

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

Po Box 853925
Richardson, TX 75085-3925

Named Insured

E 000033 3123 M-15-92E7-FA70 F V

CHARBONNEAU HOMEOWNERS ASSN
PO BOX 219
WILSONVILLE OR 97070-0219



DECLARATIONS COVERAGE SUMMARY JUN 29 2022

Policy Number	97-E1-7524-5	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 1 2022	JUN 1 2023
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

JAY PUPPO CPCU
9375 SW WLSNVILLE RD STE A
WILSONVILLE OR 97070-7899

PHONE: (503) 582-8181
(503) 582-9282

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

Requested By: Policyholder

Policy Premium

Discounts Applied:
Multiple Unit
Claim Record

Prepared
JUN 29 2022
CMP-4000 OR

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530-686 a.2 05-31-2011 (o1f3231c)

DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
Coverage B - Business Personal Property

Limit of Insurance*
\$ 36,300,000
\$ 91,700

Location Number	Location of Described Premises
001	32645, 32635, 32625 & 32605 SW LAKE POINT CT WILSONVILLE OR 97070-6442
002	32390, 32400 & 32410 SW BOONES BEND RD WILSONVILLE OR 97070
003	8095 & 8075 SW WINCHESTER WAY WILSONVILLE OR 97070
004	8055 & 8025 SW WINCHESTER WAY WILSONVILLE OR 97070
005	8015 & 8000 SW WINCHESTER WAY WILSONVILLE OR 97070
006	8024 & 8050 SW WINCHESTER WAY WILSONVILLE OR 97070
007	8076, 8100 & 8126 SW WINCHESTER WAY & 32530 SW BOONES BEND RD
008	32485-32475 SW BOONES BEND RD WILSONVILLE OR 97070-6420

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5



ST-2-U
0227-2080

Location Number	Location of Described Premises
009	32465-32445 SW BOONES BEND RD WILSONVILLE OR 97070-6420
010	32435,32425 & 32395 SW BOONES BEND RD WILSONVILLE OR 97070
011	32375-32355 SW BOONES BEND RD WILSONVILLE OR 97070-6419
012	32345-32305 SW BOONES BEND RD WILSONVILLE OR 97070-6419
013	32287,32279 & 32271 SW BOONES BEND RD WILSONVILLE OR 97070
014	8245, 8249 & 8255 SW FAIRWAY DR WILSONVILLE OR 97070-9419
015	8235-8225 SW FAIRWAY DR WILSONVILLE OR 97070-9419
016	8155,8145 & 8125 SW FAIRWAY RD WILSONVILLE OR 97070
017	8085,8075 & 8065 SW FAIRWAY RD WILSONVILLE OR 97070
018	7900,7910 & 7920 SW FAIRWAY RD WILSONVILLE OR 97070

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

Location Number	Location of Described Premises
019	7990-8020 SW FAIRWAY RD WILSONVILLE OR 97070-6434
020	8040,8060 & 8070 SW FAIRWAY RD WILSONVILLE OR 97070
021	8080, 8090 & 8100 SW FAIRWAY DR WILSONVILLE OR 97070-6431
022	8140-8150 SW FAIRWAY RD WILSONVILLE OR 97070-6432
023	8180-8200 SW FAIRWAY RD WILSONVILLE OR 97070-6430
024	8210-8220 SW FAIRWAY RD WILSONVILLE OR 97070-9419
025	8240,8250 & 8260 SW FAIRWAY RD WILSONVILLE OR 97070
026	7915,7905 & 7895 SW FAIRWAY RD WILSONVILLE OR 97070
027	7885,7875 & 7865 SW FAIRWAY RD WILSONVILLE OR 97070
028	7805,7795 & 7785 SW FAIRWAY RD WILSONVILLE OR 97070

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5



ST-2-U
0327-2080

Location Number	Location of Described Premises
029	32685-32675 SW LAKE POINT CT WILSONVILLE OR 97070-6437
030	32665-32655 SW LAKE POINT CT WILSONVILLE OR 97070-6437
031	32645, 32635, 32625 & 32605 SW LAKE POINT CT WILSONVILLE OR 97070-6442
032	32595-32575 SW LAKE POINT CT WILSONVILLE OR 97070-6442
033	32565, 32555 & 32545 LAKE POINT CT WILSONVILLE OR 97070
034	32535-32525 SW LAKE POINT CT WILSONVILLE OR 97070-6441
035	32515 & 32505 SW LAKE POINT CT WILSONVILLE OR WILSONVILLE OR 97070-6441
036	32475, 32485 & 32495 SW LAKE POINT CT WILSONVILLE OR 97070-6440
037	32465, 32455 & 32445 SW LAKE POINT CT WILSONVILLE OR 97070
038	32430-32440 SW LAKE POINT CT WILSONVILLE OR 97070-6438

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

Location Number	Location of Described Premises
039	32450-32460 SW LAKE POINT CT WILSONVILLE OR 97070-6438
040	32470-32480 SW LAKE POINT CT WILSONVILLE OR 97070-6438
041	32490-32500 SW LAKE POINT CT WILSONVILLE OR 97070-6438
042	32510,32520 & 32530 SW LAKE POINT CT WILSONVILLE OR 97070
043	32540,32550 & 32560 SW LAKE POINT CT WILSONVILLE OR 97070
044	32600-32620 SW LAKE POINT CT WILSONVILLE OR 97070-6442
045	32660 SW LAKE POINT CT WILSONVILLE OR 97070-6437
046	32680 SW LAKE POINT CT WILSONVILLE OR 97070-6437

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AUXILIARY STRUCTURES

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5



Location Number	Description
001A	Recreation Building

ST-2-U
0427-2080

* 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: 229.0

SECTION I - DEDUCTIBLES

Basic Deductible \$10,000

Special Deductibles:

Earthquake	10%	Money and Securities	\$250
Employee Dishonesty	\$250	Equipment Breakdown	\$2,500

Other deductibles may apply - refer to policy.

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

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

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5



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

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

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	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$15,000
Damage To Premises Rented To You	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000

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.

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHARBONNEAU HOMEOWNERS ASSN
Policy Number 97-E1-7524-5

 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-4237.1	Amendatory Endorsement
CMP-4561.1	Policy Endorsement
CMP-4555	Residential Community Assoc
FE-3650	Actual Cash Value Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4710	Employee Dishonesty
CMP-4719.1	Earthquake Volcanic Eruption
CMP-4746.1	Hired Auto Liability
CMP-4508	Money and Securities
CMP-4527	Excl Ctrl Substances
CMP-4862	Building Ordinance or Law Cov
FE-7315.1	Blank Endorsement
FD-6007	Inland Marine Attach Dec

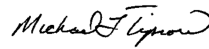
This policy is issued by the State Farm Fire and Casualty Company.

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

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97-E1-7524-5

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

Po Box 853925
Richardson, TX 75085-3925

Named Insured

M-15-92E7-FA70 F V

CHARBONNEAU HOMEOWNERS ASSN
PO BOX 219
WILSONVILLE OR 97070-0219



ST-2-U
0727-2080

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	97-E1-7524-5	
Policy Period	Effective Date	Expiration Date
12 Months	JUN 1 2022	JUN 1 2023
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

See Reverse for Schedule Page with Limits

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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

JUN 29 2022

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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