

POLICY DECLARATIONS  
PREMIUM SUMMARY

**Named Insured and Mailing Address:**

Woodlake Condo Association  
c/o PMSI  
P.O. Box 92130  
Anchorage, AK 99509

**Producer:**

Sultan Insurance Services, LLC  
1550 W. Fremont Street, 2nd Floor  
Stockton, CA 95203

**Producer No.:**00012666

**Send correspondence to:** P.O. Box 509039, San Diego, CA 92150-9039

Issued by the insurance company indicated below, herein called the company.

Policy Number	Carrier Name	Carrier Status	Subscription
XHO 8009583 00	Insurance Company of the West	A LICENSED, ADMITTED CARRIER	100.00%

**Policy Period**

From: 01/31/2026 To: 01/31/2027

12:01 A.M. standard time at the Named Insured's mailing address shown above.

**Premium Payment**

The first Named Insured shown in the Declarations is responsible for the payment of all premiums and will be the payee for any return premiums we pay.

In return for the payment of the premium and subject to all the terms and conditions of the policy, we agree with you to provide the insurance as stated in the policy. The premium is due and payable at inception. **PREMIUMS REFLECTED BELOW REPRESENT POLICY TERM PREMIUMS.**

ADMITTED PREMIUM/TAXES/FEES	
Insurance Company of the West	\$41,300
TOTAL PREMIUM (Excluding Taxes and Fees)	\$41,300
Minimum Retained Premium	25%

DATE ISSUED: 02/02/2026

UND 1210 (09-16)

POLICY DECLARATIONS  
INSURING AGREEMENT

**Named Insured and Mailing Address:**

Woodlake Condo Association  
c/o PMSI  
P.O. Box 92130  
Anchorage, AK 99509

**Producer:**

Sultan Insurance Services, LLC  
1550 W. Fremont Street, 2nd Floor  
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Issued by the insurance company indicated below, herein called the company.

Policy Number	Carrier Name	Carrier Status	Subscription
XHO 8009583 00	Insurance Company of the West	A LICENSED, ADMITTED CARRIER	100.00%

**Policy Period**

Insurance is issued by the company in consideration of payment of the required premium.

This policy is issued for the period 12:01 AM standard time at the Named Insured's mailing address shown above:

From: 01/31/2026 To: 01/31/2027

This Insuring Agreement together with the Premium Summary, Forms and Endorsements List, Declarations, Contracts, and Endorsements comprise this policy. Insurance is provided at those locations and for those coverages and Limits of Insurance shown in the Declarations. Endorsements, Sub-limits of Insurance and deductibles are listed in the Declarations. Endorsements may contain separate deductibles and limits or sub-limits of insurance.

Certain words and phrases in this policy have specific meaning. The meaning of such words and phrases are found in the Section I. **DEFINITIONS** of the **DIFFERENCE IN CONDITIONS COVERAGE FORM**. These definitions apply to the entire policy and any endorsements to it. Definitions that apply to individual forms or endorsements will be noted in a definitions section in those forms and endorsements. Titles of the various paragraphs of this policy and of endorsements attached to the policy are inserted solely for convenience or reference and shall not be deemed in any way to limit or affect provisions to which they relate.

You are presumed to have actually read this policy and understood its terms, whether this is the first policy year or a renewal of a prior policy. Please review the entire policy immediately and contact us or your agent or broker with any questions you may have.

**Approved Policyholder Notice** - "This policy is issued by a nonadmitted or surplus lines insurer. Insurance may only be purchased from nonadmitted insurers if the full amount, kind, or class of insurance cannot be obtained from insurers who are admitted to do business in the State of Alaska. Your broker or the surplus lines broker has determined that this was true on the date the policy was placed. Before issuing a renewal policy or extending this policy, remarketing is required. To avoid intentional or unintentional extension of coverage in the surplus lines market when an admitted market for that coverage exists, a nonadmitted insurer is prohibited from the automatic renewal or extension of a policy without remarketing by your broker or the surplus lines broker."

