



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/12/2026

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Hale & Associates 100 Cushman Street, Suite 200 Fairbanks AK 99701		PHONE (A/C, No, Ext): (907) 456-6671	COMPANY American Fire and Casualty Company 175 Berkeley Street Boston MA 02116	
FAX (A/C, No):	E-MAIL ADDRESS: Tabatha.Wilson@trucordia.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 00821177		LOAN NUMBER		POLICY NUMBER BKA(27)56444242
INSURED Eagle's Nest Condominium Association 2680 Bald Eagle Court North Pole AK 99705		EFFECTIVE DATE 02/15/2026	EXPIRATION DATE 02/15/2027	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 2675 Bald Eagle Court North Pole Loc# 00001 See Overflows	AK 99705
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THE 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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED BASIC BROAD SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building: Replacement Cost, Special Form (Including theft)	2,062,202	5,000

REMARKS (Including Special Conditions)

Empty remarks box

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

ADDITIONAL COVERAGES

Ref #	Description				Coverage Code	Form No.	Edition Date
2	2685 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
3	2665 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
4	2655 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
5	2690 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
6	2700 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
7	2670 Bald Eagle Ct., Building: Replacement Cost, Special Form (Including theft)				SPECIAL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
2,062,202			5,000	Dollars			
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		
Ref #	Description				Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium		