

DEBRA ARMSTRONG
621 N SHERMAN AVE B16
MADISON WI 53704



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

MAIL TO THE INSURED

PREMIUM IS > \$5000

08587-53-41
04/27/21
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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: **07/01/21**

Expiration Date: **07/01/22**

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: **DEBRA ARMSTRONG**

Phone No: **608-222-1400**

25-7874 1-11

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

**KEEP WITH
VEHICLE**

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

Effective Date: **07/01/21**

Expiration Date: **07/01/22**

NAIC Number: **21687**

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

Year: **2010**

Make: **GMC**

Model: **SIERRA K25**

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Effective Date: **07/01/21**

Expiration Date: **07/01/22**

NAIC Number: **21687**

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

Year: **2018**

Make: **CHEVROLET**

Model: **SILVERADO**

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Policy Number: 08587-53-41 VIN: 1GC0KUEG7JZ225245



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:



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25-5854 7-06

Keep this card in your vehicle. Read Reverse Side

A5854101

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.

25-5854 7-06

A5854102

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25-5854 7-06

A5854102

SEPARATOR FORM - LAST PAGE TO LOOSE SHEET SECTION

Policy Number:

A0858753410021

Assembled-on Date:

04/27/21

Assembled-on Time:

01:48:29

NOTES:



Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents electronically and send them to us with just a few clicks. Its the convenient, secure way to submit forms that require your signature. Once this feature is added to your policy, any signature forms listed in your policy declarations with an asterisk (*) will be sent to you via eSign. Future changes to your policy will automatically process via eSign, if eligible.

If you havent signed up for eSign yet, contact your Farmers[®] agent today to get started.



Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

These changes may require updated insurance coverage for your business.

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto www.mysafetypoint.com, then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.

If you have any questions, please contact your Farmers agent.

Debra Armstrong

Email: darmstrong1@farmersagent.com

(608) 222-1400



FARMERS
INSURANCE

STATEMENT

MID-CENTURY INSURANCE COMPANY

° CHEROKEE GARDEN CONDOMINIUM

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

APRIL 27, 2021

Date

34-70-561

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: 07/01/21

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

\$ Previous Balance Owing

\$ Premium

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

\$ Pro Rata Premium Due

\$ **206,782.00** Premium For Renewing Entire Present Coverage From 07/01/21 To 07/01/22

\$

\$

\$

\$

\$ **206,782.00** Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ _____ Total Credits

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

\$ _____ Optional Amount

\$ _____ Refund

THANK YOU FOR PLACING YOUR PERSONAL LINES AND BUSINESS INSURANCE WITH FARMERS. A DISCOUNT HAS BEEN APPLIED TO YOUR POLICY.

**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.



Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mothers maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	Identifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;

- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group[®] of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in Information We Collect, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21 Century customers: We are offering you an Opt-Out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act (CCPA), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws?

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC (FFS) or its registered representatives/Agents, visit FINRA's BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.



Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that the reporting period for any loss or damage caused by windstorm or hail has changed. Your policy now includes endorsement J7493 **Windstorm or Hail Loss Conditions Amendment**.

We require that you report any loss or damage caused by windstorm or hail within one year of the date that the loss or damage occurred for coverage to apply. This change may represent a reduction in coverage on your policy.

This notice provides a summary of the changes to your policy; it is not a part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any 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

34-70-561

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 07-01-2021 (not prior to time applied for)
To 07-01-2022 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	\$199,597.00
Business Auto	\$4,143.00
Directors And Officers Liability	\$3,042.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$206,782.00

Policy Number: 08587-53-41

Effective Date: 07-01-2021

Forms Applicable To 25-9230ED3

Reminder-Review Your Coverages

All Coverage Parts: J7107-ED2

Amendment To Additional Interest

Your Agent

Debra Armstrong
621 N Sherman Ave B16
Madison, WI 53704
(608) 222-1400

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) \$	2,006.00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses <u>80</u> % Year: <u>2021</u> (Refer to Paragraph B. in this endorsement)	
Federal share of terrorism losses <u>80</u> % Year: <u>2022</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.



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 07-01-2021
To 07-01-2022 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:

