

**BUSINESSOWNERS POLICY
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company
American Family Insurance Company
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**Kevin Reimer Agency
1140 Willagillespie Rd Ste 13
Eugene, OR 97401**

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

INSURED

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS
The Association of Unitowners of Island Lakes Condominiums, 1980 Lake Isle Drive, Eugene, OR 97401-1792

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
36X2638201	04/30/2018	04/30/2019

★ **PROPERTY**

Risks of Direct Physical Loss Named Perils \$ **10,000** Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>20/120 units</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ 13,329,728
Business Personal Property _____	Replacement Cost	\$ _____

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	
Damage To Premises Rented To You	\$50,000
Medical Expenses - Any One Person	\$2,000,000
Aggregate Limit (Other Than Products Completed Operations)	\$4,000,000
Products - Completed Operations Aggregate Limit	\$4,000,000

Consult the Condominium Association's policy for insurance afforded Unit Owners.

CERTIFICATE HOLDER(S) Effective Date 04/30/2017 New Ownership/Occupancy Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.	
UNIT OWNER'S MORTGAGEE NAME AND ADDRESS	LOAN NO.
UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS	LOAN NO.

DATE ISSUED 04/30/2018	AUTHORIZED REPRESENTATIVE Kevin Reimer
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