

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/22/2023

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 liqu of such endorsement(s).

tł	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,						
PRODUCER						CONTACT Jamie Eastvold						
Ansay & Associates LLC						PHONE (A/C, No, Ext): (715) 246-6145 FAX (A/C, No): (715) 2					246-6229	
1383 Campus Drive						E-MAIL ADDRESS: jeastvold@dowdreliance.com						
P.O. Box 88						INSURER(S) AFFORDING COVERAGE					NAIC#	
New Richmond WI 54017						INSURER A: Auto-Owners Insurance Co					18988	
INSURED						INSURER B:						
Meadow Crossing Twinhomes Associati						INSURER C :						
744 Ryan Dr Ste 103												
744 RYAN DR. SUITE #103					INSURER D:							
Hudson				WI 54016-7992	INSURER E:							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER: 2023-20 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE				TOMBEIT.	REVISION NUMBER:							
IN C	IIS IO CENTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU ERTIFICATE MAY BE ISSUED OR MAY PERT (CLUSIONS AND CONDITIONS OF SUCH PO	IREME AIN, TI	NT, TE	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	VITH RESPECT TO	WHICH T	HIS		
INSR LTR TYPE OF INSURANCE		ADDL	ADDL SUBR INSD   WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIM		LIMIT	TS		
LIIX	COMMERCIAL GENERAL LIABILITY	INSD	VVVD	D FOLICT NOMBER		(WINDE/TTTT)	(WINNI/DD/11111)				0,000	
								DAMAGE TO RENTED		\$ 300,		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		\$ 10,000		
Α				61316481		06/07/2023	06/07/2024	MED EXP (Any one person)		1 000 000		
.,	<del></del>			0.0.0.0.		00/01/2020	00/01/2024	PERSONAL & ADV INJURY		2 000 000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		2 000 000		
	POLICY JECT LOC							TRODUCTO - COMIT/OT AGG   \$		Ψ		
	OTHER:							COMBINED SINGLE LIMIT		\$ 1,000,000		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe		\$		
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &				
	AUTOS ONLY AUTOS ONLY							(Per accident)	, C	\$		
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	NT.	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA E	MPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$		\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)					
CERTIFICATE HOLDER						CANCELLATION						
FOR INSURANCE PURPOSES ONLY						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 REPRESENTATIVE						
						James Il Eastwood						