

# OBTAINING A CERTIFICATE OF INSURANCE

## Lender Instructions



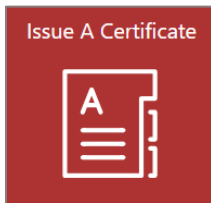
1. **CLICK HERE** or go to <https://portal.csr24.com/mvc/4555640>:

- 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 respec... 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...<br>Atlanta, GA          |               | Unit Owner Name: SpongeBob Squarepant...     |
| Caliber Home Loans, INC      | ISAOA/ATIMA<br>Springfield, OH 45501-7731          |               | Unit Owner Name: Chuck Norris Address: 1...  |
| Cornerstone Home Lending...  | 1177 West Loop South, Suit...<br>Houston, TX 77027 |               | Unit Owner Name: Jane R. Doe Address: 11...  |
| Evidence of Insurance        |  |               | Evidence of Insurance only.                  |
| Guild Mortgage Company       | ISAOA<br>San Diego, CA 92186-5304                  |               | Unit Owner Name: Bill S. Nye Address: 832... |
| USAA Federal Savings Bank... | P.O. Box 7729<br>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 |
| <b>Address</b>  |                       |
| 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

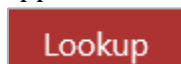
▼ Property/Nature of Interest

|  |                                       |
|--|---------------------------------------|
| Additional Named Insured                       | LEAVE BLANK                           |
| Property Information<br>(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:<br>Address:<br>Unit # |
|-------------------|--|

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

▼ Description of Operations

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Certificate Portion

Holder Specific Portion

|  |
|--|
| Unit Owner Name: CHUCK NORRIS<br>Address: 17119 ROUNDHOUSE RD, SEATTLE, WA 98119<br>Unit #201<br>Loan #321352856 |
|--|

Lookup Spell Check

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

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Attention: Your Name

Subject: Proof of Insurance for Sample Homeowners Association

Message:


Email the Form:

Email: 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.

X   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](mailto:condos@tpgrp.com).





# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

2/11/2020

**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<br>The Partners Group Ltd<br>11225 SE 6th St., Suite 110<br>Bellevue, WA 98004                           |                                      | PHONE (A/C, No, Ext): 425-455-5640 | COMPANY NAME AND ADDRESS<br>Liberty Surplus Ins Corp #P00077805 (Property)<br>Golden Bear Ins Co #FP61874 (Earthquake) | NAIC NO: 10725                |
| FAX (A/C, No): 425-455-6727  | E-MAIL ADDRESS: condoshelp@tpgrp.com |                                    | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH   |                               |
| CODE:<br>AGENCY CUSTOMER ID #:   | SUB CODE:                            |                                    | POLICY TYPE<br>Property, Earthquake  |                               |
| NAMED INSURED AND ADDRESS<br>Nautica Soundview Condominium Owners Association<br>c/o Port Gardner Management<br>P.O. Box 1007<br>Everett, WA 98206 |                                      |                                    | LOAN NUMBER  | POLICY NUMBER<br>See above    |
| ADDITIONAL NAMED INSURED(S)  |                                      |                                    | EFFECTIVE DATE<br>02/01/2020   | EXPIRATION DATE<br>02/01/2021 |
|  |                                      |                                    | <input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED   |                               |
|  |                                      |                                    | THIS REPLACES PRIOR EVIDENCE DATED:  |                               |

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


|   |
|---|
| LOCATION/DESCRIPTION<br>See additional remarks  |
| <p>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.</p> |

| COVERAGE INFORMATION  |  | PERILS INSURED | BASIC | BROAD | <input checked="" type="checkbox"/> | SPECIAL |  |
|---|--|----------------|-------|-------|-------------------------------------|---------|--|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 17,681,638                           |  |                |       |       |                                     |         | DED: 25,000  |
| <input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE |  | YES            | NO    | N/A   |                                     |         |  |
| BLANKET COVERAGE  |  | X              |       |       |                                     |         | If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: |
| TERRORISM COVERAGE  |  | X              |       |       |                                     |         | If YES, indicate value(s) reported on property identified above: \$                    |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?  |  |                |       | X     |                                     |         | Attach Disclosure Notice / DEC   |
| IS DOMESTIC TERRORISM EXCLUDED?   |  |                |       | X     |                                     |         |  |
| LIMITED FUNGUS COVERAGE   |  | X              |       |       |                                     |         | If YES, LIMIT: 10,000    DED:  |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)                             |  | X              |       |       |                                     |         |  |
| REPLACEMENT COST  |  | X              |       |       |                                     |         | 125% Extended Replacement Cost   |
| AGREED VALUE  |  |                | X     |       |                                     |         |  |
| COINSURANCE   |  |                | X     |       |                                     |         | If YES,    %   |
| EQUIPMENT BREAKDOWN (If Applicable)   |  | X              |       |       |                                     |         | If YES, LIMIT: 17,681,638    DED: 25,000   |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg                         |  | X              |       |       |                                     |         | DED:   |
| - Demolition Costs  |  | X              |       |       |                                     |         | If YES, LIMIT: 4,000,000    DED: 25,000  |
| - Incr. Cost of Construction  |  | X              |       |       |                                     |         | If YES, LIMIT: 4,000,000    DED: 25,000  |
| EARTH MOVEMENT (If Applicable)  |  | X              |       |       |                                     |         | If YES, LIMIT: 18,537,762    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<br>LENDERS LOSS PAYABLE<br>NAME AND ADDRESS<br><br>Port Gardner Property Management<br>PO Box 1007<br>Everett, WA 98206 | CONTRACT OF SALE | LENDER SERVICING AGENT NAME AND ADDRESS<br><br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|------------------|---|

**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.  
(128 Residential Units, 2 Buildings)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/11/2020

**PRODUCER** Phone: 425-455-5640  
 The Partners Group Ltd  
 11225 SE 6th St., Suite 110  
 Bellevue WA 98004

Fax: 425-455-6727

**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: American Fire & Casualty  | 24066 |
| INSURER B: Ohio Security Ins Co      | 24082 |
| INSURER C: Federal Insurance Company | 26832 |
| INSURER D: Liberty Mutual Ins Co     |       |
| INSURER E: Federal Insurance Company | 16691 |

**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  |
|----------------------|---|----------------------------|------------------------------------|-------------------------------------|---|
| A                    | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | BLA2055415450              | 2/1/2020                           | 2/1/2021                            | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B                    | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  | BAS2055415450              | 2/1/2020                           | 2/1/2021                            | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|                      | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |                            |                                    |                                     | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$   |
| C                    | <b>EXCESS / UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   | USL00213319U30641          | 2/1/2020                           | 2/1/2021                            | EACH OCCURRENCE \$ 25,000,000<br>AGGREGATE \$ 25,000,000<br>\$<br>\$<br>\$  |
|                      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under SPECIAL PROVISIONS below   |                            |                                    |                                     | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| D<br>E               | <b>OTHER</b><br>Crime (Fidelity) Directors & Officers   | PCAC0088450120<br>99834869 | 2/1/2020<br>2/1/2020               | 2/1/2021<br>2/1/2021                | Crime Limit \$500,000<br>Crime Deductible \$250<br>D&O Limit \$1,000,000<br>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.  
 (128 residential units, 2 buildings)

**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.