

OBTAINING A CERTIFICATE OF INSURANCE

Lender Instructions



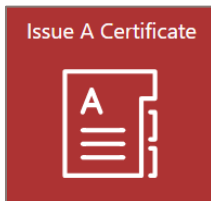
1. **CLICK HERE** or go to <https://portal.csr24.com/mvc/4555640>:

- a. Enter the following Username and Password:



Username: **soundview**
Password: **certs**

- b. Select the "Issue a Certificate" icon



2. Issue the Property Certificate:

- a. Select the Property Certificate Link

Friday, October 25, 2019

Certificate Selection List Previously Issued

Certificate Date Find

Preview	Certificate	Descriptions of Ops	Expiration Date
	19-20 Liability Certificate	Certificate Holder is named as Additional Insured as respe... named l...	10/1/2020
	19-20 Property Certificate	Certificate Holder is named as Mortgagee / Loss Payee. Coverage is "All In...	10/1/2020

2 Result(s)

- b. Click "Add Holder" at the top, or select an existing entry

Certificate Selection List Friday, October 11, 2019

Select Holder Add Holder

Name Address Description of Ops Find

▼ Advanced Options


Name	Address	Named Insured	Description of Ops
AmeriSave Mortgage Corp...	3525 Piedmont Road NE 8... Atlanta, GA		Unit Owner Name: SpongeBob Squarepant...
Caliber Home Loans, INC	ISAOA/ATIMA Springfield, OH 45501-7731		Unit Owner Name: Chuck Norris Address: 1...
Cornerstone Home Lending...	1177 West Loop South, Suit... Houston, TX 77027		Unit Owner Name: Jane R. Doe Address: 11...
Evidence of Insurance			Evidence of Insurance only.
Guild Mortgage Company	ISAOA San Diego, CA 92186-5304		Unit Owner Name: Bill S. Nye Address: 832...
USAA Federal Savings Bank...	P.O. Box 7729 Springfield, OH 45501-7729		Unit Owner Name: Betty White Address: 34...

6 Result(s)

c. Holder Information

This is where you enter the Lender/Mortgagee information, following the guide below:

*Note: Do **NOT** enter your client's loan # in the 'Loan Number' box – you will do this later.*

 Add Holder

▼ Holder Information

Name	Lender / Company Name
Address	
Line 1	Address 1
Line 2	Address 2
Line 3	
Line 4	
City	City
State/Province	WA
Zip/Postal Code	99999
Country	

This certificate supersedes previously issued certificate Yes

Do They Receive Renewals Yes One Time Only Interest Ends

Loan Number *DO NOT ADD LOAN # HERE*

Summary

Group Code

d. Property / Nature of Interest

- i. Additional Named Insured – Leave this blank
- ii. Property Information – Leave this blank
- iii. Check appropriate boxes for 'Mortgagee' and 'Loss Payee'
- iv. Other Interest – Leave both fields blank

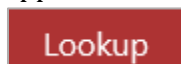
▼ Property/Nature of Interest

Additional Named Insured	LEAVE BLANK
Property Information (Location/Description)	LEAVE BLANK
	<input type="button" value="Lookup"/>
Mortgagee	<input checked="" type="checkbox"/>
Loss Payee	<input checked="" type="checkbox"/>
Other Interest	<input type="text"/> Please Select ▼
Other Interest	<input type="text"/> Please Select ▼

e. Description of Operations

This is where you enter your borrower's information, following the guide below:

- i. Click the "Lookup" button within the 'Holder Specific Portion' – a popup window will appear.



- ii. Select the 'Owner Information' template, which will populate the appropriate lines in the 'Description' box as follows:

Owner Information	Unit Owner Name: Address: Unit #
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- iii. Enter the unit owner's **Name(s), Property Address, Unit #, and Loan #**

▼ **Description of Operations**

Certificate Portion	
Holder Specific Portion	<div style="border: 1px solid gray; padding: 5px;"> Unit Owner Name: CHUCK NORRIS Address: 17119 ROUNDHOUSE RD, SEATTLE, WA 98119 Unit #201 Loan #321352856 </div>
<div style="display: inline-block; margin-right: 10px; background-color: #800000; color: white; padding: 5px 10px; border-radius: 3px;">Lookup</div> <div style="display: inline-block; background-color: #800000; color: white; padding: 5px 10px; border-radius: 3px;">Spell Check</div>	

f. Delivery Information – Recipient #1

You will send the certificate to your email address

- i. Enter Your Name (or the intended recipient's name) in the 'Attention' box
- ii. Check the 'Email the Form' box and enter your email address in the 'Email' field

▼ **Recipient 1**

Attention	<input type="text" value="Your Name"/>
Subject	<input type="text" value="Proof of Insurance for Sample Homeowners Association"/>
Message	<div style="border: 1px solid gray; height: 60px;"></div>
Email the Form	<input checked="" type="checkbox"/>
Email	<input type="text" value="youremail@mortgagecompany.com"/>

- iii. If everything looks correct, click "Submit" to send the Property Certificate to yourself.

Submit

- g. If you also need a Certificate of Liability Insurance for your client, click "Issue Another Certificate" and proceed to Step 3 of the instructions. If not, you're now finished and can close the window.

Confirmation

Open Certificate

Issue Another Certificate

Thank you John Smith!

The form has been delivered to the following recipients.

