

**TLEAVENS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/29/2023

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).

tŀ	nis certificate does not confer rights to	the ce	rtificate holder in lieu of s	uch end	lorsement(s)					
PRODUCER					CONTACT Jennifer Evans					
SFI	nsurance Group LLC			PHONE (A/C, No, Ext): (715) 500-2663 FAX (A/C, No):						
	Ryan Dr Ste 101 Ison, WI 54016			E-MAIL	ss. jevans@	sfinsuranc	egroup.com			
	•			7.55.1.			RDING COVERAGE		NAIC#	
				INSURE	RA: Pekin Ir	· · /			24201	
INSL	JRED			INSURER B:						
	Heritage Greens Paired Hom	ne		INSURER C:						
	c/o MJF and Associates		INSURER D :							
1940 S Greeley Street, Ste 104 Stillwater, MN 55082					INSURER E :					
	cumutor, mit cocc		INSURE							
CO	VERAGES CER	TIFICA	TE NUMBER:	REVISION NUMBER:						
T IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREI PERTAII POLICIE:	MENT, TERM OR CONDITIC N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	ON OF A	NY CONTRAC 7 THE POLICI REDUCED BY I	TO THE INSUI CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TC	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUE	BR /D POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X	006043519		11/1/2022	11/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
							MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION\$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
Α	Business Owners Poli		006043519		11/1/2022	11/1/2023	Building		17,673,073	
Α	Business Owners Poli		006043519		11/1/2022	11/1/2023	Deductible		5,000	
Cert In ad 1. 10 2. 11	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ificate Holder, as Property Manager, is he didition to the property limits outlined ab D Inspiration / 14 Heritage Green I Ivy Green / 16 Heritage Green	nereby li	isted as Additional Insured	with res	e attached if mor pect to the G	e space is requi eneral Liabili	 red) ty.			
SEE	7 Ivy Green / 18 Heritage Green ATTACHED ACORD 101									
CE	RTIFICATE HOLDER			CANO	CELLATION					
MJF and Associates					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

ACORD 25 (2016/03)

1940 S Greeley Steet, Ste 104 Stillwater, MN 55082

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**AUTHORIZED REPRESENTATIVE** 

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Heritage Greens Paired Home c/o MJF and Associates 1940 S Greeley Street, Ste 104 Stillwater, MN 55082				
SF Insurance Group LLC						
POLICY NUMBER						
SEE PAGE 1		Otherator, Into 33002				
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## **Description of Operations/Locations/Vehicles:**

- 4. 19 Ivy Green / 20 Heritage Green
- 5. 21 Ivy Green / 22 Heritage Green
- 6. 23 Ivy Green / 24 Heritage Green
- 7. 25 Ivy Green / 26 Heritage Green
- 8. 96 Tribute / 97 Linden
- 9. 98 Tribute / 99 Linden
- 10. 100 Tribute / 101 Linden
- 11. 102 Tribute / 103 Linden
- 12. 104 Tribute / 105 Linden
- 13. 106 Tribute / 107 Linden
- 14. 109 Linden / 111 Linden
- 15. 101 Heirloom / 102 Jasmine
- 16. 103 Heirloom / 104 Jasmine
- 17. 105 Heirloom / 106 Jasmine
- 18, 109 Heirloom / 108 Jasmine
- 19. 98 Linden / 99 Jasmine
- 20. 100 Linden / 101 Jasmine
- 21. 102 Linden / 103 Jasmine
- 22. 104 Linden / 105 Jasmine
- 23. 106 Linden / 107 Jasmine
- 24. 110 Linden / 109 Jasmine
- 25. 112 Linden / 111 Jasmine
- 26. 114 Linden / 113 Heirloom
- 27. 116 Linden / 115 Heirloom
- 28. 99 Heirloom
- 29. 117 Heirloom