

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

		/ _		•=	<u> </u>	•••••••••••••••••••••••••••••••••••••••				06	6/09/2023	
C B	ERT	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMAT ATIVELY OR NEGATIVELY ISURANCE DOES NOT CC R, AND THE CERTIFICATE	AMEND, EX	TEND OR ALTER	THE COVERAGE	AFFO	RDED BY THE POL	ICIES	5	
			OKPRODUCEN		HOLDER.	CONTACT	nia Eastuald					
PRODUCER						NAME: 5a	NAME: Same Lastroid					
Ansay & Associates LLC						PHONE (715) 246-6145 FAX (715) 246-6229 (A/C, No): (715) 246-6229						
1383 Campus Drive						E-MAIL ADDRESS: jeastvold@dowdreliance.com						
P.O	Box	88					0061995					
Nev	Ric	hmond		WI	54017	COOTOMER ID.	INSURER(S) AFFORDING COVERAGE					
INSURED							INSURER A : Acuity				NAIC #	
Parkwood Villas Townhome						INCORER A.						
						INSURER B :						
C/O Bordertown Realty						INSURER C :	INSURER C :					
744 Ryan Dr						INSURER D :	INSURER D :					
Hudson WI 54016						INSURER E :						
						INSURER F :	INSURER F :					
CO	/ER	AGES		CERTIFICATE NUMBER:	2023-2024			REV	ISION NUMBER:		•	
			ESCRIPTION OF PR	OPERTY (Attach ACORD 101, Add		Schedule, if more space						
Tł IN Cl	IIS IS DICA	S TO CERTIFY T TED. NOTWITH	HAT THE POLICIE ISTANDING ANY F ISSUED OR MAY	OD LN # 1159 STILLWATER S OF INSURANCE LISTED BE REQUIREMENT, TERM OR CO PERTAIN, THE INSURANCE A CH POLICIES. LIMITS SHOWN	LOW HAVE BE NDITION OF A FFORDED BY	NY CONTRACT OR C THE POLICIES DESC	THER DOCUMENT	WITH	RESPECT TO WHICH	THIS		
INSR						POLICY EFFECTIVE	POLICY EXPIRATION					
LTR		TYPE OF IN	SURANCE	POLICY NUMBER	<u>د</u>	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		OVERED PROPERTY		LIMITS	
	\times	PROPERTY							BUILDING	\$		
А	CAL	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	\$		
		BASIC	BUILDING	-				\mathbf{X}	BUSINESS INCOME		ual Loss	
		BROAD 10,000 CONTENTS CONTENTS EARTHQUAKE		- - - ZN0102		05/14/2023		\square	EXTRA EXPENSE			
	X										\$	
							05/14/2024	$ \times $			\$ 5,838,270	
		WIND				00/17/2020	03/14/2024		BLANKET PERS PROP			
		FLOOD		-					BLANKET BLDG & PP	\$		
				-						-		
				-						\$		
									\$			
				TYPE OF POLICY						\$		
	CAL	CAUSES OF LOSS				_				\$		
		NAMED PERILS		POLICY NUMBER						\$		
										\$		
		CRIME								\$		
								\vdash		-		
	TYPE OF POLICY							\vdash		\$		
										\$		
		BOILER & MACH EQUIPMENT BRE								\$		
										\$		
^	General Liability			ZN0102		05/14/2023	05/14/2024	$ \mathbf{X} $	×		\$ 1,000,000	
A Directors & Officers ZN0102				03/14/2023	03/14/2024	X		\$ 1,00	00,000			
SPE	SIAL (CONDITIONS / OTH	IER COVERAGES (A	LCORD 101, Additional Remarks Sc	hedule, may be a	attached if more space i	s required)	<u> </u>				
CERTIFICATE HOLDER						CANCELLATI	CANCELLATION					
FOR INSURANCE PURPOSES ONLY						THE EXPIRAT ACCORDANC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						AUTHORIZED REP	RESENTATIVE					
							Jan	ni);	Il Eathold			

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