AARON ZWEIFACH
23106 100TH AVE W
EDMONDS WA 98020

FARMERS INSURANCE

PARK PLACE HOMES CONDOMINIUM
PARK PLACE HOMES CONDOMINIUM
C/O NASH PROPERTY MANAGEMENT
PO BOX 75535
SEATTLE WA 98175-6473

60708-74-80
05/22/26
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RH619
AUTOMATIC-RENEWAL

ATTACH SRN FCS-0453
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ADDIDIRFLT

FARMERS INSURANCE

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03

ADDIDIRFLT

FARMERS®
INSURANCE

Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents online and send them to us with just a few clicks. It s an easy and safe way to send forms that need your signature. If you haven t signed up for eSign yet, contact your Farmers® agent today to get started.

After you ve activated eSign, any forms that need a signature and have an asterisk (*) next to them in your policy declarations will be sent to you through eSign.

Any future changes to your policy will also be processed through eSign if they can be.
Thank you for choosing us for your insurance.

FARMERS INSURANCE

STATEMENT

MID-CENTURY INSURANCE COMPANY

° PARK PLACE HOMES CONDOMINIUM
PARK PLACE HOMES CONDOMINIUM
C/O NASH PROPERTY MANAGEMENT
PO BOX 75535
SEATTLE WA 98175-6473

MAY 22, 2026
Date

79-03-34W
Agent's Number

60708-74-80
Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

This Statement Reflects:

Effective Date: 08/01/26

☐ New Business ☐ Reinstatement ☐ Change Of Coverage ☐ Added Coverage

$		Previous Balance Owing
$		Premium
$		Membership, Policy, Reinstatement, Reissue or Service Fees
$		Pro Rata Premium Due
$	11,070.00	Premium For Renewing Entire Present Coverage From 08/01/26 To 08/01/27
$		
$		
$		
$		
$	11,070.00	Total Charges
$		
$		Payments
$		Other Credits
$		Total Credits
$	- NONE -	**BALANCE DUE UPON RECEIPT**
$		Optional Amount
$		Refund

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.

IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F010928361-001-00001.

State Required Notification:

FARMERS INSURANCE

Dear Insured:

We know that your business needs can change throughout the year. You might get new equipment, hire more staff, open a new location, start online ordering or offer new services. These changes could mean you need to update your insurance coverage.

Farmers® and our agents are here to help you understand your insurance better. We offer free services to make sure your business has the right coverage.

How we can help:

Farmers Friendly Review®: Your agent can schedule a review with you. During this review, they can discuss:

- Available insurance discounts
- Potential gaps in your coverage
- New products that might be a good fit for you
- Changes to your business that might mean you could get a better price on your premium

MySafetyPoint.com: This website offers safety and loss control information to help you avoid workplace injuries and other losses.

To use this resource:

- Go to www.mysafetypoint.com
- Register with your policy number and email address
- Find safety information specific to your type of business

Please review the policy renewal documents enclosed to make sure your current coverage still meets your needs.

If you have any questions, please contact your Farmers agent.

Thank you for choosing us for your insurance.

FARMERS INSURANCE

Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Examples
Personal Identifiers	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.
Personal Characteristics	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
Commercial Information	Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.
Biometric Information	Voice print, photo.
Internet or Network Activity	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
Geolocation	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
Audio, Electronic, Visual, Thermal, Olfactory	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
Professional Information and Employment Information	Job titles, work history, school attended, employment status, veteran, or military status.
Education Information	Job titles, work history, school attended, marital status, e-mail, telephone recordings.
Inferences	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
Sensitive Personal Information	Social security number, driver s license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us.

Purposes For Collection Of Personal Information

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To conduct quality assurance;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;
- To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

Sources Of Personal Information

We collect certain information ("nonpublic personal information") about you and the members of your household (collectively, "you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information.
- Information about your transactions with us, our affiliates, or others, such as your policy coverage, premiums, and payment history.
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our on-line advertisements.
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information, and insurance claim history; and
- If you obtain a life, long-term care, or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How Long Do We Retain Your Information

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

(1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;

(2) with your written authorization; and

(3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group® of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act ("CCPA", California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at https://www.farmers.com/california-consumer-privacy/ .

Modifications to Our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Lloyds Insurance Company of Texas, Economy Premier Assurance Company, Farmers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC ("FS" or its registered representatives / Agents, visit FINRA s BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

FARMERS INSURANCE

Important Information About Your Cyber Liability And Data Breach Response Coverage

We want to let you know about a change to your cyber coverage. Your old "cyber liability and data breach expense coverage" is now **Cyber Liability And Data Breach Response Coverage** . This new coverage includes everything your old coverage did, plus five new benefits. The price for this coverage has not changed. You can also get higher coverage limits. If you think more protection would help your business, please contact your Farmers® agent.

Please read the information below to learn more about your new coverage and its benefits.

What is Cyber Liability and Data Breach Response Coverage?

This coverage helps protect your business in case of a cyber incident. It includes:

Third-party coverage:

- Information Security and Privacy Liability (included in your old coverage)
- Regulatory Defense and Penalties (included in your old coverage)
- Website Media Content Liability
- Payment Card Industry (PCI) Fines, Expenses and Costs

First-party coverage:

- Privacy Breach Response Services (included in your old coverage)
- Cyber Extortion
- First-Party Data Protection
- First-Party Network Business Interruption

Here's a closer look at what each coverage provides:

Information Security and Privacy Liability, which helps cover legal costs if you are responsible for:

- Theft, loss or unauthorized sharing of customer or company information.
- Security breaches due to computer security failures.
- Damage to data stored on your systems.
- Sending malicious code.
- Participation in a denial-of-service attack.
- Not following breach notification laws.
- Not following your privacy policy
- Not managing identity theft or information disposal programs correctly.

Privacy Breach Response Services

If a data breach happens, this coverage provides:

- Expert help to find out what happened and what steps to take.
- Help notifying customers that the law requires you to notify.
- Help notifying people who may be affected by a breach, even if you are not legally required to do so.
- Call center services.
- Help to fix and reduce the impact of the breach.

Regulatory Defense and Penalties: This helps cover costs and penalties from regulatory actions due to a covered incident.

Website Media Content Liability:

This helps cover costs if you are sued for things like:

- Using someone's name or image without permission.
- Stealing ideas or content.
- Copyright or trademark issues.

Payment Card Industry (PCI) Fines, Expenses and Costs: This helps cover fines and costs from the PCI if you don't follow their security rules for credit card information.

Cyber Extortion: This helps cover losses from cyber extortion.

First-Party Data Protection: This helps cover costs to restore your data if it is damaged or lost.

First-Party Network Business Interruption: This helps cover lost income if your computer systems are down due to a security breach.

What other benefits are included?

Your policy also includes free data security risk management services. These services provide:

- Expert online help for data security questions.
- Information about compliance and breach response.
- Email alerts about legal and regulatory changes.
- Online training for privacy compliance and IT staff.

How to access these services:

- Go to Farmers.Breachsolutions.com.
- Click the "Click here to register" link.
- Use this temporary activation code: Q1gYx6?
- Enter the requested information and your Farmers business insurance policy number.

Please allow eight business days for your access to be set up.

What does claims-made mean?

Some of this coverage is claims-made. This means that for coverage to apply, the claim must be reported to Farmers during your policy period. The event that caused the claim must have happened after your policy's retroactive date.

Is there an extended reporting period?

Yes, there is a 14-day reporting period after your policy ends. You can also buy an optional extended reporting period to protect against claims made after your policy ends.

Why is this coverage important?

Data breaches are a real threat to all businesses. When a breach happens, you need to be ready to respond quickly to protect your business. This new coverage helps make sure you are prepared if a covered claim occurs.

This notice is a summary of your cyber liability and data breach response coverage. Please review your full policy for all terms and conditions.

Thank you for choosing us for your insurance.

FARMERS INSURANCE

Important Policyholder Notice
About Your Preferred Community Association Management Coverage

Dear Policyholder,

This letter is about the **Preferred Community Association Management Coverage Form – J7495** included in your condo/townhome or PUD/homeowners association policy. This form provides important protections for your association, including:

- Directors and officers liability coverage
- Crisis response coverage
- Third-party discrimination and employment practices liability coverage

What is crisis response coverage?

This coverage provides your association with up to $50,000 to help with expenses after a covered crisis. This can include costs for:

- First aid and emergency care
- Ambulance services
- Hospital and nursing care
- Professional counseling
- Funeral expenses
- Temporary security measures

What is third-party discrimination and employment practices liability coverage?

Third-party discrimination coverage protects your association against claims of discrimination made by people who are not employees. This could include unit owners or their tenants. It covers claims related to discrimination based on:

- Race
- Color
- Religion
- Age
- Sex
- Disability
- Pregnancy
- Sexual orientation
- National origin
- Any other basis prohibited by law

Employment practices liability coverage protects your association against claims made by employees, former employees or job applicants. This includes claims of:

- Discrimination
- Harassment
- Inappropriate employment conduct

Thank you for choosing us for your insurance.

FARMERS INSURANCE

Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMON POLICY DECLARATIONS

Named Insured PARK PLACE HOMES CONDOMINIUM
PARK PLACE HOMES CONDOMINIUM

Mailing Address C/O NASH PROPERTY MANAGEMENT
PO BOX 75535
SEATTLE, WA 98175-6473

F010928361-001-00001 (Account No.) | (Prod. Count)
79-03-34W (Agent No.) | 60708-74-80 (Policy Number)

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

Business Description: Condominium

Policy Period From 08-01-2026 (not prior to time applied for)
To 08-01-2027 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	$10,602.00
Preferred Community Association Management	$425.00
Cyber Liability And Data Breach Expense Coverage	$43.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	$11,070.00

Your Premium has increased by $849.00 since the last term.

Policy Number: 60708-74-80 **Effective Date:** 08-01-2026

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.

FARMERS INSURANCE

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.

FARMERS INSURANCE

J6300
3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I

Terrorism Premium (Certified Acts) $ 110.00

Additional information, if any, concerning the terrorism premium:

SCHEDULE - PART II

Federal share of terrorism losses 80 **% Year: 20**26
(Refer to Paragraph **B.** in this endorsement)

Federal share of terrorism losses 80 **% Year: 20**27
(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.

FARMERS INSURANCE

Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

Named Insured PARK PLACE HOMES CONDOMINIUM
PARK PLACE HOMES CONDOMINIUM

Mailing Address C/O NASH PROPERTY MANAGEMENT
PO BOX 75535
SEATTLE, WA 98175-6473

Policy Number 60708-74-80 ☐ **Auditable**

Policy Period From 08-01-2026
To 08-01-2027 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	19726 50th Ave W Lynnwood, WA 98036-6473	

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		ERC	$2,826,600	$10,000
Business Personal Property (BPP)		RC	$56,700	$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)			$288,900	None
Building Ordinance Or Law - 3 (Increased Cost)			$288,800	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
Equipment Breakdown			Included	$10,000
Equipment Breakdown - Ammonia Contamination			$25,000	
Equipment Breakdown - Drying Out Coverage			Included	
Equipment Breakdown - Expediting Expenses			Included	
Equipment Breakdown - Hazardous Substances			$25,000	
Equipment Breakdown - Water Damage			$25,000	
Exterior Building Glass			Included	$10,000
Outdoor Property			$50,000	$10,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)			$25,000	$10,000
Personal Effects			$2,500	$10,000
Specified Property			$10,900	$10,000
Unit Owner's Building Property			$173,300	$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	
Back Up Of Sewers Or Drains	$50,000	$10,000
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	$10,000	$500
Fire Department Service Charge	$25,000	None
Fire Extinguisher Systems Recharge Expense	$5,000	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	$10,000	None
Master Key - Per Lock	$100	None
Money And Securities - Inside Premises	$10,000	$500
Money And Securities - Outside Premises	$10,000	$500
Money Orders And Counterfeit Paper Currency	$1,000	$10,000
Newly Acquired Or Constructed Property	$250,000	$10,000
Outdoor Signs	$50,000	$500
Outdoor Signs - Per Sign	$25,000	$500
Personal Property At Newly Acquired Premises	$100,000	$10,000
Personal Property Off Premises	$5,000	$10,000
Preferred Community Association Management - Crisis Response	$50,000	None
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
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
19726 50th Ave W Lynnwood, WA 98036-6473	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)	$2,000,000
Products And Completed Operations Aggregate	$1,000,000
Personal And Advertising Injury	Included
Each Occurrence	$1,000,000
Tenants Liability (Each Occurrence)	$75,000
Medical Expense (Each Person)	$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Preferred Community Association Management - Per Claim	$1,000,000
Preferred Community Association Management - Aggregate	$1,000,000
Directors and Officers Errors and Omissions Liability - Per Claim/Aggregate	Included
Third Party Discrimination and Employment Practices Liability - Per Claim/Aggregate	Included
Preferred Community Association Management - Self Insured Retention	$1,000
Preferred Community Association Management - Retroactive Date	Date Established
Preferred Community Association Management - Prior Knowledge Date	08/01/2024
Non-Owned Auto Liability	$1,000,000

