

# CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company ☐  
 American Family Mutual Insurance Company, S.I. if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Copperleaf Homeowners Associat  
 C/O Blue Mountain Community Management  
 17933 NW Evergreen PI Ste 200  
 Beaverton, OR 97006

Agent's Name, Address and Phone Number (Agt./Dist.)  
 Terri Lynn Powell  
 7118 SW LEE RD  
 GASTON, OR 97119  
 (503) 521-8842 (107/503)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.**  
**This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that 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 certificate 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
<b>Homeowners/ Mobilehomeowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Boatowners Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Personal Umbrella Liability</b>				Bodily Injury and Property Damage Each Occurrence \$ ,000
<b>Farm/Ranch Liability</b>				Farm Liability & Personal Liability Each Occurrence \$ ,000 Farm Employer's Liability Each Occurrence \$ ,000
<b>Workers Compensation and Employers Liability †</b>				Statutory ***** Each Accident \$ ,000 Disease - Each Employee \$ ,000 Disease - Policy Limit \$ ,000
<b>General Liability</b> <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	36-X52397-01	07/08/2023	07/08/2024	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 10,000
<b>Businessowners Liability</b>				Each Occurrence†† \$ ,000 Aggregate†† \$ ,000
<b>Liquor Liability</b>				Common Cause Limit \$ ,000 Aggregate Limit \$ ,000
<b>Automobile Liability</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000 Bodily Injury - Each Accident \$ ,000 Property Damage \$ ,000 Bodily Injury and Property Damage Combined \$ ,000
<b>Excess Liability</b> <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Crime and Fidelity	36-X52397-02	07/08/2023	07/08/2024	Each Occurrence/Aggregate \$ 10,000
<b>Other (Miscellaneous Coverages)</b> Directors and Officers Liability 36-X52397-03 07/08/2023 07/08/2024 \$ 1,000,000 aggregate				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS <div style="float: right; text-align: right;">                     †The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not                      ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.                 </div>				
<b>CERTIFICATE HOLDER'S NAME AND ADDRESS</b>		<b>CANCELLATION</b>		
Blue Mountain Community Management 17933 NW Evergreen PI Ste 200 Beaverton, OR 97006		<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(        days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.		
		<input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.		
		DATE ISSUED	AUTHORIZED REPRESENTATIVE	
		10/06/2023	Kimberly Smithers	