



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/11/2023

**THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.**

|  |   |                                      |  |   |
|--|---|--------------------------------------|--|---|
| AGENCY<br>Rice Insurance LLC<br>1400 Broadway<br><br>Bellingham WA 98225               |   | PHONE (A/C, No, Ext): (360) 734-1161 | COMPANY<br><br>Property #SSP1902084 (Seneca Specialty Insurance Company)<br>GL #103GL018502703 (Colony Insurance Company)<br>D&O/EPLI #NDO1044640P (United States Liability Insurance Company)<br>Crime #TCAC704833 (Liberty International Underwriters) |   |
| FAX (A/C, No): (360) 734-1173  | E-MAIL ADDRESS: certs@riceinsurance.com |                                      |  |   |
| CODE:  | SUB CODE:                               |                                      |  |   |
| AGENCY CUSTOMER ID #: 00053799   |   |                                      |  |   |
| INSURED<br>Birch Bay Village Community Club<br>8055 Cowichan Rd<br><br>Blaine WA 98230 |   | LOAN NUMBER                          | POLICY NUMBER<br>See Above & Below   |   |
|  |   | EFFECTIVE DATE<br>09/22/2023         | EXPIRATION DATE<br>09/22/2024  | <input type="checkbox"/> CONTINUED UNTIL<br>TERMINATED IF CHECKED |
| THIS REPLACES PRIOR EVIDENCE DATED:  |   |                                      |  |   |

## PROPERTY INFORMATION

### LOCATION/DESCRIPTION

8055 Cowichan Rd  
Blaine WA 98230  
Clubhouse, Bathhouse, Pro Shop, 5 Restrooms, Cooking Units, Maintenance Shop, Guardhouse, Marina Building, Frame Steps

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  SPECIAL

### COVERAGE / PERILS / FORMS

| COVERAGE / PERILS / FORMS  | AMOUNT OF INSURANCE | DEDUCTIBLE    |
|--|---------------------|---------------|
| *Building, Replacement Cost, Special form                                  | \$3,014,124         | \$10,000**    |
| General Liability - \$1,000,000 per occurrence / \$2,000,000 aggregate     |                     | \$5,000       |
| Directors and Officers - Eff: 10/12/2023 - 10/12/2024                      | \$1,000,000         | \$1,000       |
| Employment Practices   | \$1,000,000         | \$5,000       |
| Crime / Fidelity   | \$500,000           | \$5,000       |
| Business Auto #BAS61671426 (Ohio Security Ins Co)                          | CSL \$1,000,000     |               |
| Inland Marine #BMO61671426 (Ohio Casulty Ins Co)                           | \$159,800           | \$500/\$1,000 |
| Pollution #WA6427383 (Colony Insurance Company) EFF: 4/12/2023 - 4/12/2024 | \$1,000,000         | \$5,000       |
| Umbrella #MKLV5EUL105309 (Evanston Insurance Company)                      | \$5,000,000         |               |
| **Property Deductible Sewer/Drain/Sump, Theft, Vandalism, Water Damage     |                     | \$25,000      |

## REMARKS (Including Special Conditions)

\*Frame Steps, Actual Cash Value  
Coverage includes Replacement Cost – covers the full cost of replacing the building regardless of policy limits.  
\*30-Day Notice of Cancellation/10-Day Non-Pay\* Severability of Interest is included in the policy form  
No Coinsurance applies - coverage is written on Replacement Cost

## CANCELLATION

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

## ADDITIONAL INTEREST

|   |  |                       |            |
|---|--|-----------------------|------------|
| NAME AND ADDRESS<br><br>Evidence of Coverage To add Unit Owner or Mortgagee<br>Send request to<br>certs@riceinsurance.com | ADDITIONAL INSURED   | LENDER'S LOSS PAYABLE | LOSS PAYEE |
|   | MORTGAGEE  |                       |            |
|   | LOAN #   |                       |            |
|   | AUTHORIZED REPRESENTATIVE<br><br> |                       |            |