Policy Number: 60708-74-80 **Effective Date:** 08-01-2026

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
25-9565ED2	Pref Community Assoc Mgmt Covg Phn
56-6191	Cyber Liability & Data Breach Dec
E0104-ED1	Business Liab Covg - Tenants Liability
E0119-ED5	Back Up Of Sewers And Overflow Of Drains
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
E3422-ED3	Condominium Property Coverage Form
E3440-ED2	Condo Assoc Unit Covg End
E6288-ED3	Exclusion - Conversion Projects
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
J6612-ED2	Equipment Breakdown Coverage Endorsement
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Limited Coverage For Fungi And Bacteria
J6833-ED2	Condominium Premier Package End
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
J7495-ED1	Pref Community Association Mgmt Coverage

Policy Number: 60708-74-80 **Effective Date:** 08-01-2026

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
W2276-ED2	Washington Amendatory
W2282-ED2	Washington Changes
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

FARMERS INSURANCE

Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

DECLARATIONS
CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

Named Insured PARK PLACE HOMES CONDOMINIUM
PARK PLACE HOMES CONDOMINIUM

Policy Number 60708-74-80

Mailing Address C/O NASH PROPERTY MANAGEMENT
PO BOX 75535
SEATTLE, WA 98175-6473

Policy Period From: 08-01-2026
To: 08-01-2027 12:01 A.M. Standard time at your mailing address shown above.

Retroactive Date: 08/01/2024

Continuity Date: 08/01/2024

Optional Extension Period:
Length of optional extension period: _____

If no time period is stated, optional extension period coverage is not provided.

Cyber Extortion Hot Line: 1-800-435-7764

Coverage	Limit Of Insurance	Retention/Waiting Period
Aggregate Limit of Liability	$50,000	
Insuring Agreement A - Information Security & Privacy Liability	$50,000	$2,500
Insuring Agreement B - Privacy Breach Response Services	$50,000/ 5,000 Notified Individuals	$2,500/ 100 Notified Individuals
Insuring Agreement C - Regulatory Defense & Penalties	$50,000	$2,500
Insuring Agreement D - Website Media Content Liability	$50,000	$2,500
Insuring Agreement E - PCI Fines, Expenses And Costs	$10,000	$2,500
Insuring Agreement F - Cyber Extortion	$50,000	$2,500
Insuring Agreement G - First Party Data Protection	$50,000	$2,500
Insuring Agreement H - First Party Network Business Interruption Income Loss/Extra Expense Waiting Period	$50,000	$2,500 12 hours

Policy Forms And Endorsements Attached At Inception

Number	Title
J7155-ED1	Cyber Liability Coverage Form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FARMERS INSURANCE

W2276
2nd Edition

WASHINGTON AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the:

CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE FORM

A. Section **II. DEFENSE AND SETTLEMENT OF CLAIMS** is amended by the addition of the following:

D. 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 and incurred "claims expenses", are covered under this insurance, we have the right to reimbursement for the "claims expenses" we have incurred.

The right to reimbursement under this provision will only apply to the defense 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 "claims expenses" and to seek reimbursement for "claims expenses".

