverage 3 - Increased Cost of Construction Limit:</p> <p>Combined Coverages 2 And 3 Limit: \$134,400</p> <p>Business Income And Extra Expense: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input checked="" type="checkbox"/> Water Back-up And Sump Pump Overflow	<p>Annual Aggregate Limit: \$250,000</p> <p>Deductible: \$10,000</p>

Policy Number: 91002-54810-58

**Additional Insured(s) Information**

Name	Type	Interest	Location
Morris Management, Inc.	Additional Insured - Managers or Lessors Of Premises		1093 10TH AVE NE ISSAQUAH WA 98029-7472

Remarks**Certification Statements**

THESE STATEMENTS are accurate to the best of my knowledge. The company may rely upon them in issuance of this policy. I understand that this policy may be subject to a minimum premium retention if I cancel this policy.

AMOUNTS OF INSURANCE: You are responsible for sufficient amounts of insurance for all coverage in this policy. You must notify us if you wish to increase or change any amount of insurance. This includes but is not limited to any increase due to:

- a. improvement, addition, or remodeling;
- b. purchase of personal property;
- c. construction cost estimate; or
- d. appraisal of any property.

For buildings and other structures, we use a building cost guide to assist you in estimating the construction cost. The cost guide uses very general information. We do not guarantee that any estimate from the building cost guide will represent the actual cost to reconstruct your buildings or other structures. You may obtain a construction cost estimate from a qualified appraiser or contractor at your expense.

APPLICABLE IN: WA

CONCEALMENT OR FRAUD:

- a. This policy was issued in reliance upon the information and warranties in your insurance application. We may void this policy from its inception if you intentionally:

- (1) concealed or misrepresented any material fact or circumstance; or
 - (2) made false statements;
- in your application.

APPLICABLE IN: AZ, CO, GA, IA, ID, IL, IN, MN, MO, ND, NE, NV, OH, OR, SD, UT, WA, WI

CONSUMER REPORTS: IMPORTANT - All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Consumer reports may be ordered in connection with this application. These reports provide information that may assist in determining your eligibility for insurance and the price you may be charged. Consumer reports may also be used for updates, renewals or extensions of this insurance. We may also obtain and use a credit-based insurance score based on information contained in your credit report. We may use a third party in connection with the development in a credit-based insurance score.

DOCUMENTATION: You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

INSPECTION: We may, but have no duty to inspect your property or operations. Our inspection report or any resulting advice does not warrant that your property or operations are safe, healthful or in compliance with any law or regulation. We have no duty to provide a copy of any report if we do an inspection.

CLAIMS-MADE COVERAGE: The application for Employee Benefits Liability, Employment Practices Liability, and/or Non-Profit Directors' and Officers' Liability is for Claims-Made coverage. Claims must be first made against the insured during the Policy Period and reported to us in writing as soon as practicable but in no event later than sixty (60) days after the end of the Policy Period. The insurance for claims-made coverage applies only if the Wrongful Act out of which the Claim arose occurred on or after the Retroactive Date, if any, shown in the declarations, and before the end of the Policy Period.

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information may be collected from others. The information collected by us or our agent may in certain circumstances be disclosed to third parties without authorization. You have the right to see your personal records and correct personal information collected. A detailed notice of information practices will be furnished by us or our agent if you request it.

Policy Number: 91002-54810-58


Certification Statements (Continued)

APPLICABLE IN: WA

FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

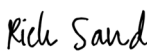

Terrorism Coverage: ☐ I Accept ☒ I Reject

Employment Practices Liability: ☐ I Accept ☒ I Reject

Asbestos Material Removal Exclusion: ☐ I Accept ☒ I Reject

Certification

You agree to all statements on this application on behalf of all insureds. All insureds must comply with all policy terms. Any failure to comply with policy terms by any insured will affect policy coverage for all insureds. ☒ I agree

Applicant Signature(s):	<small>DocuSigned by:</small>  <small>832F501A32ED4D3...</small>	Date and Time Signed: 5/3/2022 2:03 PM EDT
Applicant Signature(s):		Date and Time Signed:
Agent's Signature:		Date and Time Signed: 05/03/2022 10:46AM

OFFER OF TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM



American Family Insurance Company
6000 American Parkway
Madison WI 53783

For customer service and claims service
24 hours a day, 7 days a week

1-800-MY AMFAM (1-800-692-6326)
amfam.com

APPLICANT (First Named Insured): Brownstone At Issaquah Highlands Condominium Association	
DOING BUSINESS AS NAME (dba) Check if None <input checked="" type="checkbox"/>	
PRODUCER CODE: Steven Frank Weidenbach (24974)	POLICY NUMBER: 91002-48343-56

American Family Insurance Company

POLICY TYPE
Commercial Liability Umbrella Policy

Thank you for insuring with American Family Insurance. This notice provides you with important information about the Terrorism Risk Insurance Program Reauthorization Act of 2019. Please read the information below about the Act and notify American Family of your decision to accept or reject the coverage for "certified acts of terrorism".

