



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Baer Insurance Services, Inc. 9701 Brader Way, Suite 101 Middleton, WI 53562	PHONE (A/C, No, Ext): (608) 830-5800	COMPANY NAME AND ADDRESS Owners Insurance Co.	NAIC NO: 32700
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No): (608) 830-5877	E-MAIL ADDRESS: baer@baerinsurance.com		
CODE:	SUB CODE:	POLICY TYPE Commercial Package	
AGENCY CUSTOMER ID #: WESTPLA-01	LOAN NUMBER		POLICY NUMBER 61288959
NAMED INSURED AND ADDRESS Weston Place Condominium Unit Owners Association Inc c/o Apex Property Management Inc 1741 Commercial Ave. Madison, WI 53704	EFFECTIVE DATE 3/1/2022	EXPIRATION DATE 3/1/2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION
See Attached ACORD 101

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 34,866,014				DED: 10,000
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES NO N/A			If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE				If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?				
IS DOMESTIC TERRORISM EXCLUDED?				
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>		
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE	<input checked="" type="checkbox"/>			
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 30,000
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>			

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/> Evidence Holder		
NAME AND ADDRESS			AUTHORIZED REPRESENTATIVE
Apex Property Management 625 N Segoe Road, Suite 1201 Madison, WI 53705			<i>Stanley C. Hell</i>

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Baer Insurance Services, Inc.		NAMED INSURED Weston Place Condominium Unit Owners Association Inc c/o Apex Property Management Inc 1741 Commercial Ave. Madison, WI 53704	
POLICY NUMBER 61288959		EFFECTIVE DATE: 03/01/2022	
CARRIER Owners Insurance Co.	NAIC CODE 32700		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

Covering the association's property at: (121 units) 625 N Segoe Rd., Madison, WI 53705

Fidelity Bond Limit - \$260,000. Property Manager is additionally insured in regards to fidelity coverage.

LIABILITY COVERAGES LIABILITY LIMITS

GENERAL AGGREGATE \$2,000,000

PRODUCTS/COMPLETED OPERATIONS AGGREGATE \$2,000,000

PERSONAL/ADVERTISING INJURY \$2,000,000

OCCURRENCE \$2,000,000

MEDICAL PAYMENTS TO OTHERS \$10,000

Directors and Officers Liability - \$1,000,000 per occurrence / \$1,000,000 aggregate with a \$0 self insured retention