

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		PHONE (A/C, No, Ext): 651-770-1849		COMPANY NAME AND ADDRESS		NAIC NO: 25143	
State Farm  C W Charlson Insurance Agency, Inc 6993 35th St N Oakdale MN 55128				State Farm Fire and Casualty Company			
AX VC, No: 651-770-0930		E-MAIL ADDRESS: certs@ccharlson.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
ODE:		SUB CODE:		POLICY TYPE			
GENCY CUSTOMER ID #:				Townhome Association			
NAMED INSURED AND ADDRESS				LOAN NUMBER		POLICY NUMBER	
Red Cedar Canyon Townhome Association, Inc						99-BY-A635-7	
C/O MJF & Associates				EFFECTIVE DATE		EXPIRATION DATE	
940 Greeley St S Ste 104, Stillwater MN 55082				10/10/2026		10/10/2027	
ADDITIONAL NAMED INSURED(S)						☒ CONTINUED UNTIL TERMINATED IF CHECKED	
C/O MJF & Associates				THIS REPLACES PRIOR EVIDENCE DATED:			

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

LOCATION / DESCRIPTION	112 Unit Townhome Assn in Hudson WI 54016	100% Replacement Cost with Guaranteed Replacement Cost Endorsement
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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	SPECIAL	Guaranteed Replacement Cost Coverage
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:		\$ 47,801,600	Bare Walls (No Betterments/Improvements)		DED: 50,000 Per Occurrence	
		YES	NO	N/A		
☒ BUSINESS INCOME	☐ RENTAL VALUE	☒		☒	If YES, LIMIT:	☒ Actual Loss Sustained; # of months: 12
BLANKET COVERAGE		☒			If YES, indicate value(s) reported on property identified above: \$	
ERRORISM COVERAGE		☒			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			☒			
IS DOMESTIC TERRORISM EXCLUDED?			☒			
LIMITED FUNGUS COVERAGE			☒		If YES, LIMIT:	DED:
MOLD EXCLUSION (If "YES", specify organization's form used)		☒			State Farm	
REPLACEMENT COST		☒				
AGREED VALUE		☒				
COINSURANCE			☒		If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		☒			If YES, LIMIT: 47,801,600.00	DED: 2,500.00
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		☒			If YES, LIMIT: 47,801,600.00	DED: 0
- Demolition Costs		☒			If YES, LIMIT: 4,780,160.00	DED: 0
- Incr. Cost of Construction		☒			If YES, LIMIT: 4,780,160.00	DED: 0
EARTH MOVEMENT (If Applicable)			☒		If YES, LIMIT:	DED:
FLOOD (If Applicable)			☒		If YES, LIMIT:	DED:
WIND / HAIL INCL ☒ YES ☐ NO Subject to Different Provisions:		☒			If YES, LIMIT:	DED: 5% bldg (50k min)
JAMED STORM INCL ☒ YES ☐ NO Subject to Different Provisions:		☒			If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		☒				

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	☒ Additional Insured			
NAME AND ADDRESS				AUTHORIZED REPRESENTATIVE
MJF & Associates 1940 Greeley St S Ste 104 Stillwater MN 55082				