



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 7/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Higgins & Rutledge Insurance, Inc. 1661 W. Shoreline Dr., Ste 100 Boise ID 83702-6746	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 208-343-7741</td> <td>FAX (A/C. No.): 208-343-9371</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: andreaah@higginsrutledge.com</td> </tr> <tr> <td colspan="2">PRODUCER CUSTOMER ID: CITYS-1</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Selective Insurance Co of America</td> <td style="text-align: center;">NAIC # 12572</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C. No. Ext): 208-343-7741	FAX (A/C. No.): 208-343-9371	E-MAIL ADDRESS: andreaah@higginsrutledge.com		PRODUCER CUSTOMER ID: CITYS-1		INSURER(S) AFFORDING COVERAGE		INSURER A: Selective Insurance Co of America	NAIC # 12572	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																							
PHONE (A/C. No. Ext): 208-343-7741	FAX (A/C. No.): 208-343-9371																						
E-MAIL ADDRESS: andreaah@higginsrutledge.com																							
PRODUCER CUSTOMER ID: CITYS-1																							
INSURER(S) AFFORDING COVERAGE																							
INSURER A: Selective Insurance Co of America	NAIC # 12572																						
INSURER B:																							
INSURER C:																							
INSURER D:																							
INSURER E:																							
INSURER F:																							
INSURED CitySide Lofts Condo Assoc Inc % DS Property Management PO Box 45387 Boise ID 83711																							

COVERAGES **CERTIFICATE NUMBER:** 1337648935 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 406 S. 13th St., Boise, ID 83702, 35 Units, Flood Zone AE; Replacement Cost Yes; Policy paid in full.

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	FLD3002525	8/25/2023	8/25/2024	<input checked="" type="checkbox"/> BUILDING	\$ 5,062,000
	DEDUCTIBLES BASIC BUILDING 5,000 BROAD CONTENTS SPECIAL EARTHQUAKE WIND				<input type="checkbox"/> PERSONAL PROPERTY	\$
					<input type="checkbox"/> BUSINESS INCOME	\$
					<input type="checkbox"/> EXTRA EXPENSE	\$
					<input type="checkbox"/> RENTAL VALUE	\$
					<input type="checkbox"/> BLANKET BUILDING	\$
					<input type="checkbox"/> BLANKET PERS PROP	\$
					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS NAMED PERILS	POLICY NUMBER				\$
	<input type="checkbox"/> CRIME					\$
	TYPE OF POLICY					\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE