

**JEVANS** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/30/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	his certificate does not confer rights to				ıch end	lorsement(s)		require an end	iorsemen	ı. A S	statement on	
PRODUCER SF Insurance Group LLC 744 Ryan Dr Ste 101						CONTACT Jennifer Evans						
						PHONE (A/C, No, Ext): (715) 500-2663 FAX (A/C, No):						
	dson, WI 54016				E-MAIL ADDRESS: jevans@sfinsurancegroup.com							
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Acuity					14184	
Heritage Greens Paired Home						INSURER B:						
						INSURER C:						
c/o MJF and Associates 1940 S Greeley Street, Ste 104 Stillwater, MN 55082					INSURER D :							
					INSURER E :							
						INSURER F:						
CO	VERAGES CER	TIFICATE NUMBER:			REVISION NUMBER:							
IN C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI	TH RESPE	CT TO	O WHICH THIS	
INSR TYPE OF INCUPANCE			SUBR		DELIVI	POLICY EFF						
A A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIST NOMBER		(MIM/DD/YYYY)	(IVIIVI/DD/TTTT)			\$	1,000,000	
	CLAIMS-MADE OCCUR			ZS9804		11/1/2023	11/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ \$	100,000	
						2020				\$ \$	5,000	
								MED EXP (Any one person) PERSONAL & ADV INJURY		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ \$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:							FRODUCTS - COM	F/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$		
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	AUTOS ONET							(i or assident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	-	\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA				
										\$		
Α	General Liability			ZS9804		11/1/2023	11/1/2024	Building			17,673,073	
Α	General Liability			ZS9804		11/1/2023	11/1/2024	Deductible			5,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORI	│ D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
MJF and Associates 1940 S Greeley Steet, Ste 104 Stillwater, MN 55082						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						
			Alex Helmer									