Ą	Ć	ORD®	CE	RTIFICATE OF PR	OPERT	INSUR	ANCE		(MM/DD/YYYY) 2/9/2024	
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.										
If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.										
	DUCE					NAME: Jamie Eastvoid				
		& Associates Campus Drive			PHONE (A/C, No, Ext): 715-246-6145 FAX (A/C, No): 715-246-6229					
PC	Bo	x 88			ADDRESS: Jai					
Ne	wΒ	lichmond WI	54017		CUSTOMER ID:	PRODUCER CUSTOMER ID: GOLFTER-01				
						INSURER(S) AFFORDING COVERAGE NAIC #				
	RED	errace Condo	ominiums		INSURER A : Honeycomb Insurance					
c/o	Во	rdertown Rea	alty		INSURER B :					
		∕an Drive Sui n WI 54016	te #103		INSURER C :					
''	400					INSURER D :				
					INSURER E :					
co	VER	RAGES		CERTIFICATE NUMBER: 55645435	INSORER P .		REVISION NUMBER:		<u>.</u>	
			DESCRIPTION OF P	PROPERTY (Attach ACORD 101, Additional Remark	s Schedule, if more sp					
PE	rioi	D INDICATED	. NOTWITHSTA	DLICIES OF INSURANCE LISTED BELC ANDING ANY REQUIREMENT, TERM C Y BE ISSUED OR MAY PERTAIN, THE	R CONDITION O	F ANY CONTRAC	CT OR OTHER DOCUME	ENT WIT	H RESPECT	
				CLUSIONS AND CONDITIONS OF SUC	H POLICIES. LIN	ITS SHOWN MAY	Y HAVE BEEN REDUCE			
INSR LTR A	TYPE OF INSURANCE		SURANCE			POLICY EXPIRATION DATE (MM/DD/YYYY)			LIMITS	
	X	PROPERTY		1-HNY-WI-01-01476798-00	2/1/2024	2/1/2025	X BUILDING	\$ 2,901,	,600	
	CAI	USES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	´\$		
		BASIC	BUILDING 5,000				BUSINESS INCOME	\$		
		BROAD CONTENTS		-			EXTRA EXPENSE	\$		
	X	SPECIAL		_			RENTAL VALUE	\$		
		EARTHQUAKE		_				\$		
	<u> </u>	WIND		_			BLANKET PERS PROP	\$		
		FLOOD		-			BLANKET BLDG & PP	\$		
				-			X Equipment Break	\$ 2,901,	,600	
<u> </u>		INLAND MARINE		TYPE OF POLICY				\$		
	CAI	CAUSES OF LOSS						\$		
	NAMED PERILS			POLICY NUMBER				\$		
		-						\$		
		CRIME						\$		
	TYF	PE OF POLICY						\$		
								\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN							\$		
								\$		
A		neral Liability O Liability		1-HNY-WI-01-01476798-00	2/1/2024	2/1/2025		\$ 1,000,	,000	
								\$ 1,000,	,000	
SPE	CIAL	CONDITIONS / OTI	HER COVERAGES	(Attach ACORD 101, Additional Remarks Schedule	, if more space is requi	ired)				
CERTIFICATE HOLDER CANCELLATION										
	<u>x 111</u>		JER		EXPIRATION DA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
FOR INSURANCE PURPOSES ONLY					1	AUTHORIZED REPRESENTATIVE				

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