



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/7/2023

EVIDENCE OF PRO	PERITIN	SURANCE		11/7/2023
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER	T AFFIRMATIVELY E OF INSURANCE	OR NEGATIVELY A	MEND, EXTEND C	R ALTER THE
AGENCY PHONE (A/C, No, Ext): (715) 386-5825	COMPANY			
Spectrum Insurance Group 605 Second St Hudson, WI 54016	West Bend Mutual PO Box 1995 West Bend, WI 53095-7995			
FAX (A/C, No): (715) 386-1466 E-MAIL ADDRESS: info@spectruminsgroup.com				
40707				
CODE: 48/95 SUB CODE: AGENCY CUSTOMER ID #: LAKESTC-01	_			
INSURED Lake St Croix Villas Homeowners Association	LOAN NUMBER		POLICY NUMBER	
c/o Bordertown Realty 744 Ryan Dr #103			A514957	
Hudson, WI 54016	11/1/2023	EXPIRATION DAT 11/1/2024	11/1/2024 CONTINUED UNTIL TERMINATED IF CH	
	THIS REPLACES PRIOR EVIDENCE DATED:		ED II CHECKED	
PROPERTY INFORMATION				
LOCATION/DESCRIPTION	1 - Condominiums - - Condominiums - I - Condominiums - I	Residential - 1 To 12 U Residential - 1 To 12 Ur Residential - 1 To 12 Ur	nits nits nits	
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH P	IY CONTRACT OR IN, THE INSURANC	OTHER DOCUMENT E AFFORDED BY THE	WITH RESPECT TO POLICIES DESCRIB	O WHICH THIS SED HEREIN IS
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SP	ECIAL		
COVERAGE / PERILS / FORMS			OUNT OF INSURANCE	DEDUCTIBLE
Blanket Building - Reconstruction Cost All Other Perils, excluding Wind/Hail Wind/Hail Deductible - 5% Wind/Hail Cosmetic Damage Roof Surfacing Excluded Loc # 11, Bldg # 1 Building			\$6,795,800 \$712,600	1,000
Loc # 10, Bldg # 1			¥1.1 <u>=</u> ,000	
Building \$507,000				
Loc # 9, Bldg # 1 Building \$590,800 SEE ATTACHED ACORD 101				
REMARKS (Including Special Conditions)				
CANCELLATION				
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANC DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE T	THE EXPIRATION DA	TE THEREOF, NO	TICE WILL BE
ADDITIONAL INTEREST				
NAME AND ADDRESS	ADDITIONAL INSUR	LENDER'S LOSS P	AYABLE LO	SS PAYEE
	MORTGAGEE			
Property Management Company	LOAN#			
744 Ryan Dr, Suite 103 Authorized Representative				
Hudson, WI 54016	1 50 0			

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Spectrum Insurance Group		NAMED INSURED Lake St Croix Villas Homeowners Association c/o Bordertown Realty 744 Ryan Dr #103 Hudson, WI 54016				
				CARRIER	NAIC CODE	
				West Bend Mutual	15350	EFFECTIVE DATE: 11/01/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Locations:

Loc # 6, Bldg # 1, 1350-1370 Quasar Ct S, Lakeland, MN 55043-9480, Building #1 - Condominiums - Residential - 1 To 12 Units Loc # 5, Bldg # 1, 1310-1330 Quasar Ct S, Lakeland, MN 55043-9480, Building #1 - Condominiums - Residential - 1 To 12 Units Loc # 4, Bldg # 1, 1355-1375 Quasar Ct S, Lakeland, MN 55043-9480, Building #1 - Condominiums - Residential - 1 To 12 Units Loc # 3, Bldg # 1, 1395-1405 Quasar Ct S, Lakeland, MN 55043-9479, Building #1 - Condominiums - Residential - 1 To 12 Units Loc # 2, Bldg # 1, 1415-1425 Quasar Ct S, Lakeland, MN 55043-9479, Building #1 - Condominiums - Residential - 1 To 12 Units Loc # 1, Bldg # 1, 1475-1485 Quasar Ct S, Lakeland, MN 55043-9479, Building #1 - Condominiums - Residential - 1 To 12 Units

Coverage Information:

Loc # 8, Bldg # 1

Building, Amount of Insurance: \$673,100

Loc # 7, Bldg # 1

Building, Amount of Insurance: \$481,900

Loc # 6, Bldg # 1

Building, Amount of Insurance: \$714,900

Loc # 5, Bldg # 1

Building, Amount of Insurance: \$659,800

Loc # 4, Bldg # 1

Building, Amount of Insurance: \$659,800

Loc # 3, Bldg # 1

Building, Amount of Insurance: \$625,400

Loc # 2, Bldg # 1

Building, Amount of Insurance: \$502,400

Loc # 1, Bldg # 1

Building, Amount of Insurance: \$668,100