



COMMON POLICY DECLARATIONS

Named Insured RAVENNA WOODS CONDOMINIUM ASS

Mailing Address PO BOX 75535
 SEATTLE, WA 98175-0535

F004636434-001-00001

Account No.

79-03-34W

Agent No.

Prod. Count

60589-63-58

Policy Number

Form of Business Individual Joint Venture Limited Liability Co.
 Corporation Partnership Other Organization

Business Description:
 Condominium

Policy Period From 03-01-2026 (not prior to time applied for)
 To 03-01-2027 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$27,227.00
Directors And Officers Liability	\$1,363.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$28,590.00

Your Premium has increased by \$2,587.00 since the last term.

Policy Number: 60589-63-58

Effective Date: 03-01-2026

Forms Applicable To 25-9230ED5

PH Reminder - Review Your Coverage

All Coverage Parts:

Your Agent

Aaron Zweifach
23106 100th Ave W
Edmonds, WA 98020
(425) 774-7211

Countersigned (Date)

By Authorized Representative

Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.



Important Notice About Your Insurance

Dear Insured,

We want to make sure you're aware that this insurance policy does not include workers' compensation coverage. This means it will not pay for medical bills or lost wages if your employees get hurt on the job.

Your state may have laws that require you to have this type of coverage. Please make sure you follow the laws in your state.

For questions, please contact your Farmers[®] agent, or call us at (855)323-5350.

Thanks for choosing Farmers. We're grateful for the opportunity to serve you.

Farmers Insurance Group of Companies[®]

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



J6300
3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I	
Terrorism Premium (Certified Acts) \$	423.00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses <u>80</u> % Year: 20 <u>26</u>	
(Refer to Paragraph B. in this endorsement)	
Federal share of terrorism losses <u>80</u> % Year: 20 <u>27</u>	
(Refer to Paragraph B. in this endorsement)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part **II** of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



POLICY DECLARATIONS - CONDO/TOWNHOME PRIMARY POLICY

Named Insured RAVENNA WOODS CONDOMINIUM ASS

Mailing Address PO BOX 75535
SEATTLE, WA 98175-0535

Policy Number 60589-63-58

Auditable

Policy Period From 03-01-2026
To 03-01-2027 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

Favorable Loss Experience Discount

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

Your Agent

Aaron Zweifach
23106 100th Ave W
Edmonds, WA 98020
(425) 774-7211

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit)
Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;
 ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC
Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	2300 Ne 89th St Seattle, WA 98115-3372	CATHAY BANK ISAOA/ATIMA PO BOX 58571 ATTN: LOAN SERVICING DEPT. TUKWILA, WA 98138 LOAN NO. 5219233

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		ERC	\$9,828,700	\$10,000
Business Personal Property (BPP)		RC	\$10,300	\$10,000
Accounts Receivables - On-Premises			\$5,000	\$10,000
Building - Automatic Increase Amount			8%	
Building Ordinance Or Law - 1 (Undamaged Part)			Included	None
Building Ordinance Or Law - 2 (Demolition Cost)			\$225,400	None
Building Ordinance Or Law - 3 (Increased Cost)			\$225,400	None
Building Ordinance Or Law - Increased Period of Restoration			Included	None
Debris Removal			25% Of Loss + 10,000	
Electronic Data Processing Equipment			\$10,000	\$10,000
Exterior Building Glass			Included	\$10,000
Outdoor Property			\$2,500	\$10,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)			\$500	\$10,000
Personal Effects			\$2,500	\$10,000
Pollutant Clean Up And Removal Aggregate			\$10,000	\$10,000
Specified Property			\$2,700	\$10,000
Valuable Paper And Records - On-Premises			\$5,000	\$10,000

PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	\$2,500	\$10,000
Association Fees And Extra Expense	\$100,000	
Crime Conviction Reward	\$5,000	None
Drone Aircraft - Direct Damage (per occurrence)	\$10,000	\$10,000
Drone Aircraft - Direct Damage (per item)	\$2,500	\$10,000
Employee Dishonesty	\$425,000	\$500
Fire Department Service Charge	\$1,000	None
Fire Extinguisher Systems Recharge Expense	\$2,500	None
Forgery And Alteration	\$2,500	\$10,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$10,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$10,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$10,000
Master Key	\$5,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$5,300	\$500
Money And Securities - Outside Premises	\$5,300	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$10,000
Newly Acquired Or Constructed Property	\$250,000	\$10,000
Outdoor Signs	\$2,500	\$500
Outdoor Signs - Per Sign	\$1,000	
Personal Property At Newly Acquired Premises	\$100,000	\$10,000
Personal Property Off Premises	\$5,000	\$10,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Unit Owners - Included With Building	Included	\$10,000
Valuable Paper And Records - Off-Premises	\$2,500	\$10,000

**LIABILITY AND MEDICAL EXPENSES
COVERAGE AND LIMITS OF INSURANCE**

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/ Receipts; (U) Each Unit
 (M) Public Area Square Feet
 (O) Other:

Covered Premises And Operations

Address	Classification / Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
2300 Ne 89th St Seattle, WA 98115-3372	Condominiums / Townhomes	8641	Incl	Included	Included	Included

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED	
Coverage	Amount /Date
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$75,000
Medical Expense (Each Person)	\$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Directors & Officers Liability - Per Claim	\$2,000,000
Directors & Officers Liability - Aggregate	\$2,000,000
Directors & Officers Liability - Self Insured Retention	\$500
Directors & Officers Liability Retroactive Date	02/17/2015
Hired Auto Liability	\$2,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110ED2	Notice - No Workers' Compensation Covg
25-6716ED1	Reciprocal Provisions
25-9200ED3	Farmers Privacy Notice
E0018-ED2	Protective Safeguards
E0104-ED1	Business Liab Covg - Tenants Liability
E0125-ED1	Lead Poisoning And Contamination Excl
E0147-ED1	War Liability Exclusion
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Policy Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Coverage Form
E3418-ED2	Condo Assoc Unit Covg End
E3422-ED3	Condominium Property Coverage Form
E3425-ED2	Loss Payable Provisions
E6097-ED4	Extended Replacement Cost Endorsement
E6288-ED3	Exclusion - Conversion Projects
E9122-ED6	D & O Liability Covg - Condos & Co-Ops
J6300-ED3	Disclosure - Terrorism Risk Ins Act
J6316-ED2	Excl Of Loss Due To Virus Or Bacteria
J6350-ED1	Employee Dishonesty - Property Manager
J6351-ED2	Limited Terrorism Exclusion
J6353-ED1	Change To Limits Of Insurance
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Limited Coverage For Fungi And Bacteria
J6849-ED2	Deductible Provisions
J7110-ED2	Exclusion Confidential Info
J7114-ED1	Removal Of Asbestos Exclusion
J7122-ED2	Loss Payment - Profit, Overhead & Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Exclusion - Expanded Exception
J7139-ED1	Bus Inc & Extra Exp - Partial Slowdown
J7144-ED1	Amendment Of Pers & Advertising Inj Covg
J7158-ED1	Damage To Property Exclusion Revised
J7183-ED1	Limitation - Designated Premises/Project
J7222-ED1	Marijuana Exclusion
J7228-ED1	Drone Aircraft Coverage
J7230-ED1	Supplementary Payments
J7231-ED1	Addl Insd-Mgrs Or Lessors Of Premises
J7234-ED1	Addl Insd-Mortg, Assignee Or Receiver

