



**SPECIALIZING IN INSURANCE FOR
CONDOMINIUMS**

**COMMON POLICY
DECLARATIONS**

First Named Insured and Address:

HERITAGE GREENS PAIRED
C/O MJF & ASSOCIATES INCORPO
STILLWATER MN 55082-6059

Agency Name and Number

8420-AN 715.381.2846
SF INSURANCE GROUP
744 RYAN DR STE 101
HUDSON WI 54016

Policy Number: ZS9804

Policy Period: Effective Date: 11-01-24
Expiration Date: 11-01-25

12:01 A.M. standard time at
your mailing address shown
in the declarations

This is not a bill. If premium is due, a billing notice will be sent separately.

COVERAGE

Your coverage consists of the following lines of insurance for which a premium is indicated. This premium may be subject to adjustment.

Bis-Pak®	\$70,521.00
Directors' and Officers' Liability	\$350.00
Total Advance Premium	\$70,936.00

Secretary

President

Acuity, A Mutual Insurance Company



Renewal Declarations

First Named Insured and Address:

HERITAGE GREENS PAIRED
C/O MJF & ASSOCIATES INCORPO
STILLWATER MN 55082-6059

Agency Name and Number:

SF INSURANCE GROUP
8420-AN

Policy Number: ZS9804

Policy Period: Effective Date: 11-01-24

Expiration Date: 11-01-25

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the Policy.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CB-0002(5-22)	Deluxe Bis-Pak Property Coverage Form	
CB-0006(8-15)	Bis-Pak Business Liability and Medical Expenses Coverage Form	
CB-0009(9-04)	Bis-Pak Common Policy Conditions	
CB-0312(1-10)	Windstorm or Hail Percentage Deductible	
CB-0412(7-02)	Limitation of Coverage to Designated Premises or Project	
CB-0417(1-10)	Employment-Related Practices Exclusion	
CB-0564(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)	
CB-0577(4-10)	Fungi or Bacteria Exclusion (Liability)	
CB-1416(1-10)	Snow Plow Products-Completed Operations Hazard Coverage	
CB-1481(7-13)	Limitations on Coverage for Roof Surfacing	
CB-1488(7-13)	Primary and Noncontributory - Other Insurance Condition	
CB-1504(5-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI	
CB-1560(2-21)	Cyber Incident Exclusion	
CB-1591(10-23)	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	
CB-1701(1-06)	Condominium Association Coverage	
CB-7021(11-18)	Wisconsin Changes	
CB-7222(11-99)	Additional Insured - Condominium Unit Owners	
CB-7296(1-15)	Cap on Losses from Certified Acts of Terrorism - Property	\$3,006.00
CB-7298(1-15)	Exclusion of Punitive Damages Related to a Certified Act of Terrorism	
CB-7299(1-15)	Cap on Losses from Certified Acts of Terrorism - Liability	\$27.00
CB-7406(6-15)	Exclusion - Unmanned Aircraft	
CB-7410(8-15)	Civil Authority Changes	

Form Number	Form Title	Premium
CB-7437(3-21)	Acuity Property Enhancements - Silver	
CB-7455(8-20)	Acuity Liability Enhancements - Silver	
IL-7012(1-18)	Asbestos Exclusion	
IL-7082(12-20)	Disclosure Pursuant to Terrorism Risk Insurance Act	
Advance Endorsement Premium		\$3,033.00

PREMIUM SUMMARY

Advance Premium	\$67,488.00
Advance Endorsement Premium	\$3,033.00
Total Advance Premium	\$70,521.00

The Total Advance Premium shown above is based on the exposures you anticipated at the time this coverage part began. We will audit this coverage part in accordance with the Bis-Pak® Liability and Medical Expenses General Condition entitled Premium Audit - Business Liability at the close of the audit period.