Some Background

On Nov. 26, 2002, President Bush signed the Terrorism Risk Insurance Act into law, which requires insurance carriers to make coverage available to policyholders for losses due to "certified acts of terrorism". This Act has been reauthorized since then, and the latest reauthorization occurred in December of 2019 when President Trump signed the Terrorism Risk Insurance Program Reauthorization Act of 2019 into law. The most recent reauthorization extends the current program through December 31, 2027.

As an American Family customer, you have the right, under the recently reauthorized Act, to purchase insurance coverage for losses resulting from "certified acts of terrorism", which are defined as: any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism. The criteria contained in that law for certifying an act of terrorism includes the following:

- The act is a violent act or an act that is dangerous to human life, property or infrastructure;
- The act results in aggregate property and casualty insurance losses in excess of \$5 million; and
- The act is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Further Explanation

Where coverage is provided under the Act for losses resulting from "certified acts of terrorism", such losses may be partially reimbursed by the United States Government as established by the Act. You should also understand that your policy may contain exclusions (not part of the Act) that might affect your coverage. For example, if a "certified act of terrorism" occurs and results in damage that you're not covered for under other portions of your policy, the terrorism coverage may not apply to the loss because you need to have underlying coverage to qualify for a "certified act of terrorism" loss covered by the Act.

You should also be aware that the reauthorized Act contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" to \$100 billion per calendar year. What this means is, if the combined insured losses for all insurers exceeds \$100 billion, your coverage may be reduced due to the cap.

Per the Act, the United States Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by American Family Insurance. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

Disclosure Of Premium

	2.00% of the total premium

TERRORISM INSURANCE COVERAGE OPTIONS

(Please indicate your choice by checking the appropriate box.)

☐ **I accept coverage** for "certified acts of terrorism". I understand that I will be charged an additional premium for this coverage as shown in the previous section.

☒ **I do not wish to purchase coverage** for "certified acts of terrorism". I understand that as a result, an exclusion for losses caused by acts of terrorism will be made part of this policy.

Your decision to accept or reject coverage for "certified acts of terrorism" applies to the term of this policy. You will receive an offer and disclosure at each renewal as required by the act.

APPLICANT (First Named Insured)
Brownstone At Issaquah Highlands Condominium Association

APPLICANT'S SIGNATURE

Rich Sand

832F501A32ED4D3...

DATE

5/3/2022 | 2:03 PM EDT

PRODUCER CODE
24974

POLICY NUMBER
91002-48343-56

Commercial Liability Umbrella Policy Application - Washington



Steven Frank Weidenbach
315 N SPRAGUE ST
Agent Phone: 1-509-933-2200
E-mail: sweidenb@amfam.com

American Family Insurance Company
6000 American Parkway
Madison WI 53783
For customer service and claims service
24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

This application has been submitted unbound. No insurance shall be effective until approved by the Company.

Policy And Contact Information		
Policy Information		
Policy Number: 91002-48343-56	Effective Date: 05/01/2022	Expiration: 05/01/2023
Contract State: Washington	Application Date and Time Taken: 5/3/2022 at 10:26 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Named Insured: Brownstone At Issaquah Highlands Condominium Association		
Policy Mailing Address: 325 118th Ave SE Ste 204 Bellevue WA 98005-3521		
Description of Business and Operations: condo Association		
Business Email: rsand@morrismanagement.com		
Year Started: 2014	Form of Business: Limited Liability Company - Member Managed	

Account Questions	
Are there any business operations previously or currently conducted outside of the American Family Insurance operating territories?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any insurer refused or cancelled a policy in the last five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has the applicant had a foreclosure, repossession, bankruptcy, judgment, or lien in the past three years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has any applicant been convicted of a felony? (Optional for Auto and 1-4 Family Rental Units in WI)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Eligibility Questions	
Has any product, work, accident or location been excluded, uninsured or self-insured from any previous policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have there been any liability occurrences or claims exceeding \$10,000 during the past five years, whether insured or not?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have there been three or more liability claims on the underlying policy(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any liability losses of \$1,000,000 or more on any underlying policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured loan, lease or rent any equipment or machinery to others?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the business operations include the transportation of passengers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any vehicles owned by a named entity not listed on the underlying policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any vehicles leased or rented to others?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured own or rent any parking facilities to others?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured sponsor sporting/social events or vehicles for racing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured haul explosives, caustics, flammables or other dangerous materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do any current or past products, or their components, contain hazardous material that may require specialized disposal methods?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there any exposure to pollutants such as fumes, acid, toxic waste or noxious gases?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured work with explosives, chemicals or radioactive materials?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any underlying policy provide Pollution Liability coverage other than for building heating, cooling and dehumidifying equipment or for hostile fire?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured participate in trade shows, exhibits or conventions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Policy Number: 91002-48343-56



