



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/09/2026

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

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Matthew Volgren Agency 312 Main Street P.O. Box 188 Balsam Lake, WI 54810	CONTACT NAME: Jenna Bursch PHONE (A/C, No, Ext): 800-236-3447 E-MAIL ADDRESS: jenna.mvolgren@farmersagency.com PRODUCER CUSTOMER ID:	FAX (A/C, No): 715-485-3537
INSURED Highview Meadows Colonial Association c/o MJF and Associates, Inc. 1940 Greeley St S #111 Stillwater, MN 55082	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	☒ PROPERTY	607094445	10/16/2026	10/16/2027	☒ BUILDING	\$ 16,605,300	
	CAUSES OF LOSS				DEDUCTIBLES	☒ BUILDING	\$
	☒ SPECIAL				BUILDING	☒ ORDINANCE OR LAW	\$ 16,605,30
					\$25,000	☒ DEMOLITION COST	\$ 329,605
					CONTENTS	☒ DEBRIS REMOVAL	\$
	☒ WIND/HAIL				2%	☒ INCREASED COST	\$ 329,605
						☒ INCREASED PERIOD OF RESTORATION	\$ 16,605,30
	☒ AUTO			☒ HIRED & NON-OWNED	\$ 1,000,000		
	☒ G. LIABILITY			☒ EACH OCCURRENCE	\$ 1,000,000		
A	☒ CRIME/EMPLOYEE DISHONESTY	607094445	10/16/2026	10/16/2027	☒ FIDELITY COVERAGE	\$ 250,000	
	☒ DIRECTORS & OFFICERS LIABILITY	POLICY NUMBER			☒ PER CLAIM	\$ 1,000,000	
	607094445	☒ ANNUAL AGGREGATE			\$ 1,000,000		
	TYPE OF POLICY					\$	
						\$	
						\$	
	☐ SUMP PUMP FAILURE SEWER BACKUP				☐ Sump Pump Fail. Sewer Backup	\$	
B	Umbrella	607094447	10/16/2026	10/16/2027	☒ Per Occurance	\$ 1,000,000	
					☒ Aggregate	\$ 1,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

This is an "All-in", Extended Replacement Cost policy. 46 units. It has Separation of Insureds/Severability of Interest & Inflation Guard is 8%. The first Named Insured will receive notice of cancellation at least 10 days before if cancelled for nonpayment & 30 days before for any other reason. Specified Property \$2,700. Outdoor Property \$2,500.

CERTIFICATE HOLDER**CANCELLATION**

Highview Meadows Colonial Association
c/o MJF and Associates, Inc.

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

AUTHORIZED REPRESENTATIVE

Matthew Volgren

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ACORD 24 (2009/09)

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