

PREMIUM IS > \$5000

INSURED

This section is for policy:	08587-53-41
Assembled-on Date:	05/01/19
Assembled-on Time:	01:09:39
Full Policy Number:	A0858753410019
Transaction Number:	001
Operator id:	R8508

**TRANSACTION:
RENEWAL**



PO BOX 2527 ,
Grand Rapids, MI . 49501-2527

PRODUCER#: 08 34 70 387
NOLAN ANDERSON
1340 MONTONDON # A
WAUNAKEE WI 53597

PO BOX 2527
Grand Rapids, MI. 49501-2527



PRODUCER#: 08 34 70 387
NOLAN ANDERSON
1340 MONTONDON # A
WAUNAKEE WI 53597

AGTADDDXP



NOLAN ANDERSON
1340 MONTONDON # A
WAUNAKEE WI 53597
PRODUCER#: 08 34 70 387

CHEROKEE GARDEN CONDOMINIUM
5217 COMANCHE WAY
C/O RICK LENNART
MADISON WI 53704-1019

NOLAN ANDERSON
1340 MONTGOMERY # A
WAUNAKEE
WI 53597



CHEROKEE GARDEN CONDOMINIUM
5217 COMANCHE WAY
C/O RICK LENNART
MADISON
WI 53704-1019



FARMERS
INSURANCE

STATEMENT

MID-CENTURY INSURANCE COMPANY

° CHEROKEE GARDEN CONDOMINIUM

5217 COMANCHE WAY
C/O RICK LENNART
MADISON WI 53704-1019

MAY 01, 2019

Date

34-70-387

Agent's Number

08587-53-41

Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

This Statement Reflects:

Effective Date: 07/01/19

☐ New Business ☐ Reinstatement ☐ Change Of Coverage ☐ Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ **133,726.00** Premium For Renewing Entire Present Coverage From 07/01/19 To 07/01/20

\$

\$

\$

\$

\$ **133,726.00** Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ _____ Total Credits

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ _____ Optional Amount

\$ _____ Refund

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.

**IMPORTANT- D-O N-O-T P-A-Y-T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F003170864-001-00001.**

State Required Notification:



Dear Valued Customer:

Keep This Notice With Your Insurance Papers

Problems With Your Insurance? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Farmers Insurance Group of Companies
P.O. Box 2094
Aurora, IL 60507-2094
630-907-0030

You can also contact the **Office of the Commissioner of Insurance**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the **Office of the Commissioner of Insurance** by writing to:

Office of the Commissioner of Insurance
Complaints Department
P.O. Box 7873
Madison, WI 53707-7873

or you can call 1-800-236-8517 outside of Madison or 608-266-0103 in Madison, and request a complaint form.



Notice to Policyholders New Marijuana Exclusion

As you review the enclosed renewal policy, you will notice that an endorsement entitled **Marijuana Exclusion** has been added to your policy contract. Marijuana has historically been excluded from coverage due to its classification as contraband. Due to changes in the legal status of marijuana and marijuana-related products at the state level, this new endorsement clarifies that your policy does not provide coverage for loss, damage or injury related to the ownership, sale or distribution of marijuana.

This notice is for informational purposes only; it is not a part of your insurance contract. It is not a substitute for reviewing your policy and the endorsements included with your policy. Please take a moment to carefully review your policy to better understand the terms and conditions of your coverage.

If you have any questions about this change to your insurance coverage, please contact your Farmers[®] agent.



Important Notice - Regarding Supplementary Payments Coverage

Dear Farmers Customer,

Thank you for choosing Farmers[®] for your insurance needs. We appreciate your business and want to keep you informed of an update relating to your policy.

Your commercial insurance policy now contains endorsement J7230-ED1 Supplementary Payments.

This endorsement provides updated policy language in line with current industry standards as provided by Insurance Office Service (ISO) forms. This change may result in a reduction of coverage on your policy with regard to coverage for opposing party's attorney fees.

This notice is not a substitute for reviewing your policy and the endorsements included with your policy. Please review your policy to better understand the terms and conditions of your coverage.

If you have questions, please contact your Farmers agent.



Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®
Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMON POLICY DECLARATIONS

Named Insured CHEROKEE GARDEN CONDOMINIUM

Mailing Address 5217 COMANCHE WAY
C/O RICK LENNART
MADISON, WI 53704-1019

F003170864-001-00001

Account No.

Prod. Count

34-70-387

08587-53-41

Agent No.

Policy Number

Form of Business ☐ Individual ☐ Joint Venture ☐ Limited Liability Co.
☒ Corporation ☐ Partnership ☐ Other Organization

Business Description:
Condominium

Policy Period From 07-01-2019 (not prior to time applied for)
To 07-01-2020 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$127,248.00
Business Auto	\$3,429.00
Directors And Officers Liability	\$3,049.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$133,726.00

Policy Number: 08587-53-41

Effective Date: 07-01-2019

Forms Applicable To 25-9230ED3

Reminder-Review Your Coverages

All Coverage Parts:

Your Agent

Nolan Anderson
1340 Montondon # A
Waunakee, WI 53597
(608) 849-5039

Countersigned (Date)

By Authorized Representative

Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

- A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. **NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.**

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. *This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.*

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



J6300
3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I	
Terrorism Premium (Certified Acts) \$	1,290.00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses <u>81</u> % Year: 2019 (Refer to Paragraph B. in this endorsement)	
 Federal share of terrorism losses <u>80</u> % Year: 2020 (Refer to Paragraph B. in this endorsement)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

Named Insured CHEROKEE GARDEN CONDOMINIUM

Mailing Address 5217 COMANCHE WAY
C/O RICK LENNART
MADISON, WI 53704-1019

Policy Number 08587-53-41

☐ **Auditable**

Policy Period From 07-01-2019
To 07-01-2020 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

Favorable Loss Experience Discount

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

Your Agent

Nolan Anderson
1340 Montondon # A
Waunakee, WI 53597
(608) 849-5039

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS						
The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.						
Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit) Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense						
Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address			
001	All	1436 Wheeler Rd Madison, WI 53704-1432				
Coverage			Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building				ERC	\$153,961,900	\$5,000
Business Personal Property (BPP)				RC	\$452,800	\$5,000
Accounts Receivables - On-Premises					\$5,000	\$5,000
Building - Automatic Increase Amount					2%	
Building Ordinance Or Law - 1 (Undamaged Part)					Included	None
Building Ordinance Or Law - 2 (Demolition Cost)					\$328,600	None
Building Ordinance Or Law - 3 (Increased Cost)					\$328,400	None
Building Ordinance Or Law - Increased Period of Restoration					Included	None
Debris Removal					25% Of Loss + 10,000	
Electronic Data Processing Equipment					\$10,000	\$5,000
Equipment Breakdown					Included	\$5,000
Equipment Breakdown - Ammonia Contamination					\$25,000	
Equipment Breakdown - Drying Out Coverage					Included	
Equipment Breakdown - Expediting Expenses					Included	
Equipment Breakdown - Hazardous Substances					\$25,000	
Equipment Breakdown - Water Damage					\$25,000	
Exterior Building Glass					Included	\$5,000
Outdoor Property					\$50,000	\$5,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)					\$25,000	\$5,000
Personal Effects					\$2,500	\$5,000
Specified Property					\$10,000	\$5,000
Valuable Paper And Records - On-Premises					\$5,000	\$5,000

PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period
Accounts Receivables - Off-Premises	\$2,500	\$5,000
Association Fees And Extra Expense	\$100,000	
Back Up Of Sewers Or Drains	\$250,000	\$5,000
Crime Conviction Reward	\$5,000	None
Drone Aircraft - Direct Damage (per occurrence)	\$10,000	\$5,000
Drone Aircraft - Direct Damage (per item)	\$2,500	\$5,000
Employee Dishonesty	\$1,000,000	\$5,000
Fire Department Service Charge	\$25,000	None
Fire Extinguisher Systems Recharge Expense	\$5,000	None
Forgery And Alteration	\$2,500	\$5,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$5,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$5,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$5,000
Master Key	\$10,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$10,000	\$500
Money And Securities - Outside Premises	\$10,000	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$5,000
Newly Acquired Or Constructed Property	\$250,000	\$5,000
Outdoor Signs	\$50,000	\$500
Outdoor Signs - Per Sign	\$25,000	\$500
Personal Property At Newly Acquired Premises	\$100,000	\$5,000
Personal Property Off Premises	\$5,000	\$5,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Unit Owners - Included With Building	Included	\$5,000
Valuable Paper And Records - Off-Premises	\$2,500	\$5,000

Effective Date: 07-01-2019

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Covered Premises And Operations

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
1436 Wheeler Rd Madison, WI 53704-1432	Condominiums / Townhomes Swimming Pool	8641 00097	Incl U	Included 2	Included Included	Included Included

Policy Number: 08587-53-41

Effective Date: 07-01-2019

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED	
Coverage	Amount / Date
General Aggregate (Other Than Products & Completed Operations)	\$4,000,000
Products And Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$2,000,000
Tenants Liability (Each Occurrence)	\$100,000
Medical Expense (Each Person)	\$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Directors & Officers Liability - Per Claim	\$2,000,000
Directors & Officers Liability - Aggregate	\$2,000,000
Directors & Officers Liability - Discrimination	Included
Directors & Officers Liability Retroactive Date	07/01/1999

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Work Comp Exclusion
E0104-ED1	Business Liab Cov-Tenants Liab
E0119-ED5	Backup Of Sewer Or Drain Covg
E0125-ED1	Lead Poisoning & Contamination Excl
E0147-ED1	War Liability Exclusion
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Covg Form
E3418-ED2	Condo Assoc Unit Covg End
E3422-ED3	Condominium Property Covg Form
E4009-ED4	Mold & Microorganism Exclusion
E6288-ED3	Excl-Building Conversion
E9122-ED6	D & O Liab Covg Form
E9126-ED5	D & O Liab-Discrim Excl Buyback
J6300-ED3	Discl Of Prem-Cert Acts Of Terror
J6316-ED2	Excl Of Loss Due To Virus
J6347-ED1	Excl-Violation Of Statutes
J6350-ED1	Employee Dishonesty-Property Mgr
J6351-ED2	Limited Terrorism Exclusion
J6353-ED1	Change To Limits Of Insurance
J6612-ED2	Equipment Breakdown Coverage End
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Ltd Covg For Fungi, Wet/Dry Rot
J6833-ED2	Condominium Premier Package End
J6849-ED2	Deductible Provisions
J7110-ED1	Exclusion Confidential Info
J7114-ED1	Asbestos Exclusion
J7122-ED1	Loss Pay Cond-Proft Ovrhd Inc Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Excl Expanded Except
J7139-ED1	Bus Inc And Extr Exp-Prt Slwdwn Cov
J7144-ED1	Pers And Advert Injury Cov
J7158-ED1	Damage To Property Excl-Revised
J7183-ED1	Limit Of Coverage To Designated Premises
J7222-ED1	Marijuana Exclusion
J7228-ED1	Drone Aircraft Coverage
J7230-ED1	Supplementary Payments
S3428-ED3	Wisconsin Changes



MARIJUANA EXCLUSION

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS POLICY
CONDOMINIUM POLICY

A. The applicable Property Coverage Form is amended as follows:

- 1.** The following is added to Paragraph **A.2. PROPERTY NOT COVERED:**
 - a.** "Marijuana".
- 2.** Coverage under this Policy does not apply to that part of Business Income or Association Fees loss, or Extra Expense incurred due to a suspension of your "operations" which involve the design, cultivation, manufacture, distribution, sale, serving, furnishing, use or possession of "marijuana".
- 3.** Paragraphs **A.1.** and **A.2.** above do not apply to any "marijuana" that is not designed, manufactured, distributed, sold, served or furnished for bodily:
 - a.** Ingestion;
 - b.** Inhalation;
 - c.** Absorption; or
 - d.** Consumption.

B. The following exclusion is added to the applicable Liability Coverage Form:

This insurance does not apply to:

- 1.** "Bodily injury", "property damage" or "personal and advertising injury" arising out of, caused by, or attributable to, whether in whole or in part, the following:
 - a.** The design, cultivation, manufacture, distribution, sale, serving, furnishing, use or possession of "marijuana";
 - b.** The actual, alleged, threatened or suspected inhalation, ingestion, absorption or consumption of, contact with, exposure to, existence of, or presence of "marijuana"; or
- 2.** "Property damage" to "marijuana".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others.

