



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2021

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 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).

PRODUCER RICH E FRANKSON (04066) 808 W BROADWAY STE B FOREST LAKE, MN 55025-0000		CONTACT NAME: RICH E FRANKSON PHONE (A/C, No, Ext): 651-466-0763 FAX (A/C, No): 651-286-4994 E-MAIL ADDRESS: RICHARD.FRANKSON@COUNTRYFINANCIAL.COM	
INSURED 5681467 THE VILLAS OF VICTOR MEADOW HOMEOWNERS ASSOCIATION 5705 DUNLAP AVE N SHOREVIEW, MN 55126		INSURER(S) AFFORDING COVERAGE INSURER A: COUNTRY Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 20990	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			AM9323710	5/12/2021	5/12/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AM9323710	5/12/2021	5/12/2022	COVERED ON BUSINESSOWNERS COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS:

THE ASSOCIATIONS POLICY PROVIDES BLANKET BUILDING COVERAGE IN THE AMOUNT OF \$10,352,050 FOR 33 UNITS, WITH A \$10,000 DEDUCTIBLE PER BUILDING, PER OCCURRENCE. THE ASSOCIATION MASTER POLICY IS AN "ALL-IN" POLICY THAT FOLLOWS THE INTENTION OF THE ASSOCIATION. THE POLICY PROVIDES 100% REPLACEMENT COST COVERAGE AND INSURES (CONTINUED)

CERTIFICATE HOLDER

CANCELLATION

VILLAS OF VICTOR MEADOWS
 C/O M & H PROPERTY MANAGEMENT
 5705 N DUNLAP AVE
 SHOREVIEW, MN 55126-5648

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

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER		THE VILLAS OF VICTOR MEADOW HOMEOWNERS ASSOCIATION	
AM9323710		5705 DUNLAP AVE N	
CARRIER		NAIC CODE	EFFECTIVE DATE: 6/3/2021
COUNTRY Mutual Insurance Company		20990	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

(REMARKS CONTINUED)

AGAINST DIRECT PHYSICAL LOSS, WITH SOME EXCLUSIONS SUCH AS FLOOD AND EARTHQUAKE. THE LIABILITY LIMIT PER OCCURRENCE IS \$2,000,000 AND \$4,000,000 AGGREGATE. DIRECTOR'S AND OFFICER'S LIABILITY IS \$2,000,000 PER OCCURRENCE AND \$2,000,000 AGGREGATE. EMPLOYEE DISHONESTY COVERAGE OF \$100,000.

POLICY INFORMATION:

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE \$100,000 EACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT