

Po Box 853925
 Richardson, TX 75085-3925

Named Insured

AT2 000244 3317 9L-15-02D5-FAE0 F M

FOUR SEASONS HOMEOWNERS ASSOCIATION
 15005 SW VILLAGE LN
 BEAVERTON OR 97007-3616



Entity: Corporation

RENEWAL DECLARATIONS

Policy Number	97-BY-X604-7	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 1 2017	DEC 1 2018
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		

ST-1
0103-1001

COMMERCIAL LIABILITY UMBRELLA POLICY

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	\$ 4,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 4,000,000
Self-Insured Retention	\$ 10,000

Required Underlying Insurance Schedule

Coverage	Minimum Underlying Limits
Business Liability	Bodily Injury (Per Occurrence) \$ 500,000
	Bodily Injury (Annual Aggregate) \$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate) \$ 100,000
	--or--
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Per Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Each Occurrence) \$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
	Bodily Injury (Each Person/Each Accident) \$ 500,000 / \$ 500,000
	Property Damage (Each Accident) \$ 100,000
	--or--
	Bodily Injury and Property Damage (Each Accident) \$ 500,000

Forms & Endorsements	Policy Premium	\$ 1,531.00
Commercial Umb Coverage Form CU-2100		
*Terrorism Insurance Cov Notice FE-6999.2		
*Amendment of Who Is an Insured CU-2385		
Exclusion - Lead Poisoning CU-2339		
Amendatory Endorsement CU-2237		

* New Form Attached _____ Other limits and exclusions may apply - refer to your policy _____

Continued on Reverse

CU-2000 OR Prepared
 OCT 03 2017
 0568 299 I
 E J6

BRENNAN INSURANCE AGENCY INC
 (503) 644-4999

Continued from Front

Coverage	Required Underlying Insurance Schedule	Minimum Underlying Limits	
Hired Auto Liability	Bodily Injury and Property Damage (Each Occurrence)	\$ 500,000	
	Bodily Injury and Property Damage (Annual Aggregate)	\$ 1,000,000	
	--or--		
	Bodily Injury (Each Person/Each Accident)	\$ 500,000 / \$ 500,000	
	Property Damage (Each Accident)	\$ 100,000	
	--or--		
	Bodily Injury and Property Damage (Each Accident)	\$ 500,000	

--	--

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yauell
Secretary

Michael F. Tignor
President



STATE FARM FIRE AND CASUALTY COMPANY
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
 Richardson, TX 75085-3925

DECLARATIONS

Policy Number	97-BX-B223-1	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 1 2017	DEC 1 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

001320 3123 M-15-02D5-FAE0 F V

Named Insured

FOUR SEASONS HOMEOWNERS
 ASSOCIATION
 15005 SW VILLAGE LN
 BEAVERTON OR 97007-3616

Agent and Mailing Address
 BRENNAN INSURANCE AGENCY INC
 14475 SW ALLEN BLVD STE C
 BEAVERTON OR 97005-4418

PHONE: (503) 644-4999

Residential Community Association Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM \$ 5,186.00

Discounts Applied:
 Renewal Year
 Claim Record

Prepared
 OCT 03 2017
 CMP-4000 OR

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Reverse Side of Page

Page 1 of 6

012037 290 I
 E J5

DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOUR SEASONS HOMEOWNERS
 Policy Number 97-BX-B223-1

SECTION I - PROPERTY BLANKET

Coverage A - Buildings	Limit of Insurance*
Coverage B - Business Personal Property	\$ 289,200
	\$ 9,000

Location Number	Location of Described Premises
001	15005 SW VILLAGE LANE BEAVERTON OR 97007-3616

AUXILIARY STRUCTURES

Location Number	Description
001A	CLUBHOUSE
001B	LARGE POOL
001C	KIDDIE POOL

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 176.3

Prepared
 OCT 03 2017
 CMP-4000 OR

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Next Page

Page 2 of 6



DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOUR SEASONS HOMEOWNERS
Policy Number 97-BX-B223-1

SECTION I - DEDUCTIBLES

Basic Deductible	\$1,000		
Special Deductibles:			
Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$1,000		

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

Prepared
 OCT 03 2017
 CMP-4000 OR

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Reverse Side of Page

Page 3 of 6

DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOUR SEASONS HOMEOWNERS
 Policy Number 97-BX-B223-1

Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

Prepared
 OCT 03 2017
 CMP-4000 OR

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOUR SEASONS HOMEOWNERS
Policy Number 97-BX-B223-1

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$100,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
	LIMIT OF INSURANCE
AGGREGATE LIMITS	
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000
Directors and Officers Aggregate	\$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOUR SEASONS HOMEOWNERS
 Policy Number 97-BX-B223-1

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4561.1	*Policy Endorsement
CMP-4237.1	*Amendatory Endorsement
CMP-4705.2	*Loss of Income & Extra Expnse
CMP-4746.1	*Hired Auto Liability
FE-3650	*Actual Cash Value Endorsement
FE-6999.2	*Terrorism Insurance Cov Notice
CMP-4555	Residential Community Assoc
CMP-4508	Money and Securities
CMP-4814	Directors & Officers Liability
CMP-4710	Employee Dishonesty
FD-6007	Inland Marine Attach Dec
	* New Form Attached

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.


 Secretary


 President

Prepared
 OCT 03 2017
 CMP-4000 OR

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.



STATE FARM FIRE AND CASUALTY COMPANY
 A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
 Richardson, TX 75085-3925

INLAND MARINE ATTACHING DECLARATIONS

M-15-02D5-FAE0 F V

Named Insured

**FOUR SEASONS HOMEOWNERS
 ASSOCIATION
 15005 SW VILLAGE LN
 BEAVERTON OR 97007-3616**

Policy Number	97-BX-B223-1	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 1 2017	DEC 1 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

- FE-8743.1 *Inland Marine Computer Prop
- FE-8739 Inland Marine Conditions
- FE-6867 Amend of Inland Marine Condtns

*New Form Attached

See Reverse for Schedule Page with Limits

Prepared
 OCT 03 2017
 FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 10,000	\$ 500	Included
	Loss of Income and Extra Expense	\$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
OCT 03 2017
FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

012040