Multiple Policy Discount - Homeowners And Personal Auto Insurance

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

Your Agent

Debra Armstrong
621 N Sherman Ave B16
Madison, WI 53704
(608) 222-1400

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	SUMMIT CREDIT UNION ISAOA PO BOX 924482 FORT WORTH, TX 76124-4482 JOHNSON BANK ISAOA PO BOX 39653 OLON, OH 44139-0653 LOAN NO. 349044919			
Coverage			Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building Business Personal Property (BPP) Accounts Receivables - On-Premises Building - Automatic Increase Amount Building Ordinance Or Law - 1 (Undamaged Part) Building Ordinance Or Law - 2 (Demolition Cost) Building Ordinance Or Law - 3 (Increased Cost) Building Ordinance Or Law - Increased Period of Restoration Debris Removal Electronic Data Processing Equipment Equipment Breakdown Equipment Breakdown - Ammonia Contamination Equipment Breakdown - Drying Out Coverage Equipment Breakdown - Expediting Expenses Equipment Breakdown - Hazardous Substances Equipment Breakdown - Water Damage Exterior Building Glass Outdoor Property Outdoor Property - Trees, Shrubs & Plants (Per Item) Personal Effects Specified Property Valuable Paper And Records - On-Premises Windstorm Or Hail Percentage/Fixed Dollar Deductible Applies separately to: a. Each building that sustains loss or damage; b. Business Personal Property at each building that sustains loss or damage; and				ERC	\$165,608,000	\$10,000
				RC	\$508,800	\$10,000
					\$5,000	\$10,000
					2%	
					Included	None
					\$369,200	None
					\$368,900	None
					Included	None
					25% Of Loss + 10,000	
					\$10,000	\$10,000
					Included	\$10,000
					\$25,000	
					Included	
					Included	
					\$25,000	
					\$25,000	
					Included	\$10,000
					\$50,000	\$10,000
					\$25,000	\$10,000
					\$2,500	\$10,000
					\$10,000	\$10,000
					\$5,000	\$10,000
						1% Of Limit

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	
c. Business Personal Property in the open.				

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	\$10,000
Association Fees And Extra Expense	\$100,000	
Back Up Of Sewers Or Drains	\$250,000	\$10,000
Crime Conviction Reward	\$5,000	None
Drone Aircraft - Direct Damage (per occurrence)	\$10,000	\$10,000
Drone Aircraft - Direct Damage (per item)	\$2,500	\$10,000
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	\$10,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$10,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$10,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$10,000
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	\$10,000
Newly Acquired Or Constructed Property	\$250,000	\$10,000
Outdoor Signs	\$50,000	\$500
Outdoor Signs - Per Sign	\$25,000	\$500
Personal Property At Newly Acquired Premises	\$100,000	\$10,000
Personal Property Off Premises	\$5,000	\$10,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Unit Owners - Included With Building	Included	\$10,000
Valuable Paper And Records - Off-Premises	\$2,500	\$10,000

Policy Number: 08587-53-41

Effective Date: 07-01-2021

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE

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

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit
(M) Public Area Square Feet
(O) Other:

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: 07-01-2021

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	Notice - No Workers' Compensation Covg
E0104-ED1	Business Liab Covg - Tenants Liability
E0119-ED5	Back Up Of Sewers And Overflow Of Drains
E0125-ED1	Lead Poisoning And Contamination Excl
E0147-ED1	War Liability Exclusion
E0224-ED3	Wind/Hail Percentage Ded
E2038-ED3	Conditional Exclusion Of Terrorism
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Policy Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Coverage Form
E3418-ED2	Condo Assoc Unit Covg End
E3422-ED3	Condominium Property Coverage Form
E3425-ED2	Loss Payable Provisions
E4009-ED4	Mold And Microorganism Exclusion
E6288-ED3	Exclusion - Conversion Projects
E9122-ED6	D & O Liability Covg - Condos & Co-Ops
E9126-ED5	D & O Liab - Amendment Of Exclusions
J6300-ED3	Disclosure - Terrorism Risk Ins Act
J6316-ED2	Excl Of Loss Due To Virus Or Bacteria
J6347-ED1	Excl-Violation Of Statutes
J6350-ED1	Employee Dishonesty - Property Manager
J6351-ED2	Limited Terrorism Exclusion
J6353-ED1	Change To Limits Of Insurance
J6612-ED2	Equipment Breakdown Coverage Endorsement
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Limited Coverage For Fungi And Bacteria
J6833-ED2	Condominium Premier Package End
J6849-ED2	Deductible Provisions
J7110-ED1	Exclusion Confidential Info
J7114-ED1	Removal Of Asbestos Exclusion
J7122-ED1	Loss Payment - Profit, Overhead & Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Exclusion - Expanded Exception
J7139-ED1	Bus Inc & Extra Exp - Partial Slowdown
J7144-ED1	Amendment Of Pers & Advertising Inj Covg
J7158-ED1	Damage To Property Exclusion Revised
J7183-ED1	Limitation - Designated Premises/Project
J7222-ED1	Marijuana Exclusion
J7228-ED1	Drone Aircraft Coverage

Policy Number: 08587-53-41

Effective Date: 07-01-2021

Policy Forms And Endorsements Attached At Inception

Number	Title
J7230-ED1	Supplementary Payments
J7493-ED1	Windstorm & Hail Loss Cond Endorsement
S3428-ED3	Wisconsin Changes

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS COVERAGE FORM
CONDOMINIUM COVERAGE FORM

SCHEDULE*

Location No.	Windstorm or Hail Deductible Percentage (enter 1%, 2% or 5%)
-------------------------	---

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The Windstorm or Hail Deductible, as shown in the Schedule, applies to loss or damage to Covered Property caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. If loss or damage from a covered weather condition other than Windstorm or Hail occurs, and that loss or damage would not have occurred but for Windstorm or Hail, such loss or damage shall be considered to be caused by Windstorm or Hail and therefore part of a Windstorm or Hail occurrence.

