



11/8/2023

Poulsbo Place Trios Condominium Association  
Frank Yanagimiachi  
19689 7th Ave NE, PMB 127  
Poulsbo, WA 98370

Re: Loss Control Survey  
Policy: NHPRP0142800  
Poulsbo Place Trios Condominium Association  
19851 NE Arbutus Ct  
Poulsbo, WA 98370

Dear Frank Yanagimiachi:

This letter will confirm the recent survey conducted by Preferred Reports on behalf of NSM - HABPRO. The purpose of this survey was to review the scope of your current operations, safety policies and loss prevention efforts.

As a result of our survey, recommendations are being submitted to assist you in increasing your organization's risk and safety management efforts. The recommendations submitted should be implemented in a timely manner. Please confirm compliance with the recommendations in writing within 30 days of the date of this letter. Your response can be mailed to:

Preferred Reports  
102 Asma Blvd., Suite 402  
Lafayette, LA 70508

Failure to respond to the recommendations may jeopardize your insurance coverage. Thank you again for your cooperation.

Sincerely,

Preferred Reports

cc: Hub International Northwest LLC  
PO Box 3018  
Bothell, WA 98041

**POLICY #:** NHPRP0142800

**CASE #:** 1489885

**Loss Control Survey Recommendations**

Please respond in writing within 30 days of the date of this letter as to the status of the recommendations submitted. We appreciate your attention to this matter. Failure to respond may jeopardize your insurance coverage. Thank you again for your cooperation.

Please write your response to each of the recommendations in the space provided below. Your response can be mailed to:

Preferred Reports  
102 Asma Blvd., Suite 402  
Lafayette, LA 70508  
Ph. 337-347-9855  
Fax: 337-347-9670  
Email: [RecResponse@preferredreports.com](mailto:RecResponse@preferredreports.com)

**Mandatory**

2023-1: **Subcontractor COI for WC/GL**

Obtain certificates of insurance for workers compensation and general liability coverages from all subcontractors engaged by your business prior to the start of their operations on your premises or in your employ. Review all certificates to ensure that subcontractors have at least \$1,000,000 in coverage and that the policy dates indicate that the policy will be in effect for the duration of their operations with your business. Maintain a copy of each subcontractor’s certificates of insurance for a period of three years following the completion of your project. Your business should be named as an additional insured on the subcontractors’ policies and include language that clearly indemnifies your business/organization from any loss produced by or arising from any work they perform on your premises or on your behalf.

**Response to Recommendation:**

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**Risk Improvement**

2023-2: **Annual Fireplaces Inspection**

Insured should implement an annual inspection of the fireplaces and venting systems.

**Response to Recommendation:**

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*Print Name*

\_\_\_\_\_  
*Signature*

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*Date*