However, this exclusion does not apply to any "marijuana" that is not designed, manufactured, distributed, sold, served or furnished for bodily:

- a.** Ingestion;
- b.** Inhalation;
- c.** Absorption; or
- d.** Consumption.

C. For the purposes of this endorsement, the following definition is added:

"Marijuana":

1. Means:

Any good or product that consists of or contains any amount of Tetrahydrocannabinol (THC), Cannabidiol (CBD) or any other cannabinoid, regardless of whether any such cannabinoid is natural or synthetic.

2. Paragraph **C.1.** above includes, but is not limited to, any of the following containing such cannabinoid:
- a. Any plant of the genus Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or
 - b. Any compound, byproduct, extract, derivative, mixture or combination, such as, but not limited to:
 - (1) Resin, oil or wax;
 - (2) Hash or hemp; or
 - (3) Infused liquid or edible marijuana;whether derived from any plant or part of any plant set forth in Paragraph **C.2.a.** above or not.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



DRONE AIRCRAFT COVERAGE

This endorsement modifies insurance provided under the:

APARTMENT OWNERS PROPERTY COVERAGE FORM
CONDOMINIUM PROPERTY COVERAGE FORM

- A.** The following item is added to Paragraph **5. Additional Coverages** under Section **A. Coverage** of the applicable Coverage Form:

Drones Direct Damage Coverage

- a.** We will pay for direct physical loss of or damage to drone aircraft that is used in your business caused by or resulting from a Covered Cause of Loss located anywhere in the coverage territory.
- b.** The reference to aircraft in Paragraph **a.** of the Apartment Owners Property Coverage Form and Paragraph **b.** of the Condominium Property Coverage Form under Section **A.2. Property Not Covered** does not apply to the extent that coverage is provided in this Additional Coverage.
- c.** To the extent that coverage is provided in this Additional Coverage, Section **B. Exclusions** is amended as follows:
 - (1)** Exclusion **B.2.a. Electrical Apparatus** does not apply.
 - (2)** Exclusion **B.2.j.(5)** does not apply to drone aircraft while aloft.
 - (3)** Exclusion **B.2.j.(6) Mechanical Breakdown** does not apply. However, we will not pay for mechanical breakdown caused by or resulting from:
 - (a)** Malfunction including but not limited to adjustment, alignment, calibration, cleaning or modification;
 - (b)** Leakage at any valve, fitting, shaftseal, gland packing, joint or connection; or
 - (c)** Damage to drone aircraft undergoing a pressure or electrical test.
 - (4)** We will not pay for loss or damage caused by or resulting from installation, testing, repair or other similar services performed upon drone aircraft, including its electronic equipment or components.
 - (5)** We will not pay for loss or damage to drone aircraft when such loss or damage occurs while drone aircraft is being used to convey merchandise or goods for delivery to others.
 - (6)** We will not pay for loss or damage to drone aircraft when such loss or damage is caused by or results from drone aircraft being used in any professional or organized racing or demolition contest or stunting activity. We will also not pay for loss or damage that occurs while drone aircraft is being prepared for such contest or activity.
- d.** The most we will pay under this Additional Coverage in any one occurrence is \$10,000, unless a higher limit is shown on the Declarations, but not more than \$2,500 for any one item, unless a higher per item limit is shown on the Declarations. This Additional Coverage will not increase the Business Personal Property Limit of Insurance provided in this policy.

- B.** The following item is added to Paragraph **5. Additional Coverages** under Section **A. Coverage** of the Apartment Owners Property Coverage Form:

Drones Business Income and Extra Expense Coverage

- a.** We will pay for the actual loss of Business Income you sustain due to the suspension of your business activities requiring the use of drone aircraft. The suspension must be caused by direct physical damage to drone aircraft used in your business located anywhere in the coverage territory. The loss or damage must be caused by or result from a Covered Cause of Loss.
 - (1)** The coverage period for Business Income under this Additional Coverage:
 - (a)** Begins 72 hours after the time of direct physical loss or damage to drone aircraft used in your business caused by or resulting from any Covered Cause of Loss; and
 - (b)** Ends on the date when the drone aircraft should be repaired, rebuilt or replaced with reasonable speed and similar quality.