Policy Number: 60589-63-58

Effective Date: 03-01-2026

Policy Forms And Endorsements Attached At Inception

Number	Title
J7507-ED1	Cyber Incident Exclusion
J7541-ED1	Broad Abuse Or Molestation Exclusion
J7544-ED1	Cyber Incident Liability Exclusion
J7545-ED1	Exclusion - Violation Of Laws
J7546-ED1	Exclusion PFAS
S7918-ED1	Membership/Policy Fee Provisions Amended
W2269-ED3	Washington Changes D&O
W2284-ED1	Washington Changes D&O
W7918-ED8	Washington Changes
W7919-ED2	Hired & Non-Owned Auto Liab-Washington
W7923-ED2	Washington Changes - Condominium Policy
W7934-ED1	Washington Chgs-Domestic Abuse
W7935-ED2	Mold And Microorganism Exclusion
W7939-ED2	WA - Amendment Of Terrorism Exclusions

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



W7918
8th Edition

WASHINGTON CHANGES

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS POLICY
CONDOMINIUM POLICY

A. The applicable PROPERTY COVERAGE FORM is amended as follows:

- 1.** Subparagraph **2.a.** of **Property Not Covered** in the APARTMENT OWNERS PROPERTY COVERAGE FORM and Subparagraph **2.b.** of **Property Not Covered** in the CONDOMINIUM PROPERTY COVERAGE FORM is replaced by the following:

Aircraft, automobiles, or motortrucks; and any other vehicle if such vehicle is subject to licensing requirements;

- 2.** Subparagraph **2.i.** of **Property Not Covered** is replaced by the following:

- i.** Electronic Data Processing Equipment which is permanently installed or designed to be permanently installed in any aircraft, watercraft, motortruck or other vehicle subject to licensing requirements.

- 3.** In the sections titled **COVERED CAUSES OF LOSS** or **EXCLUSIONS** an introductory paragraph preceding an exclusion or list of exclusions is replaced by the following paragraph, which pertains to application of those exclusions:

We will not pay for loss or damage caused by any of the excluded events described below. Loss or damage will be considered to have been caused by an excluded event if the occurrence:

- a.** Directly and solely results in loss or damage; or
- b.** Initiates a sequence of events that results in loss or damage, regardless of the nature of any intermediate or final event in that sequence.

- 4.** Section **B. EXCLUSIONS** is amended as follow:

- a.** Exclusion **B.1.a.** is amended as follows:

- (1)** Subparagraph **B.1.a.(2)** is replaced by the following:

VOLCANIC ACTION

- 1.** Volcanic eruption, explosion or effusion. But if volcanic eruption, explosion or effusion results in fire, building glass breakage or volcanic action, we will pay for the loss or damage caused by that fire, building glass breakage or volcanic action.

Volcanic Action means direct loss or damage resulting from the eruption of a volcano when loss or damage is caused by:

- a.** Volcanic blast or airborne shock waves; or
- b.** Ash, dust or particulate matter.

Volcanic Action does not provide coverage for damage to:

- (1)** Land;
- (2)** Property in the open or in open sheds; or
- (3)** Portions of buildings not completely enclosed, or personal property contained within those buildings.

All volcanic eruptions that occur within any 168-hour period will constitute a single occurrence.

2. Removal

Direct loss includes the cost to:

- a. Remove the ash, dust or particulate matter from the interior and exterior surfaces of the covered building; and
- b. Clean equipment and stock. If stock cannot be returned to its state before the volcanic eruption, the measure of loss will be the reduction in actual cash value.

Payment for removal applies only to the initial deposit of ash, dust or particulate matter following a volcanic eruption. Subsequent deposits arising from the movements of volcanic dust or ash by wind or other means are not covered.

The following applies to the Association Fees and Extra Expense or Business Income and Extra Expense Additional Coverages only:

The "period of restoration" arising from the need for removal is the time necessary to remove the matter described with reasonable speed from the Covered Property.

3. Volcanic Action does not include loss caused by, resulting from, contributed to or aggravated by:
 - a. Fire;
 - b. Explosion;
 - c. Flood, surface water, waves, tides, tidal waves, overflow of any body of water, or other spray, all whether driven by wind or not; or
 - d. Earth movement, including but not limited to earthquake, volcanic eruption, landslide, mine subsidence, lava flow, mud flow, earth sinking, earth rising or shifting.