Eligibility Questions (continued)	
Does any Named Insured conduct daycare operations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured provide medical, nursing or assisted living services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured manufacture or perform operations upon any products?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does any Named Insured distribute foreign products in the U.S. or abroad?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are any Named Insureds subject to any of the following:	
• United States Longshoremen's and Harbor Workers' Compensation Act (USL&HW Act)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Defense Base Act	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Outer Continental Shelf Lands Act	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Civilian Employees of Nonappropriated Fund Instrumentalities Act	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Federal Coal Mine Health and Safety Act of 1969	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Migrant and Seasonal Agricultural Worker Act	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Admiralty Law (Jones Act or Merchant Marine Act of 1920)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Federal Employers' Liability Act (FELA)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is any Named Insured in the business of selling, serving or manufacturing alcohol?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there any underlying policies or coverages written on a Claims-Made form other than provided on the Businessowners Policy by endorsement?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Commercial Umbrella Coverages	
<input checked="" type="checkbox"/> Commercial Liability	Limits Of Insurance Aggregate Limit: \$10,000,000 Each Occurrence Limit: \$10,000,000 Personal And Advertising Injury Limit: \$10,000,000
<input checked="" type="checkbox"/> Self-Insured Retention	Each Occurrence: \$10,000
<input checked="" type="checkbox"/> Terrorism	<input type="checkbox"/> Accept <input checked="" type="checkbox"/> Reject

Policy Number: 91002-48343-56



Commercial Umbrella Policy Application - Washington

Underlying Policies Schedule

Underlying American Family Insurance Coverage/Policy(s)

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Businessowners Liability Coverage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Employers Liability / Stop Gap Coverage
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Business Key Commercial General Liability Coverage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Employee Benefits Liability Coverage
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Auto Liability (Owned) Coverage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Liquor Liability Coverage

Underlying Questions and Policy Detail - Businessowners Policy

Policy Number: 910025481058

Carrier: American Family

Terrorism:	Contract State: WA	Effective Date: 5/1/2022	Expiration Date: 5/1/2023
------------	--------------------	--------------------------	---------------------------

Prevailing Exposure:

Other Policy Details:

Has the business received any citations for law violations regarding sales of alcohol? ☐ Yes ☐ NoHas any Named Insured's liquor license ever been suspended or revoked? ☐ Yes ☐ NoAre all employees advised not to sell alcoholic beverages to intoxicated customers? ☐ Yes ☐ NoAre all employees instructed to request identification of patrons of questionable age? ☐ Yes ☐ NoAre signs posted stating customers must be of legal age to purchase alcoholic beverages? ☐ Yes ☐ No

Type(s) of alcoholic beverages sold:

Underlying Coverages

Certification Statements

THESE STATEMENTS are accurate to the best of my knowledge. The company may rely upon them in issuance of this policy. I understand that this policy may be subject to a minimum premium retention if I cancel this policy.

AMOUNTS OF INSURANCE: You are responsible for sufficient amounts of insurance for all coverage in this policy. You must notify us if you wish to increase or change any amount of insurance. This includes but is not limited to any increase due to:

- improvement, addition, or remodeling;
- purchase of personal property;
- construction cost estimate; or
- appraisal of any property.

For buildings and other structures, we use a building cost guide to assist you in estimating the construction cost. The cost guide uses very general information. We do not guarantee that any estimate from the building cost guide will represent the actual cost to reconstruct your buildings or other structures. You may obtain a construction cost estimate from a qualified appraiser or contractor at your expense.

APPLICABLE IN: WA

CONCEALMENT OR FRAUD:

a. This policy was issued in reliance upon the information and warranties in your insurance application. We may void this policy from its inception if you intentionally:

- concealed or misrepresented any material fact or circumstance; or
 - made false statements;
- in your application.

Policy Number: 91002-48343-56

**Certification Statements (Continued)**

APPLICABLE IN: AZ, CO, GA, IA, ID, IL, IN, MN, MO, ND, NE, NV, OH, OR, SD, UT, WA, WI

CONSUMER REPORTS: IMPORTANT - All proposed named insureds listed on this application must be made aware of the following consumer report statement by the person signing this application. Consumer reports may be ordered in connection with this application. These reports provide information that may assist in determining your eligibility for insurance and the price you may be charged. Consumer reports may also be used for updates, renewals or extensions of this insurance. We may also obtain and use a credit-based insurance score based on information contained in your credit report. We may use a third party in connection with the development in a credit-based insurance score.