(2) The definition of Business Income contained in Paragraph **A.5.e. Business Income** also applies to this Additional Coverage.

- b. We will pay necessary Extra Expense you incur during the period of restoration that you would not have incurred if there had been no direct physical loss or damage to drone aircraft used in your business located anywhere in the coverage territory.

(1) The coverage period for Extra Expense under this Additional Coverage:

- (a) Begins immediately after the time of direct physical loss or damage to drone aircraft used in your business caused by or resulting from any Covered Cause of Loss; and
- (b) Ends on the date when the drone aircraft should be repaired, rebuilt or replaced with reasonable speed and similar quality.

(2) The definition of Extra Expense contained in Paragraph **A.5.f. Extra Expense** also applies to this Additional Coverage.

- c. The most we will pay under this Additional Coverage is \$10,000 unless a higher limit is shown on the Declarations.

- C. The following item is added to Paragraph **5. Additional Coverages** under Section **A. Coverage** of the Condominium Property Coverage Form:

Drones Extra Expense Coverage

We will pay necessary Extra Expense you incur during the period of restoration that you would not have incurred if there had been no direct physical loss or damage to drone aircraft used in your business located anywhere in the coverage territory.

1. The coverage period for Extra Expense under this Additional Coverage:

- a. Begins immediately after the time of direct physical loss or damage to drone aircraft used in your business caused by or resulting from any Covered Cause of Loss; and
- b. Ends on the date when the drone aircraft should be repaired, rebuilt or replaced with reasonable speed and similar quality.

2. The definition of Extra Expense contained in Paragraph **A.5.e.(2)** Extra Expense also applies to this Additional Coverage.

3. The most we will pay under this Additional Coverage is \$10,000 unless a higher limit is shown on the Declarations.

D. Definition

For the purposes of this endorsement drone aircraft means unmanned aircraft and all associated support equipment, including its remote control station, communication and navigation equipment, necessary to operate the unmanned aircraft.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

POLICY NUMBER:



J7183
1st Edition

LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM
APARTMENT OWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

SCHEDULE

A. Premises: Premises listed in the Policy Declarations
B. Project Or Operation: Operations described in the Policy Declarations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Paragraph **A.1.b.(1)** of the Businessowners Liability Coverage Form, Apartment Owners Liability Coverage Form and Condominium Liability Coverage Form and in **Section II Liability** of the Businessowners Coverage Form, is replaced by the following:

(1) To "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

(a) The "bodily injury" or "property damage":

(i) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or

(ii) Arises out of the project or operation shown in the Schedule and related to your insured business located at the premises shown in the Schedule;

(b) The "bodily injury" or "property damage" occurs during the policy period; and

(c) Prior to the policy period, no insured listed under Paragraph **C.1. Who Is An Insured** and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known before the policy period.

B. Paragraph **A.1.b.(2)** of the Businessowners Liability Coverage Form, Apartment Owners Liability Coverage Form and Condominium Liability Coverage Form and in **Section II Liability** of the Businessowners Coverage Form, is replaced by the following:

(2) To "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:

(a) The offense arises out of your business:

(i) Performed on the premises shown in the Schedule; or

(ii) In connection with the project or operation shown in the Schedule and related to your insured business located at the premises shown in the Schedule; and

(b) The offense was committed during the policy period.

However, with respect to Paragraph **A.1.b.(2)(a)(i)**, if the "personal and advertising injury" is caused by:

(a) False arrest, detention or imprisonment; or

(b) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

C. Paragraph **A.2.a. Medical Expenses** of the Businessowners Liability Coverage Form, Apartment Owners Liability Coverage Form and Condominium Liability Coverage Form and in **Section II Liability** of the Businessowners Coverage Form, is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

(1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or

(2) Arises out of the project or operation shown in the Schedule and related to your insured business located at the premises shown in the Schedule;

provided that:

(a) The accident takes place during the policy period;