(2) The following is added:

This exclusion applies if any of the events described in sub-paragraph **a.(1)** or **a.(2)**:

- (a) Occurs independently;
- (b) Is caused by an act of nature; or
- (c) Is caused by an act or omission of humans or animals.

- b. The last unnumbered paragraph in **Exclusion 1.f. Water, Mudslide or Mudflow** is replaced by the following:

This exclusion applies if any of the above, in Paragraphs **(a)** through **(e)**:

- (a) Occurs independently;
- (b) Is caused by an act of nature;
- (c) Is caused by an act or omission of humans or animals; or
- (d) Is attributable to the failure, in whole or in part, of a dam, levee, seawall or other boundary or containment system.

But if Water, Mudslide or Mudflow as described in Paragraphs **(1)** and **(2)**, results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

- c. Subsection **B.3. EXCLUSIONS** is amended as follows:

1. The introductory paragraph preceding Exclusions **a.** through **c.** does not apply.

2. Exclusions **a.** through **c.** are replaced by the following:

a. Weather Conditions

(1) A weather condition which results in:

- (a) Landslide, mudslide or mudflow;
- (b) Mine subsidence; earth sinking, rising or shifting (other than sinkhole collapse); or
- (c) Water, as described in Paragraph **B.1.f.** of this PROPERTY COVERAGE FORM and as amended in Paragraph **A.4.b.** of this endorsement;

But if loss or damage by fire, explosion or sprinkler leakage results, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

(2) A weather condition which results in the failure of power, communication, water or other utility service supplied to the described premises, if the failure:

(a) Originates away from the described premises; or

(b) Originates at the described premises, but only if such failure involved equipment used to supply the utility service to the described premises from a source away from the described premises.

But if loss or damage by a Covered Cause of Loss results, we will pay for that resulting loss or damage.

b. Acts or Decisions

Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body. But if loss or damage by a Covered Cause of Loss results, we will pay for that resulting loss or damage.

c. Negligent Work

Faulty, inadequate or defective:

(1) Planning, zoning, development, surveying, siting;

(2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;

(3) Materials used in repair, construction, renovation or remodeling; or

(4) Maintenance;

of part or all of any property on or off the described premises. But if loss or damage by a Covered Cause of Loss results, we will pay for that resulting loss or damage.

5. Section E. PROPERTY LOSS CONDITIONS is amended as follows:

a. The last paragraph of **2. Appraisal** does not apply.

b. Paragraph **3.a.(1) Duties In The Event Of Loss Or Damage**, regarding notifying the police if a law may have been broken, does not apply.

c. Paragraph **4. Legal Action Against Us** is replaced by the following:

Legal Action Against Us

No one may bring a legal action against us under this insurance unless:

a. There has been full compliance with all of the terms of this insurance; and

b. The action is brought within two years after the date on which the direct physical loss or damage occurred.

If this action is brought pursuant to Sec. 3 of RCW 48.30 then 20 days prior to filing such an action, you are required to provide written notice of the basis for the cause of action to us and the Office of the Insurance Commissioner. Such notice may be sent by regular mail, registered mail, or certified mail with return receipt requested.

d. Condition **5. Loss Payment** in the APARTMENT OWNERS PROPERTY COVERAGE FORM and **6. Loss Payment** in the CONDOMINIUM PROPERTY COVERAGE FORM is amended as follows:

1. Subparagraphs **d.(1)(a)(ii)** and **d.(1)(a)(iii)** are replaced by the following:

(ii) The amount it would cost to replace the damaged item at the time of the loss with new property of similar kind and quality to be used for the same purpose on the same site; or

(iii) The amount you actually spend in repairing the damage, or replacing the damaged property with new property of similar kind and quality.