DOCUMENTATION: You understand that you may be required to take additional action to qualify for discounts and coverages included in this application.

INSPECTION: We may, but have no duty to inspect your property or operations. Our inspection report or any resulting advice does not warrant that your property or operations are safe, healthful or in compliance with any law or regulation. We have no duty to provide a copy of any report if we do an inspection.

CLAIMS-MADE COVERAGE: The application for Employee Benefits Liability, and/or Non-Profit Directors' and Officers' Liability is for Claims-Made coverage. Claims must be first made against the insured during the Policy Period and reported to us in writing as soon as practicable but in no event later than sixty (60) days after the end of the Policy Period. The insurance for claims-made coverage applies only if the Wrongful Act out of which the Claim arose occurred on or after the Retroactive Date, if any, shown in the declarations, and before the end of the Policy Period.

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information may be collected from others. The information collected by us or our agent may in certain circumstances be disclosed to third parties without authorization. You have the right to see your personal records and correct personal information collected. A detailed notice of information practices will be furnished by us or our agent if you request it.

APPLICABLE IN: WA

FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Terrorism Coverage: ☐ I Accept ☒ I Reject

Remarks

Additional Remarks:

Certification

You agree to all statements on this application on behalf of all insureds. All insureds must comply with all policy terms. Any failure to comply with policy terms by any insured will affect policy coverage for all insureds. ☒ I agree

APPLICABLE IN: AZ, CO, GA, ID, IN, IA, KS, MN, MO, NE, NV, ND, OH, OR, SD, UT, WA, WI

UNINSURED MOTORISTS OR UNDERINSURED MOTORISTS: I understand this policy does not provide uninsured motorists or underinsured motorists coverage or any similar coverage regardless of the terms of the underlying insurance.

Applicant Signature(s): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>DocuSigned by:</small>  <small>832F501A32ED4D3...</small> </div>	Date and Time Signed: 5/3/2022 2:03 PM EDT
Applicant Signature(s):	Date and Time Signed:
Agent's Signature: 	Date and Time Signed: 05/03/2022 08:30AM

Certificate Of Completion

Envelope Id: 9787F86F7766416A88620F95D0A1A47B

Status: Completed

Subject: Please DocuSign: Brownstone at Issaquah Highlands Businessowners Application.pdf, Brownstone at...

Policy Number: 910025481058

Source Envelope:

Document Pages: 147

Signatures: 4

Envelope Originator:

Certificate Pages: 5

Initials: 0

Andrea Faucett

AutoNav: Enabled

6000 American Pkwy

Envelopeld Stamping: Enabled

Madison, WI 53783

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

afaucett@amfam.com

IP Address: 68.186.101.25

Record Tracking

Status: Original

Holder: Andrea Faucett

Location: DocuSign

5/3/2022 10:43:57 AM

afaucett@amfam.com

Signer Events

Rich Sand

rsand@morrismanagement.com

Association Manager

Security Level: Email, Account Authentication
(None)**Signature**

DocuSigned by:



832F501A32ED4D3...

Signature Adoption: Pre-selected Style

Signed by link sent to

rsand@morrismanagement.com

Using IP Address: 75.149.174.217

Timestamp

Sent: 5/3/2022 10:49:39 AM

Viewed: 5/3/2022 11:02:37 AM

Signed: 5/3/2022 11:03:03 AM

Electronic Record and Signature Disclosure:

Accepted: 5/3/2022 11:02:37 AM

ID: 83d2b5bb-1847-42b7-a88e-f72068cd9821

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/3/2022 10:49:39 AM
Certified Delivered	Security Checked	5/3/2022 11:02:37 AM
Signing Complete	Security Checked	5/3/2022 11:03:03 AM
Completed	Security Checked	5/3/2022 11:03:03 AM
Payment Events	Status	Timestamps

By clicking Confirm, I agree to the application of my electronic signature and initials to the document(s).

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, American Family Mutual Insurance Company, S.I. or one of its affiliates (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact American Family Mutual Insurance Company, S.I. or one of its affiliates:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by phone call: 1-800-692-6326

To contact us by paper mail, please send correspondence to:

American Family Mutual Insurance Company, S.I. or one of its affiliates

6000 American Pkwy

Madison, WI 53783

To advise American Family Mutual Insurance Company, S.I. or one of its affiliates of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from American Family Mutual Insurance Company, S.I. or one of its affiliates

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with American Family Mutual Insurance Company, S.I. or one of its affiliates

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection
----------------------------	--

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify American Family Mutual Insurance Company, S.I. or one of its affiliates as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by American Family Mutual Insurance Company, S.I. or one of its affiliates during the course of my relationship with you.