With respect to Covered Property at a location identified in the Schedule, no other deductible applies to Windstorm or Hail.

The Windstorm or Hail Deductible applies whenever there is an occurrence of Windstorm or Hail.

WINDSTORM OR HAIL DEDUCTIBLE CLAUSE

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained loss or damage. This Deductible is calculated separately for, and applies separately to:

1. Each building or structure that sustains loss or damage;
2. The building or structure and to personal property in that building or structure, if both sustain loss or damage;
3. Personal property at each building or structure that sustains loss or damage.

We will not pay for loss or damage until the amount of loss or damage exceeds the Deductible. We will then pay the amount of loss or damage in excess of the Deductible, up to the applicable Limit(s) of Insurance.

When property is covered under the Coverage Extension for Newly Acquired Property: In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to a percentage of the value(s) of the property at the time of loss. The applicable percentage for Newly Acquired Property is the highest percentage shown in the Schedule for any described premises.

EXAMPLE APPLICATION OF DEDUCTIBLE:

The amounts of loss to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is 2%.

Building

Step (1) : $\$80,000 \times 2\% = \$1,600$

Step (2) : $\$60,000 - \$1,600 = \$58,400$

Business Personal Property

Step (1) : $\$64,000 \times 2\% = \$1,280$

Step (2) : $\$40,000 - \$1,280 = \$38,720$

The most we will pay is \$97,120 ($\$58,400 + \$38,720$). The portion of the total loss that is not covered due to the application of the Deductible is \$2,880 ($\$1,600 + \$1,280$).



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 07-01-2021
To 07-01-2022 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 Debra Armstrong
621 N Sherman Ave B16
Madison, WI 53704
(608) 222-1400
Email: darmstrong1@farmersagent.com
License #: 8948501

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	\$1,874
Medical Payments	4	See ITEM THREE	\$111
Uninsured Motorist	6	See ITEM THREE	\$51
Underinsured Motorist	6	See ITEM THREE	\$117
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".	\$636
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".	\$1,153
Towing And Labor	7	\$500	\$20
**Premium for Other Coverages and Endorsements			\$181
Total Premium			\$4,143

**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][illegible]

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

Covered Auto No.: 006		VIN: 1GC0KUEG7JZ225245
Description: 2018 CHEVROLET SILVERADO		Garaging Zip: 53704
Coverage	Limit Of Insurance Or Deductible	Premium
Liability	\$2,000,000	\$807
Medical Payments	\$10,000	\$37
Uninsured Motorist	\$2,000,000	\$17
Underinsured Motorist	\$2,000,000	\$39
Comprehensive	\$50 Deductible	\$281
Collision	\$250 Deductible	\$518
Towing And Labor	\$500	\$20
Rental Reimbursement	\$30 per day, 30 days	\$26
	Vehicle Total Premium	\$1,745

[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
25-9230ED3	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

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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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7493
1st Edition

WINDSTORM OR HAIL LOSS CONDITIONS AMENDMENT

This endorsement modifies insurance provided under the:

APARTMENT OWNERS PROPERTY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM
CONDOMINIUM PROPERTY COVERAGE FORM

- A.** Section **E. Property Loss Conditions** in the Apartment Owners Property Coverage Form, Businessowners Special Property Coverage Form and Condominium Property Coverage Form is amended as follows:
- 1.** Paragraph **3. Duties In The Event Of Loss Or Damage** is amended to delete sub-paragraph **a.(2)** and replace it with the following:
 - (2)** Give us prompt notice of the loss or damage. Include a description of the property involved. With respect to any claim for windstorm or hail damage, notice of a claim for such damage must be reported to us within one year after the date of loss or damage. If notice is given to us more than one year after the date of loss or damage, this policy shall not provide coverage for such claims.
- B.** Paragraph **E. Property Loss Conditions** in **Section I Property** of the Businessowners Coverage Form is amended as follows:
- 1.** Sub-paragraph **3. Duties In The Event Of Loss Or Damage** is amended to delete item **a.(2)** and replace it with the following:
 - (2)** Give us prompt notice of the loss or damage. Include a description of the property involved. With respect to any claim for windstorm or hail damage, notice of a claim for such damage must be reported to us within one year after the date of loss or damage. If notice is given to us more than one year after the date of loss or damage, this policy shall not provide coverage for such claims.

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.



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.