

JEVANS



## **CERTIFICATE OF LIABILITY INSURANCE**

3/25/2024

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.

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).

	nis certificate does not confer rights to							require an endorsemen	t. A St	atement on	
PRODUCER SF Insurance Group LLC 744 Ryan Dr Ste 101 Hudson, WI 54016						CONTACT Jennifer Evans					
						PHONE (A/C, No, Ext): (715) 500-2663 FAX (A/C, No):  E-MAIL ADDRESS: jevans@sfinsurancegroup.com					
						INSURER A: The Travelers Companies					
INSURED The Meadows Condominium Association of Hammond 744 Ryan Drive Ste 103 Hudson, WI 54016						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E :					
						INSURER F:					
				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE LED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR TYPE OF INCUPANCE			ADDL SUBR NSD WVD POLICY NUMBER		POLICY EFF POLICY EXP						
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			2,000,000	
,,	CLAIMS-MADE X OCCUR			BIP9X328427		3/26/2024	3/26/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	, ,	
								MED EXP (Any one person)	\$	10,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	4,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	4,000,000	
	X OTHER:							D&O Liability  COMBINED SINGLE LIMIT	\$	2,000,000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$		
								AGGREGATE	\$		
	DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE								•		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	Φ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Derty deductibles; 2% wind/hail deductil	LES (A	CORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
Prop	perty deductibles; 2% wind/hail deductil	ble, \$	5,000	all other perils.							
Cert	ificate Holder is hereby listed as an add	litiona	al ins	sured.							
CE	RTIFICATE HOLDER				CANCELLATION						
Bordertown Realty, Inc. 744 Ryan Drive Suite 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.					
	•					RIZED REPRESE					
						Alw Humar					