B. Paragraphs **A.**, **B.1.** and **B.4.** of Section **VII. EXTENSION PERIODS** are deleted and replaced with the following:

A. Automatic Extension Period

We will provide a 14 day "automatic extension period" in the event of termination of this Coverage Form for any reason. The "automatic extension period" does not apply to Section **I. INSURING AGREEMENTS, B. Privacy Breach Response Services, F. Cyber Extortion, G. First Party Data Protection and H. First Party Network Business Interruption.**

B. Optional Extension Period

1. In the event of the termination of this Coverage Form for any reason, you have the right to purchase an endorsement providing an "optional extension period" of 12 or 24 months for "claims" first made against any "insured" and reported to us during the "optional extension period". You must submit a written request for the "optional extension period" to us within 30 days of the termination of this Coverage Form. Payment of the full additional premium for the "optional extension period" endorsement is due within 30 days of the termination of this Coverage Form. If notice of election and payment for the "optional extension period" is not given to us within such 30 day period, there shall be no right to purchase the "optional extension period".

4. The right to purchase an "optional extension period" shall not be available to you if the premium for the policy to which this coverage form is attached has not been paid in full, or if you have failed to pay amounts in excess of the applicable limit of liability or within the amount of the retention. The "optional extension period" does not apply to Section **I. INSURING AGREEMENTS, B. Privacy Breach Response Services, F. Cyber Extortion, G. First Party Data Protection and H. First Party Network Business Interruption.**

C. Paragraph **B. Appraisal of Loss** of Section **XIII. PROOF AND APPRAISAL OF LOSS** is deleted and replaced with the following:

B. Appraisal of Loss. If we do not agree with the "named insured" on the amount of a "loss", each party shall select and pay a qualified and disinterested appraiser or other qualified expert (the "Appraiser") to state the amount of the "loss" or reasonable expenses, and the Appraisers shall choose an umpire. If the Appraisers cannot agree on an umpire, the "named insured" or we may request a judge of a court having jurisdiction to make the selection. Each Appraiser shall submit the amount of the "loss" or reasonable expenses to the umpire, and agreement by the umpire and at least one of the Appraisers as to the amount of a "loss" shall be binding on all Insureds and us. The "named insured" and we will equally share the costs of the umpire and any other costs other than the cost of the Appraisers. This provision shall govern only the appraisal of the amount of a "loss", and shall not control the determination of whether such "loss" is otherwise covered by this insurance.

D. Paragraphs **A.** thru **C.** of Section **XVI. CANCELLATION** are deleted and replaced with the following:

A. The "named insured" may only cancel this Coverage Form by notifying the Company or the insurance agent or broker of record in one of the following ways:

1. Written notice by mail, fax or email;

2. Surrender of this 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 "named insured".

B. The Company may cancel this coverage form by mailing or delivering to the "named insured" written notice stating when, not less than 60 days thereafter such cancellation shall be effective. However, if the Company cancels this coverage form because the "named insured" has failed to pay a premium when due, this Coverage Form may be cancelled by the Company by mailing or delivering a written notice of cancellation to the "named insured" at the address shown in the Declarations, stating when not less than ten days thereafter such cancellation shall be effective.

Notice of cancellation shall be sent at the same time to the "named insured s" agent, or broker of record, and to the mortgagee or pledgee, if applicable, at their last mailing address known by the Company. The notice shall state the reason for cancellation. Notice of cancellation shall also be sent to any other person shown in the policy to have an interest in any "damages" and "claims expenses" afforded coverage under this coverage form, at their last mailing address known by the Company. The mailing of such notice shall be sufficient notice and the effective date of cancellation stated in the notice shall become the end of the "policy period". Delivery of such written notice by the Company shall be equivalent to mailing.

C. If this Coverage Form is cancelled, the Company will send the "named insured" any unearned premium refund due. If the Company cancels, the refund will be pro rata. Refund premium adjustments may be made at the time cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

If the "named insured" cancels, the refund may be less than pro rata. The cancellation will be effective even if the Company has not made or offered a refund.

D. Section **XVII. NONRENEWAL** is amended by the addition of the following:

The notice shall state the reason for nonrenewal. Notice of nonrenewal shall be sent at the same time to the "named insured s" agent, or broker of record, at their last mailing address known by the Company. Notice of nonrenewal shall also be sent to any other person shown in the policy to have an interest in any "damages" and "claims expenses" afforded coverage under this coverage form, at their last mailing address known by the Company.