6. Section F. PROPERTY GENERAL CONDITIONS is amended as follows:

a. Condition **2. Mortgageholders** is replaced by the following:

Insurance Commissioner's Regulation No. 335/WAC284-21-010 requires that form **372 (Ed. 11-50)** or Form **438 BFU (Ed. 5-42)** be endorsed on this policy to replace the **Mortgageholders** Property General Condition.

B. The applicable LIABILITY COVERAGE FORM is amended as follows:

1. The following is added to Paragraph **A.1.a. BUSINESS LIABILITY**:

If we initially defend an insured or pay for an insured's defense but later determine that none of the claims, for which we provided a defense or defense costs, are covered under this insurance, we have the right to reimbursement for the defense costs we have incurred.

The right to reimbursement under this provision will only apply to the costs we have incurred after we notify you in writing that there may not be coverage and that we are reserving our rights to terminate the defense or the payment of defense costs and to seek reimbursement for defense costs.

2. Exclusion **B.1.e. Employer's Liability** applies only to "bodily injury" to "employees" of the insured whose employment is not subject to the Industrial Insurance Act of Washington (Washington Revised Code Title 51).

With respect to "bodily injury" to "employees" of the insured whose employment is subject to the Industrial Insurance Act of Washington, Exclusion **B.1.e. Employer's Liability** is replaced by the following:

e. Employer's Liability

(1) "Bodily injury" to an "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business.

(2) Any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to liability assumed by the insured under an "insured contract".

3. Paragraph **2.a.(1)** of Section **C. WHO IS AN INSURED** applies only to "employees" of the insured whose employment is not subject to the Industrial Insurance Act of Washington (Washington Revised Code Title 51).

With respect to "employees" of the insured whose employment is subject to the Industrial Insurance Act of Washington, Paragraph **2.a.(1)** of Section **C. WHO IS AN INSURED** is replaced by the following:

(1) "Bodily injury" or "personal and advertising injury":

(a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), or to a co-"employee" while that co-"employee" is either in the course of his or her employment or performing duties related to the conduct of your business;

(b) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph **(1)(a)**; or

C. The COMMON POLICY CONDITIONS are amended as follows:

1. The Cancellation condition in the applicable COMMON POLICY CONDITIONS is replaced by the following:

CANCELLATION

1. The first Named Insured shown in the Declarations may cancel this policy by notifying us or the insurance producer in one of the following ways:

a. Written notice by mail, fax or e-mail;

b. Surrender of the policy or binder; or

c. Verbal notice.

Upon receipt of such notice, we will cancel this policy or any binder issued as evidence of coverage, effective on the later of the following:

a. The date on which notice is received or the policy or binder is surrendered; or

b. The date of cancellation requested by the first Named Insured.

