

**BUSINESSOWNERS POLICY  
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company  
American Family Insurance Company  
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**Steve Weidenbach Agency**  
315 N Sprague St  
Ellensburg, WA 98926  
teamweidenbach@amfam.com (cert requests)  
509-933-2200 (office) 844-662-1927 (fax)

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

**INSURED**

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

**Twin Lakes Homeowners Association, Inc.**  
3420 SW 320th St. Ste B3 Federal Way, WA 98023

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
46-X45170	06/20/22	06/20/23

★ **PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 1000 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>Common Elements</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>148,000.00</u>
Business Personal Property _____	<input type="checkbox"/> Replacement Cost	\$ _____

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	<b>\$2,000,000</b>
Damage To Premises Rented To You	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

Consult the Condominium Association's policy for insurance afforded Unit Owners.

**CERTIFICATE HOLDER(S)**      Effective Date \_\_\_\_\_       New Ownership/Occupancy       Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO.

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO.

MISCELLANEOUS

**Directors & Officers Liability: \$5,000,000. Severability of interest/separation of insureds, 30 day notice of cancellation & inflation protection included. Crime Coverage Includes: Employee Dishonesty, Forgery/Alteration, Computer Fraud, Funds Transfer Fraud: \$600,000 . Managing Agent: Bell Anderson & Associates, LLC listed as additional insured. Association has 1,360 homes and 1 playground.**

DATE ISSUED

**05/12/22**

AUTHORIZED REPRESENTATIVE

**Chelsea Lehner**