FARMERS INSURANCE

BRIAN GABALDON
1361 CENTER DR # 100
MEDFORD OR 97501

BELLA VISTA HOMES HOA
BELLA VISTA HOMES HOMEOWNERS
16520 SW UPR BNS FRY RD #250
C/O ASSOC MANAGEMENT SVC NW
PORTLAND OR 97224-7656

MAIL TO THE INSURED

60707-77-08
06/17/26
00:37:44
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RH150
ENDORSEMENT

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03

ADDIDIR6X9

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

E4277
1st Edition

Policy Number: 60707-77-08

POLICY CHANGES

Effective Date of Change: 04/30/26

Expiration Date: 04/30/26

Change Endorsement No.: 008

Agent: 73-09-37X

Named Insured: BELLA VISTA HOMES HOA
BELLA VISTA HOMES HOMEOWNERS
16520 SW UPR BNS FRY RD #250
C/O ASSOC MANAGEMENT SVC NW
PORTLAND OR 97224-7656

The following item(s):

	Insured's Name		Insured's Mailing Address
	Policy Number		Company
	Effective / Expiration Date		Insured's Legal Status / Business of Insured
	Payment Plan		Premium Determination
	Additional Interested Parties	X	Coverage Forms and Endorsements
	Limits / Exposures		Deductibles
	Covered Property / Location Description		Classification / Class Codes
	Rates		Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

X	No Changes		To Be Adjusted At Audit	Additional Premium $	Return Premium $
Authorized Representative Signature:					

FARMERS INSURANCE

Policy Changes Endorsement Description

ADD PREFERRED COMMUNITY ASSOCIATION MANAGEMENT COVERAGE
EXTENDED REPORTING PERIOD FROM 04-30-26 TO 04-30-29

Removal Permit

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change: after that, this insurance does not apply at the previous location.

FARMERS INSURANCE

STATEMENT

TRUCK INSURANCE EXCHANGE

- BELLA VISTA HOMES HOA
- BELLA VISTA HOMES HOMEOWNERS
- 16520 SW UPR BNS FRY RD #250
- C/O ASSOC MANAGEMENT SVC NW
- PORTLAND OR 97224-7656
-

JUNE 17, 2026
Date

73-09-37X
Agent's Number

60707-77-08
Policy Number

Loan Number

This Statement Reflects:

Effective Date: 04/30/26

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

$	Previous Balance Owing
$	Premium
$	Membership, Policy, Reinstatement, Reissue or Service Fees
$	Pro Rata Premium Due
$	Premium For Renewing Entire Present Coverage From _____ To _____
$ _____	Total Charges
$1338.00	EXTENDED REPORTING PERIOD
$	Payments
$	Other Credits
$ _____	Total Credits

$NONE **BALANCE DUE UPON RECEIPT**

$1338.00 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 # F010826706-001-00001.

State Required Notification:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FARMERS INSURANCE

J7496
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PREFERRED COMMUNITY ASSOCIATION MANAGEMENT COVERAGE – OPTIONAL EXTENDED REPORTING PERIOD

This endorsement modifies insurance provided under the:

PREFERRED COMMUNITY ASSOCIATION MANAGEMENT COVERAGE FORM

In consideration of an additional premium of $_____ charged for the Extended Reporting Period, it is agreed that the Named Insured has invoked the _____ month Extended Reporting Period pursuant to Section **I.G. Extended Reporting Period** of this Coverage Form.

The purchase of the Extended Reporting Period shall not in any way increase the Limit of Liability set forth in the Declarations for the last "policy period".

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.