

PREMIUM IS > \$5000

INSURED

This section is for policy:	08591-28-86
Assembled-on Date:	05/01/19
Assembled-on Time:	01:09:39
Full Policy Number:	0859128860019
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



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AGTADDDXP



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

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

NOLAN ANDERSON
1340 MONTGOMERY # A
WAUNAKEE
WI 53597



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



FARMERS
INSURANCE

STATEMENT

TRUCK INSURANCE EXCHANGE

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

MAY 01, 2019

Date

34-70-387

Agent's Number

08591-28-86

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

\$ **6,705.00** Premium For Renewing Entire Present Coverage From 07/01/19 To 07/01/20

\$

\$

\$

\$

\$ **6,705.00** Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ _____ Total Credits

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

\$ _____ Optional Amount

\$ _____ Refund

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:

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) \$	67 . 00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses <u>81</u> % Year: <u>2019</u> (Refer to Paragraph B. in this endorsement)	
Federal share of terrorism losses <u>80</u> % Year: <u>2020</u> (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.



COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured CHEROKEE GARDEN CONDOMINIUM
HOMES INC

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

F003170864-001-00001

Account No.

34-70-387

Agent No.

08591-28-86

Policy Number

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

Business Description:

Condo

2. 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.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

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.

3. Schedule Of Underlying Insurance

See Schedule Of Underlying Insurance(s) Below

4. Limit Of Insurance

\$5,000,000

Policy Aggregate Limit

Self-Insured Retention

\$10,000

5. Advance Premium

\$6,705

(See Additional Fee Information Below)

Adjustable At A Rate Of

Per

Of

Minimum Earned Premium

Annual Minimum Premium

Your Agent

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

Schedule Of Underlying Insurance

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Mid-Century Insurance Company	08587-53-41	As Covered	General Aggregate	\$4,000,000
				Prods & Comp Ops Aggregate	\$2,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$2,000,000
Commercial Automobile Liab	Mid-Century Insurance Company	08587-53-41	As Covered	Each Accident - CSL	\$2,000,000
Employer's Liability	Not Covered				
Directors & Officers Liability	Mid-Century Insurance Company	08587-53-41	As Covered	Each Claim	\$2,000,000
				Annual Aggregate	\$2,000,000

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2519	Notice Of Right To File Complaint
25-3037C1	Subscription Agreement-Tie
25-9200	Farmers Privacy Notice
25-9230ED3	Reminder-Review Your Coverages
56-5379ED5	Commercial Umbrella Policy
E0087-ED1	Countersignature Amendatory End
E3139-ED1	Auto Liability Follow Form
E3145-ED1	D&o Errors & Omissions Follow Form
E3152-ED1	Coverage Limitation Exclusion
E3337-ED1	No Covg-Certain Computer Related Losses
E3338-ED2	End Adding Um/Uim Covg
E4011-ED3	Mold & Microorganism Exclusion
E4019-ED1	War Liability Exclusion

Countersigned (Date)

By Authorized Representative

Schedule Of Underlying Insurance (Continued)

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
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Additional Policy Forms And Endorsements Attached At Inception (Continued)

Number	Title
E4038-ED1	Asbestos & Silica Exclusion End
E4289-ED1	Excl-Violation Of Statutes
J6300-ED3	Discl Of Prem Cert Acts Of Terror
J6306-ED2	Conditional Exclusion Of Terrorism
J6351-ED2	Limited Terrorism Exclusion
J6355-ED1	Change To Limits Of Insurance
J7117-ED1	Exclusion Confidential Info
J7137-ED1	Pollution Excl - Expanded Except
J7165-ED1	Pers And Advert Injury Cov
S3427-ED1	End Amending Section V-Conditions
S3449-ED1	End Add Uninsured Motorists Cov
S3450-ED1	End Add Underinsured Motorists

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, South Carolina, Virginia 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.