In order to comply with the Alaska Administrative Code, the following notice is given:

"You are hereby notified that, under 3 AAC 25.050, your policy will terminate effective no later than the date and time of its expiration. We reserve the right to cancel this policy sooner than the expiration date by giving you notice of cancellation as required in AS 21.36.220. You may request through your broker that a new policy from the surplus lines broker be concurrent with the effective date of the termination of this policy. You are also notified that a new policy, if issued by us, is subject to rerating, which may result in a premium increase of more than ten percent (10%). As required by 3 AAC 25.050, you are hereby notified that any subsequent policy issued by us may be subject to a ten percent (10%) or more increase in premium. The actual premium will be based upon rates that apply at the time a subsequent policy, if any, is issued and will be made available to you before the effective date of the new policy, or the date subsequent coverage is bound, whichever occurs first."

**DATE ISSUED: 02/02/2026**

**UND 1210 (09-16)**

**POLICY DECLARATIONS  
FORMS AND ENDORSEMENTS**

**Named Insured:** Woodlake Condo Association

Policy Number	Carrier Name	Carrier Status	Subscription
XHO 8009583 00	Insurance Company of the West	A LICENSED, ADMITTED CARRIER	100.00%

The following policy forms and endorsements have been attached to and made a part of the policy.

FORM NAME	FORM NUMBER	EDITION DATE
WHAT DO ICW GROUP COMPANIES DO WITH YOUR PERSONAL INFORMATION?	GLB Notice	(12-23)
DECLARATIONS	UND 1210	(09-16)
OFAC	UND 1503	(06-09)
SIGNATURE PAGE	UND 1504	(06-09)
DIFFERENCE IN CONDITIONS COVERAGE	UND 1211	(06-24)
HOMEOWNERS ASSOCIATION COVERAGE EXTENSION	UND 1217	(08-15)
ADDITIONAL COVERAGE - ORDINANCE OR LAW	UND 1227	(08-15)
TOTAL CYBER EXCLUSION	UND 1243	(12-20)
ADDITIONAL COVERAGE FOR CERTAIN EARTHQUAKE INDUCED WATER LOSSES	UND 1270	(09-17)
ALASKA CHANGES – APPRAISAL	UND 1602 AK	(06-09)
ALASKA CHANGES - CANCELLATION AND NONRENEWAL	UND 1603 AK	(06-09)
ALASKA CHANGES	UND 1604 AK	(06-09)
ALASKA-EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND BIOLOGICAL OR CHEMICAL ACTS OF TERRORISM	UND 1605 AK	(01-15)
ALASKA CHANGES – FUNGUS, WET ROT AND DRY ROT	UND 1629 AK	(08-15)
CLAIM REPORTING GUIDELINES	UND 1500 RIB	(09-18)
TOTAL COMMUNICABLE DISEASE EXCLUSION	UND 1245	(01-22)

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## DECLARATIONS

### A. LIMITS OF INSURANCE

The most we will pay for loss or damage is the applicable Limit of Insurance shown below.

- |  |              |
|--|--------------|
| 1. Limit of Insurance, as respects "Earthquake": | \$13,315,500 |
| Limit of Insurance, as respects "Flood":         | Not Covered  |

This policy will not pay more than the Limit of Insurance for the Causes of Loss listed above during the Policy Period, regardless of the number of "loss occurrences".

Limit of Insurance, All Other Covered Causes of Loss:	\$13,315,500
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As respects loss or damage caused by or resulting from All Other Covered Causes of Loss, this policy will not pay more than the Limit of Insurance shown above during any one "loss occurrence".

Limit of Insurance, any one "loss occurrence":	\$13,315,500
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In no event will our liability exceed this limit for any one "loss occurrence", regardless of the number of coverages, Causes of Loss or locations involved, and regardless of any additional coverages provided under this policy.

**a. Sub-limits of Insurance.**

These amounts are the most we will pay for the items described below and are included within and will not increase the Limit of Insurance described in **A.1.** above.

Loc #	Bldg #	Sub-limit of:	Description of Coverage:	Sub-limit of Insurance:
1	Aggregate	Building	Underground Utilities	\$332,888

This policy will not pay more than the Sub-limit of Insurance during the Policy Period, regardless of the number of "loss occurrences".

2. This policy provides scheduled coverage. It does not provide blanket coverage. This insurance applies only to those locations and Coverage Items identified in Section **E. SCHEDULE OF LOCATIONS AND VALUES**, or Statement of Values made part of this policy if the **SCHEDULE OF LOCATIONS AND VALUES** does not contain information on stated values. In either scenario, our liability is limited by those values.

In the event of each loss hereunder, our liability will be determined as follows:

- a.** For each individually stated Coverage Item involved in the loss, we will determine the least of:
- i.** The actual adjusted amount of loss;
  - ii.** The stated value for the Coverage Item, as shown on the **SCHEDULE OF LOCATIONS AND VALUES**, or Statement of Values made part of this policy if the **SCHEDULE OF LOCATIONS AND VALUES** does not contain information on values;
  - iii.** The applicable Sub-Limit of Insurance shown in **A.1., LIMITS OF INSURANCE** above.

This is the amount of our liability for the individually stated Coverage Item involved, subject to the further limitations below:

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- b. We will apply the deductible(s) in accordance with the terms and conditions of this policy.
- c. If this policy is excess, the loss recognized by this policy for all Coverage Items involved in a single "loss occurrence" will be reduced by the amount of the applicable underlying limits.
- d. Our liability is always limited by the applicable Limit of Insurance, as described in **A.1., LIMITS OF INSURANCE** above, including any applicable Sub-Limits of Insurance, as well as any applicable Limit of Insurance otherwise endorsed onto this policy.

**EXAMPLE -**

The coverages and amounts shown in the example may not be applicable to your policy. They are being used only to provide you with an example of how to calculate our liability.

Two locations suffer loss from a Covered Cause of Loss. Each location has one Building:

Location #1, Building #1 - The individually Stated Value of the Building Coverage Item is \$800,000 and the individually Stated Value of the Business Income Coverage Item is \$200,000

The total adjusted loss at Location #1, Building #1 = \$805,000 in Building damage and \$150,000 for Business Income loss.

Location #2, Building #1 - The individually Stated Value of the Building Coverage Item is \$550,000 and individually Stated Value of the Business Income Coverage Item is \$25,000.

The total adjusted loss at Location #2, Building #1 = \$250,000 in Building damage and \$26,000 for Business Income Loss.

Limit of Insurance for the Covered Cause of Loss = \$1,575,000

Step 1: Determine the liability for the building Coverage Item at Location #1, Building #1. Liability is limited to \$800,000 as the stated value is less than the adjusted amount of the loss.

Step 2: Determine the liability for the Business Income Coverage Item at Location #1, Building #1. Liability is limited to \$150,000 as the adjusted amount of the loss is less than the stated value.

Step 3: Determine the liability for the building Coverage Item at Location #2, Building #1. Liability is limited to \$250,000 as the adjusted amount of the loss is less than the stated value.

Step 4: Determine the liability for the Business Income Coverage Item at Location #2, Building #1. Liability is limited to \$25,000 as the stated value is less than the adjusted amount of the loss.

The most we will pay is \$1,225,000, less applicable deductibles, as this amount is less than the Limits of Insurance of \$1,575,000.

**B. COVERAGE**

For any location scheduled in **E. SCHEDULE OF LOCATIONS AND VALUES**, we provide coverage for the scheduled Coverage Item(s), for an amount not to exceed the stated value. Coverage is provided in accordance with the terms and conditions of this policy including but not limited to applicable deductibles. Terms and conditions that apply only to individual endorsements are set forth in those endorsements or in **C. SPECIFIC ENDORSEMENT INFORMATION** below. This policy provides coverage on a Replacement Cost basis for Building and Contents unless Actual Cash Value is endorsed on the policy.

