

EXHIBIT 16

INSURANCE



Community Association Underwriters of America, Inc.

CERTIFICATE OF INSURANCE

DATE: 1/10/2019 11:52:18 AM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT 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.

IMPORTANT: If the certificate holder is an additional insured, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such an endorsement(s).

PRODUCER

Community Association Underwriters Of America
40 Lake Bellevue, Suite 100
Bellevue, WA 98005

If you have any corrections or changes please Fax to
(267)757-7410, email to certs@cauinsure.com or visit our
website at www.cauinsure.com.

COMPANY

A American Alternative Insurance Corporation
(List of policies continued on page 2)

POLICY NUMBER
CAU506306

EFFECTIVE DATE
1/8/2019

EXPIRATION DATE
1/8/2020

INSURED

Edmonds Ebb Tide Association Of Apartment Owners
C/O RCA Management, Inc.
P.O. Box 33010
Seattle, WA 98133

COVERAGES AS OF 1/10/2019

THIS IS TO CERTIFY THAT 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.

A PROPERTY

RESIDENTIAL BUILDINGS
OTHER BUILDINGS
STRUCTURES
COMMUNITY PERSONAL PROPERTY

AMOUNT OF INSURANCE	DEDUCTIBLE
Guaranteed Replacement Cost	\$5,000
Guaranteed Replacement Cost	\$5,000
Guaranteed Replacement Cost	\$5,000
Guaranteed Replacement Cost	\$5,000

A EARTHQUAKE

None

A LIABILITY

BODILY INJURY AND PROPERTY DAMAGE
PERSONAL INJURY AND ADVERTISING INJURY
PROPERTY DAMAGE LEGAL LIABILITY - REAL PROPERTY
MEDICAL PAYMENTS

LIMIT OF INSURANCE	TYPE OF LIMIT
\$2,000,000	OCCURRENCE
\$2,000,000	OFFENSE
\$1,000,000	OCCURRENCE
\$5,000	EACH PERSON

A DIRECTORS & OFFICERS LIABILITY

ERRORS & OMISSIONS INSURANCE

EACH LOSS	EACH POLICY YEAR
\$2,000,000	\$2,000,000

A FIDELITY

EMPLOYEE DISHONESTY

AMOUNT OF INSURANCE
\$150,000

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:



CERTIFICATE OF INSURANCE

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IMPORTANT: If the certificate holder is an additional insured, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such an endorsement(s).

COVERAGES

THIS IS TO CERTIFY THAT THE INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE NAMED INSURED 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 IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF POLICIES SHOWN. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FLOOD

<u>POLICY #</u>	<u>COMPANY</u>	<u>EFFECTIVE</u>	<u>EXPIRATION</u>	<u>LOCATION</u>	<u>AMOUNT OF INSURANCE</u>	<u>DEDUCTIBLE</u>
FLD1136314	Selective Insurance Company of America	12/31/2018	12/31/2019	200 Beach Place (units 101-104, 201-204, 301-304, 401-404, 501-504), Edmonds, Snohomish County, WA 98020	\$4,750,000	\$10,000

EXCESS LIABILITY

<u>POLICY #</u>	<u>COMPANY</u>	<u>EFFECTIVE</u>	<u>EXPIRATION</u>	<u>LIMIT OF INSURANCE</u>	<u>TYPE OF LIMIT</u>
PPP7440579	Greenwich	1/8/2019	1/8/2020	\$10,000,000	EACH OCCURRENCE



COMMUNITY ASSOC UNDERWRITERS OF AMERICA
2 CAUFIELD PL
NEWTOWN, PA 18940-9428

Agency Phone: (267) 757-7100

NFIP Policy Number: FLD1136314
Company Policy Number: FLD1136314
Agent: COMMUNITY ASSOC UNDERWRITERS OF AMERICA

Policy Term: 12/31/2018 12:01 AM through 12/31/2019 12:01 AM
Renewal Billing Payor: INSURED

To report a claim visit or call us at: www.myselectiveflood.com (877) 348-0552

RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

DELIVERY ADDRESS

EDMONDS EBB TIDE ASSOCIATION OF APARTMENTS / & THE UNIT OWNERS ATIMA
C/O RCA MANAGEMENT, INC.
PO BOX 33010
SEATTLE, WA 98133

INSURED NAME(S) AND MAILING ADDRESS

EDMONDS EBB TIDE ASSOCIATION OF APARTMENTS / & THE UNIT OWNERS ATIMA
C/O RCA MANAGEMENT, INC.
PO BOX 33010
SEATTLE, WA 98133

COMPANY MAILING ADDRESS

Selective Insurance Company of America
PO BOX 782747
PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

200 BEACH PL
EDMONDS, WA 98020

RATING INFORMATION

ORIGINAL NEW BUSINESS DATE: 12/31/2005
REINSTATEMENT DATE: N/A
BUILDING OCCUPANCY: OTHER RESIDENTIAL
CONDOMINIUM INDICATOR: RCBAP HIGH RISE
NUMBER OF UNITS: 19
PRIMARY RESIDENCE: NO
ADDITIONS/EXTENSIONS: N/A
BUILDING TYPE: THREE OR MORE FLOORS
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: NO BASEMENT

DESCRIPTION: N/A

DATE OF CONSTRUCTION: 01/01/1966
COMMUNITY NUMBER: 530163 1292 E REGULAR PROGRAM
COMMUNITY NAME: EDMONDS, CITY OF
CURRENT FLOOD ZONE: AE
GRANDFATHERED: NO
FLOOD RISK/RATED ZONE: AE
ELEVATION DIFFERENCE: N/A
ELEVATED BUILDING TYPE: NON-ELEVATED
REPLACEMENT COST: \$4,825,000

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE:

LOAN NUMBER: N/A

SECOND MORTGAGEE:

LOAN NUMBER: N/A

ADDITIONAL INTEREST:

LOAN NUMBER: N/A

DISASTER AGENCY:

CASE FILE NUMBER: N/A

DISASTER AGENCY:

PREMIUM CALCULATION — Pre-FIRM Subsidized

	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	Standard PREMIUM
BUILDING	\$4,750,000	\$10,000	\$175,000	1.150	\$4,575,000	0.331	(\$475.00)	\$16,681.00
CONTENTS	\$0	\$0	\$0	1.310	\$0	1.190	\$0.00	\$0.00

Coverage limitations may apply. See your policy form for details.

ANNUAL SUBTOTAL:	\$16,681.00
INCREASED COST OF COMPLIANCE:	\$75.00
COMMUNITY RATING DISCOUNT:	0% \$0.00
RESERVE FUND ASSESSMENT:	15.0% \$2,513.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$19,269.00
HFIAA SURCHARGE:	\$250.00
FEDERAL POLICY SERVICE FEE:	\$800.00
TOTAL:	\$20,319.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

Gregory E. Murphy / Chairman

**Zero Balance Due
This Is Not A Bill**

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Policy issued by Selective Insurance Company of America

Company NAIC: 12572



File: 10163588

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