

TLEAVENS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY 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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER SF Insurance Group LLC 744 Ryan Dr Ste 101						CONTACT Jennifer Evans					
						PHONE (A/C, No, Ext): (715) 500-2663 FAX (A/C, No):					
	son, WI 54016				E-MAIL ADDRESS: jevans@sfinsurancegroup.com						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: Owners Insurance Company				32700	
Heritage Green Executive Row Townhomes Homeowners Assoc. 744 Ryan Drive Ste 103 Hudson, WI 54016						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
СО	VERAGES CER	CATE	NUMBER:	REVISION NUMBER:							
IN C	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC 'THE POLICI	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			2,000,000	
	CLAIMS-MADE X OCCUR			4846796300		7/3/2023	7/3/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
				10 10 10 10 00 00		17072020	77072021	MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CE	RTIFICATE HOLDER		CANC	CANCELLATION							
Bordertown Realty 744 Ryan Drive Ste 103 Hudson, WI 54016						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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