

**BUSINESSOWNERS POLICY  
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company  
American Family Insurance Company  
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address  
**Fost Choles Agency**  
**3601 Minnesota Drive, Suite 500**  
**Bloomington, MN 55435**  
**952-224-2992 (f) 952-224-2993**

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

**INSURED**

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

**Greensboro Condominium Owners Association**  
**C/O Gassen Companies**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
910012880154	09/30/20	09/30/21

★ **PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 25,000.00 / (5% W/h) Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) _____	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>42,467,792.00</u>
Business Personal Property _____	<input checked="" type="checkbox"/> Replacement Cost	\$ <u>255,497.00</u>

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability - Each Occurrence Limit	<b>\$2,000,000</b>
Damage To Premises Rented To You - Any One Premises	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

Consult the Condominium Association's policy for insurance afforded Unit Owners.

**CERTIFICATE HOLDER(S)** \_\_\_\_\_ Effective Date \_\_\_\_\_  New Ownership/Occupancy  Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO.

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO.

MISCELLANEOUS

**Gassen Company Inc. is additional insured.**  
**"All In" Policy (includes betterments and improvements), 5% Per Building Wind/Hail deductible, Crime/Fidelity: \$3,000,000, Umbrella: \$5,000,000 Directors and officers coverage of \$2,000,000.**  
**Total Units: 260, Inflation Guard, Ordinance of Law, Mechanical Breakdown, Severability of Interest included.**  
**Insured for 100% replacement Cost.**

DATE ISSUED

09/30/20

AUTHORIZED REPRESENTATIVE

Fost Choles