PROPERTY COVERAGES PROVIDED

Form: Deluxe

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	001	001	Replacement Cost	\$554,992	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	002	001	Replacement Cost	\$600,332	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	003	001	Replacement Cost	\$600,332	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	004	001	Replacement Cost	\$600,332	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	005	001	Replacement Cost	\$600,332	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	006	001	Replacement Cost	\$578,956	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	007	001	Replacement Cost	\$578,956	8%

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	008	001	Replacement Cost	\$578,956	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	009	001	Replacement Cost	\$605,956	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	010	001	Replacement Cost	\$578,880	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	011	001	Replacement Cost	\$540,000	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	012	001	Replacement Cost	\$578,880	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	013	001	Replacement Cost	\$578,880	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	014	001	Replacement Cost	\$578,880	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	015	001	Replacement Cost	\$578,880	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	016	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	017	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	018	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	019	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	020	001	Replacement Cost	\$555,984	8%

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	021	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	022	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	023	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	024	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	025	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	026	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	027	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	028	001	Replacement Cost	\$555,984	8%
Building Condominium Deductible: \$10,000 per occurrence Optional Coverage Deductible: \$500 Wind/Hail Deductible: 5% per building	029	001	Replacement Cost	\$555,984	8%

DESCRIPTION OF PREMISES

Premises Number	Building Number	Construction, Occupancy and Location
001	001	FRAME RESIDENTIAL CONDO 117 HEIRLOOM AVE HUDSON WI 54016
002	001	FRAME RESIDENTIAL CONDO 98 LINDEN AVE 99 JASMIN HUDSON WI 54016

Premises Number	Building Number	Construction, Occupancy and Location
003	001	FRAME RESIDENTIAL CONDO 100 LINDEN AVE 101 JASMIN HUDSON WI 54016
004	001	FRAME RESIDENTIAL CONDO 102 LINDEN AVE JASMIN 103 HUDSON WI 54016
005	001	FRAME RESIDENTIAL CONDO 104 LINDEN AVE 105 JASMIN HUDSON WI 54016
006	001	FRAME RESIDENTIAL CONDO 106 LINDEN AVE 107 JASMIN HUDSON WI 54016
007	001	FRAME RESIDENTIAL CONDO 110 LINDEN AVE 109 JASMIN HUDSON WI 54016
008	001	FRAME RESIDENTIAL CONDO 112 LINDEN AVE 111 JASMIN HUDSON WI 54016
009	001	FRAME RESIDENTIAL CONDO 114 LINDEN AVE 113 HEIRLOOM AVE HUDSON WI 54016
010	001	FRAME RESIDENTIAL CONDO 116 LINDEN AVE 115 HEIRLOOM AVE HUDSON WI 54016
011	001	FRAME RESIDENTIAL CONDO 99 HEIRLOOM AVE HUDSON WI 54016
012	001	FRAME RESIDENTIAL CONDO 101 HEIRLOOM AVE 102 JASMIN HUDSON WI 54016
013	001	FRAME RESIDENTIAL CONDO 103 HEIRLOOM AVE 104 JASMIN HUDSON WI 54016

Premises Number	Building Number	Construction, Occupancy and Location
014	001	FRAME RESIDENTIAL CONDO 106 JASMINE 105 HEIRLOOM AVE HUDSON WI 54016
015	001	FRAME RESIDENTIAL CONDO 109 HEIRLOOM AVE 108 JASMIN HUDSON WI 54016
016	001	FRAME RESIDENTIAL CONDO 96 TRIBUTE AVE 97 LINDEN AVE HUDSON WI 54016
017	001	FRAME RESIDENTIAL CONDO 98 TRIBUTE AVE 99 LINDEN AVE HUDSON WI 54016
018	001	FRAME RESIDENTIAL CONDO 100 TRIBUTE AVE 101 LINDEN AVE HUDSON WI 54016
019	001	FRAME RESIDENTIAL CONDO 102 TRIBUTE AVE 103 LINDEN AVE HUDSON WI 54016
020	001	FRAME RESIDENTIAL CONDO 104 TRIBUTE AVE 105 LINDEN AVE HUDSON WI 54016
021	001	FRAME RESIDENTIAL CONDO 106 TRIBUTE AVE 107 LINDEN AVE HUDSON WI 54016
022	001	FRAME RESIDENTIAL CONDO 21 IVY GRN 22 HERITAGE GRN HUDSON WI 54016
023	001	FRAME RESIDENTIAL CONDO 23 IVY GRN 24 HERITAGE GRN HUDSON WI 54016
024	001	FRAME RESIDENTIAL CONDO 5 IVY GRN 26 HERITAGE GRN HUDSON WI 54016

