

Fairview Village HOA (Phase 1)

2024 FAQ

P.O. Box 124 – Fairview, OR 97024
FVHOA.Phase1.board@gmail.com

PLEASE NOTE: THE ASSOCIATION DOES NOT HAVE ‘PHYSICAL ADDRESS’ OR AN OFFICE PHONE NUMBER

ALL NECESSARY INFORMATION & RECORDS MAY BE FOUND AT:
WWW.FAIRVIEWVILLAGEOREGON.ORG

THE BOARD MAY BE CONTACTED VIA EMAIL –
FVHOA.Phase1.Board@gmail.com


-The current Annual Assessment is \$200 due in one payment on March 1 of each year. There is a \$25 late fee after thirty days, and 12% interest is added per annum. There are no other current assessments or fees.

-The Common Wall Reserve Study is available on the HOA website - www.fairviewvillageoregon.org.

-This HOA is comprised of single-family homes. As such, all questions pertaining to Statements, Disclosure, Inspection, Impound, etc. fees are moot. The HOA does not provide any insurance aside from common wall insurance (the wall that runs along 2223rd and NE Glisan St). There are no transfer fees. By law, you must provide new homeowners a copy of the Bylaws & CCRs, available at the above website.

-The board is currently comprised of:
-President: Dixie Bowen
-Vice President: Kurt Hudson
-Secretary: Kay Metzger
-Treasurer: Jeff Dennerline

-**Country Mutual Insurance Company** provides the Associations General Liability Coverage. Our agent is Kelly Woodard @ (503) 661-7173. Please see below for limits. Directors and Officers insurance is also covered by the same policy.

		Policy Number AB 9208540 02																			
		COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS COUNTRY Mutual Insurance Company																			
Named Insured FAIRVIEW VILLAGE HOMEOWNERS		Effective Date: 10-17-2017 12:01 A.M., Standard Time																			
Agent Name WOODARD KRILLY R		Agent No. 06892																			
Item 1. Business Description: HOMEOWNERS ASSOCIATION																					
Item 2. Limits of Insurance																					
<table border="1"> <thead> <tr> <th>Coverage</th> <th>Limit of Liability</th> </tr> </thead> <tbody> <tr> <td>Aggregate Limits of Liability</td> <td>\$ 2,000,000</td> </tr> <tr> <td>Coverage A - Bodily Injury and Property Damage Liability</td> <td>\$ 1,000,000</td> </tr> <tr> <td>Damage To Premises Rented To You</td> <td>\$ 100,000</td> </tr> <tr> <td>Coverage B - Personal and Advertising Injury Liability</td> <td>\$ 1,000,000</td> </tr> <tr> <td>Coverage C - Medical Payments</td> <td>\$ 5,000</td> </tr> </tbody> </table>		Coverage	Limit of Liability	Aggregate Limits of Liability	\$ 2,000,000	Coverage A - Bodily Injury and Property Damage Liability	\$ 1,000,000	Damage To Premises Rented To You	\$ 100,000	Coverage B - Personal and Advertising Injury Liability	\$ 1,000,000	Coverage C - Medical Payments	\$ 5,000	<table border="1"> <tbody> <tr> <td>Products/Completed Operations Aggregate</td> </tr> <tr> <td>General Aggregate (other than Products/Completed Operations)</td> </tr> <tr> <td>any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability</td> </tr> <tr> <td>any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability</td> </tr> <tr> <td>any one person or organization subject to the General Aggregate Limits of Liability</td> </tr> <tr> <td>any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability</td> </tr> </tbody> </table>		Products/Completed Operations Aggregate	General Aggregate (other than Products/Completed Operations)	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability	any one person or organization subject to the General Aggregate Limits of Liability	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability
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Item 3. Retroactive Date This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies)																					
Item 4. Form of Business and Location of Premises Form of Business: ASSOCIATION Location of All Premises You Own, Rent or Occupy: See Schedule of Locations																					
Item 5. Forms and Endorsements Form(s) and endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements																					
Item 6. Premiums																					
Coverage Part Premium:		\$ 1,690.00																			
Other Premium:																					
Total Advance Premium:		\$ 1,690.00																			
Minimum Premium:		\$ 200.00																			

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.
 ACG DS 01 12/01

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