2. We may cancel this policy by mailing or delivering to the first Named Insured and the first Named Insured's agent or broker written notice of cancellation at least:
 - a. Five days before the effective date of cancellation for any structure where two or more of the following conditions exist:
 - (1) Without reasonable explanation, the structure is unoccupied for more than 60 consecutive days, or at least 65% of the rental units are occupied for more than 120 consecutive days unless the structure is maintained for seasonal occupancy or is under construction or repair;
 - (2) Without reasonable explanation, progress toward completion of permanent repairs to the structure has not occurred within 60 days after receipt of funds following satisfactory adjustment or adjudication of loss resulting from a fire;
 - (3) Because of its physical condition, the structure is in danger of collapse;
 - (4) Because of its physical condition, a vacation or demolition order has been issued for the structure, or it has been declared unsafe in accordance with applicable law;
 - (5) Fixed and salvageable items have been removed from the structure, indicating an intent to vacate the structure;
 - (6) Without reasonable explanation, heat, water, sewer, and electricity are not furnished for the structure for 60 consecutive days; or
 - (7) The structure is not maintained in substantial compliance with fire, safety and building codes.
 - b. 10 days before the effective date of cancellation if we cancel for nonpayment of premium.
 - c. 60 days before the effective date of cancellation if we cancel for any other reason.
 3. We will mail or deliver our notice stating the actual reason for cancellation to the first Named Insured and the first Named Insured's agent or broker at their last mailing addresses known to us.
 4. We will also mail or deliver to any mortgageholder, pledgee or other person shown in this policy to have an interest in any loss which may occur under this policy, at their last mailing address known to us, written notice of cancellation prior to the effective date of cancellation. If cancellation is for reasons other than those contained in Paragraph **A.2.a.** above, this notice will be the same as that mailed or delivered to the first Named Insured. If cancellation is for a reason contained in Paragraph **A.2.a.** above, we will mail or delivery this notice at least 20 days prior to the effective date of cancellation.
 5. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
 6. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund will be at least 90% of the pro rata refund. The cancellation will be effective even if we have not made or offered a refund.
 7. If notice is mailed, proof of mailing will be sufficient proof of notice.
2. Paragraph **H.1. Other Insurance** is replaced by the following:
1. With respect to insurance provided under the applicable Property Coverage Form of this policy:
 - a. You may have other insurance subject to the same plan, terms, conditions and provisions as the insurance under this policy. If you do, we will pay our share of the covered loss or damage. Our share is the proportion that the applicable Limit of Insurance under this policy bears to the limits of insurance of all insurance covering the same basis.
 - b. If there is other insurance covering the same loss or damage, other than that described in a. above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Insurance.
3. Paragraph **I.3. Premiums** is replaced by the following:
3. The premium must be:
 - a. Paid to us prior to the anniversary date; and
 - b. Determined in accordance with Paragraph 2. above.
- Our forms then in effect will apply. If you do not pay the continuation premium, this policy will expire on the first anniversary date that we have not received the premium.

4. The following is added:

Nonrenewal

We may elect not to renew this policy by mailing or delivering written notice of nonrenewal, stating the reasons for nonrenewal, to the first Named Insured and the first Named Insured's agent or broker, at their last mailing addresses known to us. We will also mail to any mortgageholder, pledgee or other person shown in this policy to have an interest in any loss which may occur under this policy, at their last mailing addresses known to us, written notice of nonrenewal. We will mail or delivery these notices at least 60 days before the:

- a. Expiration of the policy; or
- b. Anniversary date of this policy if this policy has been written for a term of more than one year.

If notice is mailed, proof of mailing will be sufficient proof of notice.

Otherwise, we will renew this policy unless;

- a. The first Named Insured fails to pay the renewal premium after we have expressed our willingness to renew, including a statement of the renewal premium, to the first Named Insured and the first Named Insured's insurance agent or broker, at least 20 days before the expiration date; or
- b. Other coverage acceptable to the insured has been procured prior to the expiration date of the policy.
- c. The policy clearly states that it is not renewable, and is for a specific line, sub-classification, or type of coverage that is not offered on a renewable basis.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



W2269
3rd Edition

WASHINGTON CHANGES - DIRECTORS AND OFFICERS LIABILITY

This endorsement modifies insurance provided under the:

DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM (CONDOMINIUMS AND COOPERATIVES)

A. Section **A. COVERAGES** is amended as follows:

1. Paragraph **A.1.a(2)** is deleted and replaced by the following:

(2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of a judgement or settlement.

2. The following is added to Paragraph **A.1.a.**:

If we initially defend an insured or pay for an insured's defense but later determine that none of the claims, for which we provided a defense or defense costs, are covered under this insurance, we have the right to reimbursement for the defense costs we have incurred.

The right to reimbursement under this provision will only apply to the costs we have incurred after we notify you in writing that there may not be coverage and that we are reserving our rights to terminate the defense or the payment of defense costs and to seek reimbursement for defense costs.

B. Section **F. ADDITIONAL CONDITIONS** is amended as follows:

1. Paragraph **4. Representations** is deleted in its entirety.

2. The following is added:

8. Cancellation Or Nonrenewal

a. The first Named Insured shown in the Declarations may cancel this Coverage Form by notifying us or the insurance agent or broker of record in one of the following ways:

(1) Written notice by mail, fax or e-mail;

(2) Surrender of the Coverage Form; or

(3) Verbal notice.