Premises Number	Building Number	Construction, Occupancy and Location
025	001	FRAME RESIDENTIAL CONDO 19 IVY GRN 20 HERITAGE GRN HUDSON WI 54016
026	001	FRAME RESIDENTIAL CONDO 10 INSPIRATION BLVD 14 HERITAGE GRN HUDSON WI 54016
027	001	FRAME RESIDENTIAL CONDO 11 IVY GRN 16 HERITAGE GRN HUDSON WI 54016
028	001	FRAME RESIDENTIAL CONDO 109 LINDEN AVE 111 LINDEN AVE HUDSON WI 54016
029	001	FRAME RESIDENTIAL CONDO 17 IVY GRN 18 HERITAGE GRN HUDSON WI 54016

MORTGAGEHOLDER NAME AND ADDRESS

NONE

LIABILITY COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Liability and Medical Expenses (Each Occurrence)	\$1,000,000
Medical Expenses (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products-Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000

SCHEDULE OF LIABILITY CLASSIFICATION

Premises Number	Building Number	Classification Description	Class Code	Premium Basis ¹	Premises Rate	Products Rate
001	001	Condominium - Residential	62003	1 UN	43.526	Included
002	001	Condominium - Residential	62003	2 UN	43.526	Included
003	001	Condominium - Residential	62003	2 UN	43.526	Included

Premises Number	Building Number	Classification Description	Class Code	Premium Basis ¹	Premises Rate	Products Rate
004	001	Condominium - Residential	62003	2 UN	43.526	Included
005	001	Condominium - Residential	62003	2 UN	43.526	Included
006	001	Condominium - Residential	62003	2 UN	43.526	Included
007	001	Condominium - Residential	62003	2 UN	43.526	Included
008	001	Condominium - Residential	62003	2 UN	43.526	Included
009	001	Condominium - Residential	62003	2 UN	43.526	Included
010	001	Condominium - Residential	62003	2 UN	43.526	Included
011	001	Condominium - Residential	62003	1 UN	43.526	Included
012	001	Condominium - Residential	62003	2 UN	43.526	Included
013	001	Condominium - Residential	62003	2 UN	43.526	Included
014	001	Condominium - Residential	62003	2 UN	43.526	Included
015	001	Condominium - Residential	62003	2 UN	43.526	Included
016	001	Condominium - Residential	62003	2 UN	43.526	Included
017	001	Condominium - Residential	62003	2 UN	43.526	Included
018	001	Condominium - Residential	62003	2 UN	43.526	Included
019	001	Condominium - Residential	62003	2 UN	43.526	Included
020	001	Condominium - Residential	62003	2 UN	43.526	Included
021	001	Condominium - Residential	62003	2 UN	43.526	Included
022	001	Condominium - Residential	62003	2 UN	43.526	Included
023	001	Condominium - Residential	62003	2 UN	43.526	Included
024	001	Condominium - Residential	62003	2 UN	43.526	Included
025	001	Condominium - Residential	62003	2 UN	43.526	Included
026	001	Condominium - Residential	62003	2 UN	43.526	Included
027	001	Condominium - Residential	62003	2 UN	43.526	Included
028	001	Condominium - Residential	62003	2 UN	43.526	Included
029	001	Condominium - Residential	62003	2 UN	43.526	Included

¹ UN = Unit - Rate Applies Per Unit

COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Acuity Liability Enhancements - Silver	See CB-7455
Acuity Property Enhancements - Silver	See CB-7437



DIRECTORS' AND OFFICERS' LIABILITY COVERAGE PART

Renewal Declarations

Organization:

HERITAGE GREENS PAIRED
C/O MJF & ASSOCIATES INCORPO
STILLWATER MN 55082-6059

Agency Name and Number:

SF INSURANCE GROUP
8420-AN

Policy Number: ZS9804

Policy Period: Effective Date: 11-01-24
Expiration Date: 11-01-25

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the policy.

12:01 A.M. standard time at your mailing address shown in the declarations

LIMIT OF LIABILITY

Each and every *loss* and in the aggregate each *policy period* \$1,000,000

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CG-7016(11-18)	Wisconsin Changes - Directors' and Officers'	
CG-7154(9-05)	Directors and Officers Liability Coverage Form - Condominium or Cooperative	
IL-0017F(11-98)	Common Policy Conditions	
IL-0021F(3-14)	Nuclear Energy Liability Exclusion - Broad Form	
IL-7012(1-18)	Asbestos Exclusion	

Advance Endorsement Premium

PREMIUM SUMMARY

Advance Premium	\$350.00
Advance Endorsement Premium	
Total Advance Premium	\$350.00

ADDITIONAL NAMED INSURED

Named insured includes the following Additional Named Insureds:

NONE