(b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



Mid-Century Insurance Company (A Stock Company)
A Part Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS BUSINESS AUTO

v 02.00

ITEM ONE

Named Insured CHEROKEE GARDEN CONDOMINIUM

Mailing Address 5217 COMANCHE WAY
C/O RICK LENNART
MADISON, WI 53704-1019

Policy Number 08587-53-41

Policy Period From 07-01-2019
To 07-01-2020 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

Your Agent Nolan Anderson
1340 Montondon # A
Waunakee, WI 53597
(608) 849-5039
Email: nanderson@farmersagent.com
License #: 6456637

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

***This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverage	*Covered Auto Designation Symbols	Limit Of Insurance	Premium
Liability	4 8 9	\$2,000,000	\$1,277
Medical Payments	4	See ITEM THREE	\$114
Uninsured Motorist	6	See ITEM THREE	\$27
Underinsured Motorist	6	See ITEM THREE	\$60
Comprehensive	7	Actual Cash Value or Cost of Repair, whichever is less, minus applicable deductible for each covered auto. But no deductible applies to loss caused by Fire or Lightning. See ITEM FOUR for hired or borrowed "Autos".	\$627
Collision	7	Actual Cash Value or Cost of Repair, whichever is less, minus applicable deductible for each covered auto. See ITEM FOUR for hired or borrowed "Autos".	\$1,123
Towing And Labor	7	\$500	\$20
**Premium for Other Coverages and Endorsements			\$181
Total Premium			\$3,429

**For details of "Other Coverages", see ITEM FOUR, ITEM FIVE, and POLICY FORMS AND ENDORSEMENTS.

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN (DETAIL)

[illegible]

Covered Auto No.: 005		VIN: 1GT3KZBG7AF132421
Description: 2010 GMC SIERRA K25		Garaging Zip: 53704
Coverage	Limit Of Insurance Or Deductible	Premium
Liability	\$2,000,000	\$430
Medical Payments	\$10,000	\$38
Uninsured Motorist	\$2,000,000	\$9
Underinsured Motorist	\$2,000,000	\$20
Comprehensive	\$1,000 Deductible	\$172
Collision	\$1,000 Deductible	\$324
	Vehicle Total Premium	\$993

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN (DETAIL)

[illegible][illegible]

ITEM FOUR - HIRED OR BORROWED COVERED AUTO

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Liability Coverage Rating Basis, Cost Of Hire			
State	Estimated Annual Cost Of Hire For Each State		Premium
WI			\$101
		Subtotal	\$101

Physical Damage Coverage			
Coverage	Limit Of Insurance And Deductible	Estimated Annual Cost Of Hire	Premium
		Subtotal	

ITEM FIVE - NON-OWNERSHIP LIABILITY

Non-Ownership Liability covers bodily injury or property damage arising out of the maintenance or use of a non-owned automobile in the business by any person other than the insured.

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	8	\$54
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
		Subtotal	\$54

POLICY FORMS AND ENDORSEMENTS

Number	Title
25-9200	Farmers Privacy Notice
25-9230ED3	Reminder-Review Your Coverages
56-5166ED5	Additional Policy Conditions
CA00010310	Business Auto Policy
CA00381202	War Exclusion
CA01171111	Wisconsin Changes
CA21031111	Wisconsin Uninsured Motorist Cov
CA21451111	Wi Underinsured Motorist Cov
CA23840106	Exclusion Of Terrorism
CA23940306	Silica Or Silica-Related Dust Ex
CA99230310	Rental Reimbursement Coverage
E0207-ED1	Punitive Or Exemplary Damages Ex
E2013-ED1	Farm Tow Coverage
E2015-ED2	Family Exclusion Form
E3027-ED1	No Covg-Cert Computer Rel Losses
IL00030498	Calculation Of Premium
IL00171198	Common Policy Conditions
IL00210498	Nuclear Energy Liab Excl
IL02830498	Wi Chgs-Cancellation & Nonrenewa
J6738-ED1	Two Or More Coverage Forms
J7119-ED3	Ded For Unlisted Employee Driver
J7124-ED1	Auto Rideshare Exclusion
J7153-ED1	Additional Benefits And Services
S3454-ED1	Wisconsin Auto Medical Pymts Cov

LOSS PAYEES

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Countersigned (Date)

By Authorized Representative

First Name	Last Name	License State	Driver License #
Thomas P	Martin	WI	XXXXXX6109
Layne E	Tyler	WI	XXXXXX0708
Mark	Henkel	WI	XXXXXX0003
James	Donahue	WI	XXXXXX8803
Michael P	Finnegan	WI	XXXXXX4702

C6190108
Page 7 of 7



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers[®] agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.