Upon receipt of such notice, we will cancel this Coverage Form effective on the later of the following:

(1) The date on which notice is received or the Coverage Form is surrendered; or

(2) The date of cancellation requested by the first Named Insured.

b. We may cancel this policy by mailing or delivering to the first Named Insured and the first Named Insured's agent or broker written notice of cancellation, including the actual reason for the cancellation, to the last mailing address known to us, at least:

(1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(2) 60 days before the effective date of cancellation if we cancel for any other reason.

c. We will also mail or deliver to any mortgagee, pledgee or other person shown to have an interest in any loss, at their last mailing address known to us, written notice of cancellation prior to the effective date of cancellation.

- d.** Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- e.** If this Coverage Form is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund will be at least 90% of the pro rata refund. The cancellation will be effective even if we have not made or offered a refund.
- f.** If notice is mailed, proof of mailing will be sufficient proof of notice.
- g.** We may elect not to renew this Coverage Form by mailing or delivering written notice of nonrenewal, stating the reasons for nonrenewal, to the first Named Insured and the first Named Insured's agent or broker, at their last mailing addresses known to us. We will also mail to any mortgagee, pledgee or other person shown in this Coverage Form to have an interest in any loss which may occur under this Coverage Form, at their last mailing address known to us, written notice of nonrenewal. We will mail or deliver these notices at least 60 days before the:
 - (1)** Expiration of the Coverage Form; or
 - (2)** Anniversary date of this Coverage Form if this Coverage Form has been written for a term of more than one year.

Otherwise, we will renew this policy unless:

- (1)** The first Named Insured fails to pay the renewal premium after we have expressed our willingness to renew, including a statement of the renewal premium, to the first Named Insured and the first Named Insured's insurance agent or broker, at least 20 days before the expiration date;
- (2)** Other coverage acceptable to the insured has been procured prior to the expiration date of the policy; or
- (3)** The Coverage Form clearly states that it is not renewable and is for a specific line, or type of coverage that is not offered on a renewable basis.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



W2284
1st Edition

WASHINGTON CHANGES - DIRECTORS AND OFFICERS LIABILITY

This endorsement modifies insurance provided under the:
DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM (OFFICE CONDOMINIUMS)

A. Section **A. COVERAGES** is amended as follows:

1. Paragraph **A.1.a(2)** is deleted and replaced by the following:

(2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of a judgement or settlement.

2. The following is added to Paragraph **A.1.a.**:

If we initially defend an insured or pay for an insured's defense but later determine that none of the claims, for which we provided a defense or defense costs, are covered under this insurance, we have the right to reimbursement for the defense costs we have incurred.

The right to reimbursement under this provision will only apply to the costs we have incurred after we notify you in writing that there may not be coverage and that we are reserving our rights to terminate the defense or the payment of defense costs and to seek reimbursement for defense costs.

B. Section **F. ADDITIONAL CONDITIONS** is amended as follows:

1. Paragraph **8. Cancellation** is deleted and replaced with:

8. Cancellation

a. The first Named Insured shown in the Declarations may cancel this Coverage Form by notifying us or the insurance agent or broker of record in one of the following ways:

(1) Written notice by mail, fax or e-mail;

(2) Surrender of the Coverage Form; or

(3) Verbal notice.

