

TLEAVENS

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/25/2023

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).

tl	nis certificate does not confer rights t							require an ene	10136111611	i. A3	tatement on	
PRO	DUCER				CONTA	^{C⊤} Jennifer	Evans					
SF Insurance Group LLC						PHONE (A/C, No, Ext): (715) 500-2663 FAX (A/C, No):						
744 Ryan Dr Ste 101 Hudson, WI 54016					E-MAIL ADDRESS: jevans@sfinsurancegroup.com							
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : State Auto Mutual					25127	
INSURED Humbird Place Condo Assoc. 744 Ryan Dr Ste 103						INSURER B:						
						INSURER C:						
						INSURER D :						
Hudson, WI 54016					INSURER E:							
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
T IN C	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	ES O EQUI	F INS IREMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	TO THE INSUF CT OR OTHEF IES DESCRIB	RED NAMED ABO R DOCUMENT WI ED HEREIN IS S	VE FOR T	CT TO	WHICH THIS	
INSR LTR			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	POLICY EXP MM/DD/YYYY) LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY						, , , , , , , , , , , , , , , , , , , 			\$	2,000,000	
	CLAIMS-MADE X OCCUR			10047655CB		11/20/2023	11/20/2024	DAMACE TO DENITED		\$	50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)		\$	5,000	
								PERSONAL & ADV INJURY		\$	Included	
								GENERAL AGGREGATE		\$	4,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM		\$	4,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (F	er person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (F	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDE		\$		
								E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT				
Α	A Business Owners Poli			10047655CB		11/20/2023	11/20/2024		2.0 . 2	Ψ	1,295,565	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ding #1 Limit: \$950,038, ded \$1000 and ding #2 Limit: \$345,527, ded \$1000 and				ule, may b	e attached if mor	re space is requi	red)				
CERTIFICATE HOLDER						CANCELLATION						
Bordertown Realty Inc. 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.						
						AUTHORIZED REPRESENTATIVE						