DEDUCTIBLE FOR UNLISTED EMPLOYEE DRIVER

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A. Section III - Physical Damage Coverage** of the **Business Auto Coverage Form** and **Section IV - Physical Damage Coverage** of the **Garage Coverage Form** and **Motor Carrier Coverage Form** is amended as follows:
1. The following is added to Paragraph **D. Deductible**:
 - a. If a collision "loss" to a covered "auto" occurs while being driven or while in the possession of an individual, other than a Named Insured, who:
 - (1) Is not on the "List of Scheduled Drivers" form; and
 - (2) Was employed by the Named Insured for more than 30 days at the time of the loss;then the applicable deductible shown in the Declarations is amended to \$5,000.
 2. The provisions of **A.1. a.** above do not apply to:
 - a. Any policy with 10 or more scheduled "autos" at the time of the loss;
 - b. Any policy with a Symbol 1 entered next to collision coverage in Item Two of the Declarations;
 - c. "Auto" dealerships as the primary business; or
 - d. Hired "autos".
 3. For the purposes of this endorsement, the following **Definition** is added to your policy:
 - a. The "List of Scheduled Drivers" form is a list of drivers provided to us, by the Named Insured, prior to the loss.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7230
1st Edition

SUPPLEMENTARY PAYMENTS

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM
CONDOMINIUM LIABILITY COVERAGE FORM

Paragraph **d.** or **f. Coverage Extension Supplementary Payments** of the applicable coverage form is deleted and replaced with the following:

Coverage Extension Supplementary Payments

(1) We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

- (a)** All expenses we incur.
- (b)** Up to \$250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which Business Liability Coverage for "bodily injury" applies. We do not have to furnish these bonds.
- (c)** The cost of bonds to release attachments, but only for bond amounts within our Limit of Insurance. We do not have to furnish these bonds.
- (d)** All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$250 a day because of time off from work.
- (e)** All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.
- (f)** Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the Limit of Insurance, we will not pay any prejudgment interest based on that period of time after the offer.
- (g)** All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the limit of liability.

(2) If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

- (a)** The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";
- (b)** This insurance applies to such liability assumed by the insured;
- (c)** The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";
- (d)** The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;
- (e)** The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and
- (f)** The indemnitee:
 - (i)** Agrees in writing to:

- i. Cooperate with us in the investigation, settlement or defense of the "suit";
 - ii. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";
 - iii. Notify any other insurer whose coverage is available to the indemnitee; and
 - iv. Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and
 - (ii) Provides us with written authorization to:
 - i. Obtain records and other information related to the "suit"; and
 - ii. Conduct and control the defense of the indemnitee in such "suit".
 - (3) So long as the conditions in Paragraph (2) are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Subparagraph b.(2) of the Contractual Liability Exclusion, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the Limits of Insurance.
- Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when:
- (a) We have used up the applicable Limit of Insurance in the payment of judgments or settlements; or
 - (b) The conditions set forth above, or the terms of the agreement described in Paragraph (2)(f) above, are no longer met.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.

INVALID UNLESS PREMIUM IS PAID.

CERTIFICATE OF LIABILITY INSURANCE - STATE OF WISCONSIN

Commercial Policy

CHEROKEE GARDEN CONDOMINIUM

5217 COMANCHE WAY

C/O RICK LENNART

MADISON

WI 53704-1019

Policy Number: **08587-53-41**

Effective Date: **07/01/19**

Expiration Date: **07/01/20**

NAIC Number: **21687**

Vehicle I.D. No: **1GCHK24U14E294345**

Year: **2004**

Make: **CHEVROLET**

Model: **SILVERADO**

MID-CENTURY INSURANCE COMPANY

, an
authorized Wisconsin Insurer, certifies that it has issued a motor vehicle liability policy with
coverage and coverage limits no less than the minimum required by the Wisconsin Financial
Responsibility Law for the person(s) and the described motor vehicle.

