StateFarm
STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

DECLARATIONS AMENDED JUN 25 2018

Policy Number	92-B0-7402-1	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	JAN 1 2018	JAN 1 2019

The policy period begins and ends at 12:01 am standard time at the premises location.

M-15-6120-FB8B F V

001602 3123

Named Insured

EASTSIDE ESTATES
CONDOMINIUM ASSOCIATION
C/O SNOWS MANAGEMENT INC
2701 FAIRBANKS ST STE A
ANCHORAGE AK 99503-2825

Agent and Mailing Address
JUSTIN GOODMAN CLU
4200 OLD SEWARD HWY STE B4
ANCHORAGE AK 99503-6064

PHONE: (907) 561-7771

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: CONDOMINIUM
Reason for Declarations: Your policy is amended JUN 25 2018
ADDL INSURED INFORMATION CHANGED
FORM CMP-4860 CHANGED
FORM CMP-4860 ADDED
FORM CMP-4787 ADDED

Endorsement Premium None

Discounts Applied:
Renewal Year
Multiple Unit
Claim Record

Prepared
JUL 11 2018
CMP-4000

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Residential Community Association Policy for EASTSIDE ESTATES
Policy Number 92-B0-7402-1

SECTION I - PROPERTY BLANKET

	Limit of Insurance*
Coverage A - Buildings	$ 12,493,600
Coverage B - Business Personal Property	No Coverage

Location Number	Location of Described Premises
001	4101 E 20TH AVE UNIT 1-6 ANCHORAGE AK 99508-3561
002	4111 E 20TH AVE UNIT 7-12 ANCHORAGE AK 99508-3562
003	4181 E 20TH AVE UNIT 13-16 ANCHORAGE AK 99508-3563
004	4171 E 20TH AVE UNIT 17-20 ANCHORAGE AK 99508-3564
005	4151 E 20TH AVE UNIT 21-26 ANCHORAGE AK 99508-3565
006	4161 E 20TH AVE UNIT 27-28 ANCHORAGE AK 99508-3504
007	4141 E 20TH AVE UNIT 29-30 ANCHORAGE AK 99508-3504
008	4121 E 20TH AVE UNIT 31-32 ANCHORAGE AK 99508-3504

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Location Number	Location of Described Premises
009	4131 E 20TH AVE UNIT 33-35 ANCHORAGE AK 99508-3589
010	4081 E 20TH AVE UNIT 36-41 ANCHORAGE AK 99508-3579
011	4075 E 20TH AVE UNIT 42-46 ANCHORAGE AK 99508-3578
012	4069 E 20TH AVE UNIT 47-51 ANCHORAGE AK 99508-3577
013	4063 E 20TH AVE UNIT 52-56 ANCHORAGE AK 99508-3576
014	4057 E 20TH AVE UNIT 57-62 ANCHORAGE AK 99508-3575
015	4051 E 20TH AVE UNIT 63-67 ANCHORAGE AK 99508-3574
016	4045 E 20TH AVE UNIT 68-73 ANCHORAGE AK 99508-3586
017	4039 E 20TH AVE UNIT 74-78 ANCHORAGE AK 99508-3585
018	4033 E 20TH AVE UNIT 79-83 ANCHORAGE AK 99508-3584

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Location Number	Location of Described Premises
019	4027 E 20TH AVE UNIT 84-88 ANCHORAGE AK 99508-3583
020	4021 E 20TH AVE UNIT 89-94 ANCHORAGE AK 99508-3582
021	4015 E 20TH AVE UNIT 95-99 ANCHORAGE AK 99508-3581

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 200.4

SECTION I - DEDUCTIBLES

Basic Deductible $20,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250
Equipment Breakdown	$2,500		

Other deductibles may apply - refer to policy.

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	$5,000
Fire Extinguisher Systems Recharge Expense	$5,000
Glass Expenses	Included
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	$50,000
Off Premises	$15,000

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Continued on Reverse Side of Page

Arson Reward	$5,000
Forgery Or Alteration	$10,000
Money And Securities (Off Premises)	$5,000
Money And Securities (On Premises)	$10,000
Money Orders And Counterfeit Money	$1,000
Outdoor Property	$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Personal Property Off Premises	$15,000
Pollutant Clean Up And Removal	$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Signs	$2,500
Valuable Papers And Records	
On Premises	$10,000
Off Premises	$5,000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

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SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	$1,000,000
Coverage M - Medical Expenses (Any One Person)	$10,000
Damage To Premises Rented To You	$300,000
Directors And Officers Liability	$1,000,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	$2,000,000
General Aggregate	$2,000,000
Directors and Officers Aggregate	$1,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4102	Businessowners Coverage Form
CMP-4860	*Al Design Person Org
CMP-4787	*Waiver of Trans Rgt of Recov
CMP-4893	D&O Liab
CMP-4202	Amendatory Endorsement
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4788	Addl Insd Mgrs Lessor of Prem
CMP-4875	Loss Payable
CMP-4555	Residential Community Assoc
CMP-4746	Hired Auto Liability

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Residential Community Association Policy for EASTSIDE ESTATES
Policy Number 92-B0-7402-1

CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

ANCHORAGE SCHOOL DISTRICT
5530 E NORTHERN LIGHTS BLVD
ANCHORAGE AK 995043170

Interest Type: Addl Insured-Section II
Endorsement #: CMP4787
Loan Number: N/A

ANCHORAGE SCHOOL DISTRICT
5530 E NORTHERN LIGHTS BLVD
ANCHORAGE AK 995043170

Interest Type: Loss Payee
Endorsement #: CMP4875
Loan Number: N/A

AHFC
ATTN MORTGAGE SERVICING
PO BOX 101020
ANCHORAGE AK 995101020

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for EASTSIDE ESTATES
Policy Number 92-B0-7402-1

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yarrell
Secretary

Michael F. Tipton
President

Prepared
JUL 11 2018
CMP-4000

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StateFarm
STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 853925
Richardson, TX 75085-3925

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	92-B0-7402-1	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	JAN 1 2018	JAN 1 2019

The policy period begins and ends at 12:01 am standard time at the premises location.

M-15-6120-FB8B F V

Named Insured

EASTSIDE ESTATES
CONDOMINIUM ASSOCIATION
C/O SNOWS MANAGEMENT INC
2701 FAIRBANKS ST STE A
ANCHORAGE AK 99503-2825

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739	Inland Marine Conditions
FE-6264	Amend of Inland Marine Condtns
FE-6868	Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
JUL 11 2018
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-6868	Inland Marine Computer Prop	$ 10,000	$ 500	Included
	Loss of Income and Extra Expense	$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
JUL 11 2018
FD-6007

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016217

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CMP-4860 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 92-B0-7402-1

Named Insured:

EASTSIDE ESTATES
CONDOMINIUM ASSOCIATION
C/O SNOWS MANAGEMENT INC
2701 FAIRBANKS ST STE A
ANCHORAGE AK 99503-2825

Name And Address Of Additional Insured Person Or Organization:

ANCHORAGE SCHOOL DISTRICT
5530 E NORTHERN LIGHTS BLVD
ANCHORAGE AK 99504-3170

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
   a. **Premises And Ongoing Operations**
      Your acts or omissions or the acts or omissions of those acting on your behalf:
      (1) In connection with your premises; or
      (2) In the performance of your ongoing operations; or
   b. **Products-Completed Operations**
      "Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

CMP-4860

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CMP-4860 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

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BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 92-B0-7402-1

Named Insured:

EASTSIDE ESTATES
CONDOMINIUM ASSOCIATION
C/O SNOWS MANAGEMENT INC
2701 FAIRBANKS ST STE A
ANCHORAGE AK 99503-2825

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   a. **Premises And Ongoing Operations**
      Your acts or omissions or the acts or omissions of those acting on your behalf:
      (1) In connection with your premises; or
      (2) In the performance of your ongoing operations; or
   b. **Products-Completed Operations**
      "Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CMP-4787 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 92-B0-7402-1

Named Insured:

EASTSIDE ESTATES
CONDOMINIUM ASSOCIATION
C/O SNOWS MANAGEMENT INC
2701 FAIRBANKS ST STE A
ANCHORAGE AK 99503-2825

Name And Address Of Person Or Organization:

ANCHORAGE SCHOOL DISTRICT
5530 E NORTHERN LIGHTS BLVD
ANCHORAGE AK 99504-3170

The following is added to Paragraph **10.b.** of **SECTION I AND SECTION II — COMMON POLICY CONDITIONS**:

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of:

a. Your ongoing operations; or

b. "Your work" done under contract with that person or organization and included in the "products-completed operations hazard".

This waiver applies only to the person or organization shown in the Schedule.

All other policy provisions apply.

CMP-4787

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SCHEDULE

Policy Number: 92-B0-7402-1

Named Insured:

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C/O SNOWS MANAGEMENT INC
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All other policy provisions apply.

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