**C. SPECIFIC ENDORSEMENT INFORMATION**

**DATE ISSUED: 02/02/2026**

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Form Name	Form Number	Fill In
ADDITIONAL COVERAGE - ORDINANCE OR LAW	UND 1227	Combined Limit of Insurance Coverage B and C: \$2,663,100; not to exceed the following amounts for each building: Loc 1, Bldg 1; 5620 Chilkoot Court, (Including 5657, 5655, 5653, 5651 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 2; 5620 Chilkoot Court, (Including 5661, 5663, 5665, 5667 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 3; 5620 Chilkoot Court, (Including 5641, 5643, 5645, 5647 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 4; 5620 Chilkoot Court, (Including 5631, 5633, 5635, 5637 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 5; 5620 Chilkoot Court, (Including 5640, 5642, 5644, 5646 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 6; 5620 Chilkoot Court, (Including 5650, 5652, 5654, 5656 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 7; 5620 Chilkoot Court, (Including 5660, 5662, 5664, 5666 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 8; 5620 Chilkoot Court, (Including 5620, 5622, 5624, 5626 Chilkoot Court), Anchorage, AK 99504: \$295,900 Loc 1, Bldg 9; 5620 Chilkoot Court, (Including 5610, 5612, 5614, 5616 Chilkoot Court), Anchorage, AK 99504: \$295,900

**D. DEDUCTIBLES**

All claims for loss or damage arising out of a single "loss occurrence" will be adjusted as one claim, and we will then be liable for the excess of the percentage(s) or amount(s) shown below, but in no event to exceed the applicable Limits of Insurance. If two or more causes of loss covered by this policy contribute to a single "loss occurrence", the total deductible will be the largest deductible applicable.

For application of Deductibles refer to section **B. DEDUCTIBLE CLAUSE** and section **G. 13. Stated Values** provision in the **DIFFERENCE IN CONDITIONS COVERAGE FORM**.

- 1. Loss resulting from "Earthquake":  
In any one "loss occurrence": 10.00%

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Subject to a minimum per "loss occurrence": \$50,000  
The Deductible applies: per unit

2. Loss resulting from "Flood":  
In any one "loss occurrence": N/A  
The Deductible applies: N/A

3. Loss resulting from All Other Covered Causes of Loss:  
In any one "loss occurrence": \$25,000  
The Deductible applies: per "loss occurrence"

#### **E. SCHEDULE OF LOCATIONS AND VALUES**

Each value stated below is the most we will pay for loss or damage for each stated Coverage Item, subject to the further limitations set forth in Section **A. LIMITS OF INSURANCE**, and subject to Section **B. DEDUCTIBLE CLAUSE** in the **DIFFERENCE IN CONDITIONS COVERAGE FORM**.

Each Coverage Item listed below will be considered a separate Unit of Insurance as it relates to Section **B. DEDUCTIBLE CLAUSE** in the **DIFFERENCE IN CONDITIONS COVERAGE FORM** except with respect to building values which are not individually stated for each separate building.

Per Section **G.13 Stated Values** provision in the **DIFFERENCE IN CONDITIONS COVERAGE FORM**, if at the time of the "loss occurrence", there is no value stated below for each individual building at a scheduled location, the stated value for each building will be determined by multiplying the total reported value of all buildings by the proportion that the square footage of the individual building bears to the total square footage of all buildings. The resulting apportioned values will be considered the stated value for the individual building. The apportioned value will be considered **a)** a separate Unit of Insurance for deductible calculations as specified in Section **B. DEDUCTIBLE CLAUSE**; and **b)** the stated value with respect to the Limits of Insurance as specified in Section **A.2., LIMITS OF INSURANCE** in the Declarations.

Items without an address follow the building or location address above them unless "Aggregate" is stated in both the Loc # and Bldg # columns.

Loc #	Bldg #	Address	Coverage Item	Stated Value
1	1	5620 Chilkoot Court, (Including 5657, 5655, 5653, 5651 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	2	5620 Chilkoot Court, (Including 5661, 5663, 5665, 5667 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	3	5620 Chilkoot Court, (Including 5641, 5643, 5645, 5647 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	4	5620 Chilkoot Court, (Including 5631, 5633, 5635, 5637 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	5	5620 Chilkoot Court, (Including 5640, 5642, 5644, 5646 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	6	5620 Chilkoot Court, (Including 5650, 5652, 5654, 5656 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	7	5620 Chilkoot Court, (Including 5660, 5662, 5664, 5666 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	8	5620 Chilkoot Court, (Including 5620, 5622, 5624, 5626 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500
1	9	5620 Chilkoot Court, (Including 5610, 5612, 5614, 5616 Chilkoot Court), Anchorage, AK 99504	Building including Ordinance or Law Coverage A	\$1,479,500