Agent Name: **NOLAN ANDERSON**

Phone No: **608-849-5039**

25-7874 1-11

**KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.
READ REVERSE SIDE CAREFULLY.**

**KEEP WITH
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A7874301

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What to do in case of accident

- 1. Stop and check for injuries. Call an ambulance, if anyone is injured.**
- 2. Warn other drivers to prevent further damage.** Set flares. Signal with flashlight at night.
- 3. Notify the police.** Many times a passing driver or bystander will do this for you.
- 4. Gather the facts.** Be sure to get the names of witnesses, as well as other pertinent information. (i.e. driver's license #, insurance information and description of the other vehicle)
- 5. Be careful what you say.** Don't admit responsibility. Investigation may show you were not responsible.
- 6. Report to proper authorities.** Each state has its own requirements for such reports. Know the law for your state and comply.
- 7. CONTACT HELPPPOINT® IMMEDIATELY! FOR 24-HOUR CLAIMS SERVICE, CALL US TOLL FREE AT 1-800-HELPPPOINT (1-800-435-7764) FOR ASSISTANCE. PARA ESPANOL LLAME AL 1-877-RECLAMO (1-877-732-5266).**

A7874302

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Expiration Date: **07/01/20**

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Vehicle I.D. No: **1GT3KZBG7AF132421**

Year: **2010**

Make: **GMC**

Model: **SIERRA K25**

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Commercial Policy

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C/O RICK LENNART
MADISON**

WI 53704-1019

Policy Number: **08587-53-41**

Effective Date: **07/01/19**

Expiration Date: **07/01/20**

NAIC Number: **21687**

Vehicle I.D. No: **1GC0KUEG7JZ225245**

Year: **2018**

Make: **CHEVROLET**

Model: **SILVERADO**

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FARMERS
INSURANCE

Gets you back where you belong.®

Farmers® HelpPoint service

Towing and Labor Service

Towing coverage is provided by your policy for autos indicated with a premium on the schedule attached to your policy. Place a copy of this card in the glove box of those autos in the event towing services are needed.

Whenever you have an accident or a loss, your first step should be to call Farmers HelpPoint service. We're here to help you through your crisis at the moment you need help most. HelpPoint provides you with trained people who can help.

To report a claim, call Farmers HelpPoint service at (800) 435-7764.

25-5854 7-06

Keep this card in your vehicle. Read Reverse Side

A5854101

Policy Number:



FARMERS
INSURANCE

Gets you back where you belong.®

Farmers® HelpPoint service

Towing and Labor Service

Towing coverage is provided by your policy for autos indicated with a premium on the schedule attached to your policy. Place a copy of this card in the glove box of those autos in the event towing services are needed.

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By calling the toll free number on the front of this card, a service representative will dispatch a towing vendor to the disabled auto's location. Upon verification of towing coverage, the service vendor will automatically bill Farmers Insurance directly any reasonable and necessary towing charges. You need only sign a receipt at the time of the tow, which authorizes the company to pay the towing vendor directly. Or, you may call a towing vendor of your choice, pay the vendor yourself, and seek reimbursement directly from Farmers Insurance. Any request for reimbursement must be accompanied by an itemized receipt and must be made as soon as practical, following the towing.

Farmers will also cover:

- Mechanical labor of up to one hour at the location of the breakdown.
- Lockout service, excluding the cost of recoding locks.
- The change of tires or the delivery of fuel, oil or batteries to the scene of the breakdown. However, we will not cover the cost of these items.

Any further questions regarding this coverage, please contact your Farmers Agent.

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A5854102

By calling the toll free number on the front of this card, a service representative will dispatch a towing vendor to the disabled auto's location. Upon verification of towing coverage, the service vendor will automatically bill Farmers Insurance directly any reasonable and necessary towing charges. You need only sign a receipt at the time of the tow, which authorizes the company to pay the towing vendor directly. Or, you may call a towing vendor of your choice, pay the vendor yourself, and seek reimbursement directly from Farmers Insurance. Any request for reimbursement must be accompanied by an itemized receipt and must be made as soon as practical, following the towing.

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