Upon receipt of such notice, we will cancel this Coverage Form effective on the later of the following:

(1) The date on which notice is received or the Coverage Form is surrendered; or

(2) The date of cancellation requested by the first Named Insured.

b. We may cancel this policy by mailing or delivering to the first Named Insured and the first Named Insured's agent or broker written notice of cancellation, including the actual reason for the cancellation, to the last mailing address known to us, at least:

(1) 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

(2) 60 days before the effective date of cancellation if we cancel for any other reason.

c. We will also mail or deliver to any mortgagee, pledgee or other person shown to have an interest in any loss, at their last mailing address known to us, written notice of cancellation prior to the effective date of cancellation.

d. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

- e. If this Coverage Form is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund will be at least 90% of the pro rata refund. The cancellation will be effective even if we have not made or offered a refund.
 - f. If notice is mailed, proof of mailing will be sufficient proof of notice.
2. Paragraph **9. Non Renewal** is deleted and replaced with:
- a. We may elect not to renew this Coverage Form by mailing or delivering written notice of nonrenewal, stating the reasons for nonrenewal, to the first Named Insured and the first Named Insured's agent or broker, at their last mailing addresses known to us. We will also mail to any mortgagee, pledgee or other person shown in this Coverage Form to have an interest in any loss which may occur under this Coverage Form, at their last mailing address known to us, written notice of nonrenewal. We will mail or deliver these notices at least 60 days before the:
 - (1) Expiration of the Coverage Form; or
 - (2) Anniversary date of this Coverage Form if this Coverage Form has been written for a term of more than one year.

Otherwise, we will renew this policy unless:

- (1) The first Named Insured fails to pay the renewal premium after we have expressed our willingness to renew, including a statement of the renewal premium, to the first Named Insured and the first Named Insured's insurance agent or broker, at least 20 days before the expiration date;
- (2) Other coverage acceptable to the insured has been procured prior to the expiration date of the policy; or
- (3) The Coverage Form clearly states that it is not renewable and is for a specific line, or type of coverage that is not offered on a renewable basis.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers[®] agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.



Reciprocal Provisions

Applies only if this policy is issued by Truck Insurance Exchange, Farmers Insurance Exchange, or Fire Insurance Exchange.

This policy is made and issued in consideration of your premium payment to us. It is also issued in consideration of the information you gave to us during the application process, some of which is set out in the Declarations, and in consideration of the Subscription Agreement, which is provided to you and is incorporated herein by reference. You acknowledge that you have read, understood, and agree to all the terms and conditions of the Subscription Agreement. Among other things, the Subscription Agreement appoints your Attorney-in-Fact, authorizes your Attorney-in-Fact to execute interinsurance policies between you and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact. Membership fees that you pay as a subscriber are not part of the premium and are not returnable, unless otherwise required by state law.

We hold the Annual Meeting of the members of the Truck Insurance Exchange at our Home Office at Los Angeles, California, on the first Tuesday following the first Monday following the 15th day of March each year at 1:00 p.m. If this policy is issued by Farmers Insurance Exchange, we hold the Annual Meeting of the members of Farmers Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 2:00 pm. If this policy is issued by Fire Insurance Exchange, we hold the Annual Meeting of the members of Fire Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 10:00 a.m. The Board of Governors may elect to change the time and place of the meeting. If they do so, you will be mailed a written or printed notice at your last known address at least ten (10) days before such a time, barring a public safety incident or an emergency situation that would prevent timely notice. Otherwise, no notice will be sent to you.

The Board of Governors shall be chosen by subscribers from among yourselves. This will take place at the Annual Meeting or at any special meeting that is held for that purpose. The Board of Governors shall have full power and authority to establish such rules and regulations for our management as are not inconsistent with the Subscription Agreement.

Your premium for this policy and all payment made for its continuance shall be payable to us at our Home Office or such location named by us in your premium notice.

This policy is non-assessable.

Policy Fee Provisions

Applies only if this policy is issued by Mid-Century Insurance Company.

If you pay a policy fee it is fully earned when the policy is issued. It is not part of the premium. It is not returnable.

TRUCK INSURANCE EXCHANGE
By Truck Underwriters Association
Attorney-in-Fact

FIRE INSURANCE EXCHANGE
By Fire Underwriters Association
Attorney-in-Fact

FARMERS INSURANCE EXCHANGE
By Farmers Underwriters Association
Attorney-in-Fact

MID-CENTURY INSURANCE COMPANY

Secretary

President Of Business Insurance