Emailed to Your Name - youremail@mortgagecompany.com

3. Issue the Liability Certificate

a. Select the Liability Certificate Link

Friday, October 25, 2019

Certificate Selection List Previously Issued

Certificate Date Find

Preview	Certificate	Descriptions of Ops	Expiration Date
	19-20 Liability Certificate	Certificate Holder is named as Additional Insured as respects the Named I...	10/1/2020
	19-20 Property Certificate	Certificate Holder is named as Mortgagee / Loss Payee. Coverage is "All In...	10/1/2020

2 Result(s)

b. If you've already completed a Property Certificate, your lender and client information should be available on the list. You can also search for the entry using the search bar.

Address Find

Advanced Options

c. Once you select the holder, info from the previously issued certificate should copy over.

Leave everything as is.

d. Click "Submit" to send the Liability Certificate to yourself.

Submit

Certificate Issuance is now complete.

After you hit submit, the next screen will confirm that the information has been submitted. The generated certificate will be instantly sent to your email address provided.

If you do not receive the certificate in your email within a couple minutes, please check your junk mail folder. If it still has not arrived, feel free to call our office at (425) 455-5640 or email at condos@tpgrp.com.





EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/20/2026

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS The Partners Group LLC 1111 Lake Washington Blvd N Suite 400 Renton, WA 98056		PHONE (A/C, No, Ext): 425-691-2650	COMPANY NAME AND ADDRESS Accelerant Specialty Ins #S0001PR00024202 Palomar Specialty #CPDCP261148604A03 (EQ)		NAIC NO: 16890
FAX (A/C, No): 425-691-5208	E-MAIL ADDRESS: condos@tpgrp.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE Property, Earthquake		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER See above	
NAMED INSURED AND ADDRESS Nautica Soundview Condominium Owners Association c/o Port Gardner Management P.O. Box 1007 Everett, WA 98206		EFFECTIVE DATE 02/01/2026	EXPIRATION DATE 02/01/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION See additional remarks
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/>	SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 32,465,600						DED: 10,000	
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	YES	NO	N/A			
		X			If YES, LIMIT:	<input checked="" type="checkbox"/>	Actual Loss Sustained; # of months:
BLANKET COVERAGE			X		If YES, indicate value(s) reported on property identified above: \$		
TERRORISM COVERAGE			X		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				X			
IS DOMESTIC TERRORISM EXCLUDED?				X			
LIMITED FUNGUS COVERAGE				X	If YES, LIMIT:	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)				X			
REPLACEMENT COST		X			100% Replacement Cost, Inflation Guard Included 4%		
AGREED VALUE			X				
COINSURANCE			X		If YES, %		
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: 32,465,600	DED: 10,000	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			If YES, LIMIT: 32,465,600	DED: 10,000	
- Demolition Costs		X			If YES, LIMIT: 1,000,000	DED: 10,000	
- Incr. Cost of Construction		X			If YES, LIMIT: 1,000,000	DED: 10,000	
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: 32,737,222	DED: 5%	
FLOOD (If Applicable)			X		If YES, LIMIT:	DED:	
WIND / HAIL (If Subject to Different Provisions)		X			If YES, LIMIT:	DED:	
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		X					

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
LENDERS LOSS PAYABLE		
NAME AND ADDRESS Port Gardner Property Management PO Box 1007 Everett, WA 98206		AUTHORIZED REPRESENTATIVE

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Certificate Holder is named as Mortgagee/Loss Payee. Coverage is "All In" including Tenant Improvements and Betterments (TIB), walls-in and interior build-out. Wind/Hail coverage is included and is subject to the property deductible. (126 Residential Units, 2 Commercial Units, 2 Buildings)
\$25,000 PER UNIT WATER DAMAGE DEDUCTIBLE, NOT TO EXCEED 5% OF BUILDING VALUE PER ENDORSEMENT SCP 12517 01/24

Location address: 2818 & 2824 Grand Ave, Everett, WA 98201



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2026

PRODUCER Phone: 425-691-2650
 The Partners Group LLC
 1111 Lake Washington Blvd N
 Suite 400
 Renton WA 98056

Fax: 425-691-5208

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**NAIC #**

INSURED
 Nautica Soundview Condominium Owners Associatio
 c/o Port Gardner Management
 P.O. Box 1007
 Everett WA 98206

INSURER A: Ohio Security Ins Co	24082
INSURER B: Federal Insurance Company	20281
INSURER C: Philadelphia Indemnity Insurance Company	18058
INSURER D: West American Insurance Company	44393
INSURER E:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
D	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BLW55415450	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAS55415450	2/1/2026	2/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
B	EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	G74866025	2/1/2026	2/1/2027	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under SPECIAL PROVISIONS below	BLW55415450	2/1/2026	2/1/2027	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C B	OTHER Crime (Fidelity) Directors & Officers	PCAC0088450720 99834869	2/1/2026 2/1/2026	2/1/2027 2/1/2027	Crime Limit \$500,000 Crime Deductible \$250 D&O Limit \$1,000,000 D&O Deductible \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named as Additional Insured as respects the Named Insured. Severability of Interests/Separation of Insured's applicable. Property Manager is included as an insured on the Fidelity/Crime policy.
 (126 Residential Units, 2 Commercial Units, 2 Buildings)

Location address: 2818 & 2824 Grand Ave, Everett, WA 98201

CERTIFICATE HOLDER

Port Gardner Property Management
 PO Box 1007
 Everett WA 98206

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.