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.

FARMERS INSURANCE

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, pledge 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.

FARMERS INSURANCE

W2282
2nd Edition

WASHINGTON CHANGES

This endorsement modifies insurance provided under the:

PREFERRED COMMUNITY ASSOCIATION MANAGEMENT COVERAGE FORM

A. Section I - Claims Made and Reported Liability Coverages is amended as follows:

1. Paragraph **A.3. Defense And Settlement** is amended to add the following:

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

The right to reimbursement under this provision will only apply to defense 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. Paragraph **G.1. Extended Reporting Period** is deleted and replaced with the following:

1. If a Limit of Liability for Directors and Officers Errors and Omissions Liability and/or Third Party Discrimination and Employment Practices Liability is shown in the Declarations, and one or both of these coverages is:

a. Cancelled for any reason; or

b. Not renewed;

the Named Insured shall have the right to purchase an Extended Reporting Period for that coverage. However, the right to purchase an Extended Reporting Period shall not be available to the Named Insured if the premium for the policy to which this coverage form is attached has not been paid in full, or if the Named Insured has failed to pay amounts in excess of the applicable Limit of Liability or within the amount of the retention.

When purchased, the Extended Reporting Period shall commence on the effective date of the cancellation or nonrenewal described above. The Extended Reporting Period shall only apply to "claims" first made against the insured during the Extended Reporting Period for "wrongful acts" committed on or after the applicable retroactive date shown in the Declarations and prior to the end the "policy period" or the effective cancellation or nonrenewal date, whichever occurs first. Such "claims" must be reported to us as soon as practicable, but in no event more than 60 days after the end of the Extended Reporting Period.

For purposes of the Limit of Liability, the Extended Reporting Period is part of, and not in addition to, the "policy period". The Extended Reporting Period will not, in any way, increase the applicable Limit of Liability shown in the Declarations.

3. The definition of "loss" in item **11.b.** of Paragraph **I. Definitions** is deleted and replaced with the following:

b. Taxes, fines, penalties or liquidated damages, including civil or criminal fines or penalties imposed by law;

B. Section II - Crisis Response Coverage is amended as follows:

1. Condition **E.2. Legal Action Against Us** is deleted and replaced with the following:

2. Legal Action Against Us

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

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

b. The action is brought within two years from the date the cause of action first accrues. A cause of action accrues on the date of the initial breach of our contractual duties as alleged in the action.

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.

C. Section III - Common Conditions is amended as follows:

1. Condition **B. Cancellation** is deleted and replaced with the following:

B. Cancellation

1. The first Named Insured shown in the Declarations may cancel this Coverage Form 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 Coverage Form or binder; or

c. Verbal notice.

Upon receipt of such notice, we will cancel this Coverage Form 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 Coverage Form or binder is surrendered; or

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

2. We may cancel this Coverage Form 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. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or

b. 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 agent or broker of record at their last known mailing addresses.

4. We will also mail or deliver written notice of cancellation to any mortgageholder, pledgee or other person shown in this Coverage From to have an interest in any loss which may occur under this Coverage Form, at their last known mailing address, 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 deliver 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 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.

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

2. Paragraph **2.c.** in Condition **C. Concealment, Misrepresentation Or Fraud** is deleted and replaced with the following:

c. If any material statements or representations we relied upon in issuing this Coverage Form are untrue, and were made with the intent to deceive, this Coverage Form shall be voidable; and

3. Paragraphs **1.** and **2.** in Condition **D. Nonrenewal** are deleted and replaced with the following:

1. If we decide not to renew this Coverage Form, we will mail or deliver written notice of the nonrenewal, stating the reasons for nonrenewal, to the first Named Insured, and the agent or broker of record, not less than 60 days before the expiration date, or the anniversary date if this Coverage Form has been written for a term of more than one year.

2. We will mail or deliver our notice to the first Named Insured's last known mailing address and to the Named Insured's agent or broker, at their last known mailing address. We will also mail written notice of nonrenewal to any mortgageholder, 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 known mailing address.

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.

FARMERS INSURANCE

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.

FARMERS INSURANCE

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

Chau Do

Secretary

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

MID-CENTURY INSURANCE COMPANY

President Of Business Insurance