

EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company, S.I. if selection box is not checked.
6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)
 Jeffrey Mayhew Agency Inc
 3390 Annapolis Ln N Ste C
 Plymouth, MN 55447
 (763) 551-1074
 (053/087)

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

Insured's Name and Address:
 Legacy Lofts Association
 8100 Old Cedar Ave S Ste 300
 Bloomington, MN 55425

POLICY NUMBER 91000-41558-69	
EFFECTIVE DATE (MM/DD/YYYY) 08/15/2020	EXPIRATION DATE (MM/DD/YYYY) 08/15/2021

PROPERTY INFORMATION			
PROPERTY LOCATION 1240 South 2nd Street Minneapolis, MN 55415		PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) Townhouse Association - 1 Building - 374 Units	
COVERAGES			
Personal Lines - Property		Farm/Ranch Lines	
Policy Type		Policy Type	
<input type="checkbox"/> HO 1 <input type="checkbox"/> HO 5/GS <input type="checkbox"/> MH 1 <input type="checkbox"/> DP 01 <input type="checkbox"/> HO 2 <input type="checkbox"/> HO 6 <input type="checkbox"/> MH 3 <input type="checkbox"/> DP 02 <input type="checkbox"/> HO 3 <input type="checkbox"/> CV 1 <input type="checkbox"/> MHGS <input type="checkbox"/> BO <input type="checkbox"/> HO 4 <input type="checkbox"/> CV 3	<input type="checkbox"/> FR 02 <input type="checkbox"/> FR MH 01 (GA) <input type="checkbox"/> FR 03 <input type="checkbox"/> FR MH 03 <input type="checkbox"/> FR 04 <input type="checkbox"/> FR 05	<input checked="" type="checkbox"/> Businessowners <input type="checkbox"/> Business Key <input type="checkbox"/> Property <input type="checkbox"/> Inland Marine	<input type="checkbox"/> Named Peril <input type="checkbox"/> Basic <input type="checkbox"/> Broad <input checked="" type="checkbox"/> Special
Amount of Insurance		Amount of Insurance	
Cov. A Dwelling \$ _____	Cov. A Dwelling \$ _____	Building \$ 157,500,000	
Cov. B Pers. Property \$ _____	Cov. B Pers. Property \$ _____	Bus. Pers. Property \$ 416,000	
Cov. B Other Struct. (Fire & E.C.) \$ _____	Sec. III Pers. Prop. Blanket \$ _____	Other Employee Dishonesty \$ 2,000,000	
Cov. C Pers. Prop (Fire & E.C.) \$ _____	Sec. III Schedule \$ _____		
Boatowners - Sect. 1 \$ _____	Sec. IV Outbldgs. \$ _____		
Other \$ _____	Other \$ _____		
Deductible \$ _____	Deductible Sec. I \$ _____	Deductible-Bldg. \$ 10,000*	
	Deductible Sec. III \$ _____	Deductible-Bus. Pers. Prop. \$ 10,000*	
	Deductible Sec. IV \$ _____	Deductible Employee Dishonesty \$ 1,000	
REMARKS (Including Special Conditions/Endorsements)			
100% Guaranteed Replacement Cost - All In Coverage; Ordinance or Law A B C, Inflation Protection & Separation of Insureds included; Businessowners Liability \$1,000,000 per occurrence/\$2,000,000 aggregate; Employee Dishonesty includes Property Manager and BOD; *Other deductibles: Water Damage = \$25,000 per occurrence, Earthquake = 5% of insured building value per occurrence			
EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION			
EFFECTIVE DATE - Date additional interest is added. RENEWAL OF COVERAGE / CANCELLATION - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions. * The Expiration Date is changed to read "UNTIL CANCELLED".			
ADDITIONAL INTEREST NAME AND ADDRESS		NATURE OF INTEREST	
Additional Insured: FirstService Residential 8100 Old Cedar Ave S Ste 300 Bloomington, MN 55425		LOAN NUMBER	
		<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input checked="" type="checkbox"/> Property Manager	
		DATE ISSUED 08/10/2020	AUTHORIZED REPRESENTATIVE Jeffrey R Mayhew
TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.			

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Legacy Lofts Association
 8100 Old Cedar Ave S Ste 300
 Bloomington, MN 55425

Agent's Name, Address and Phone Number (Agt./Dist.)
 Jeffrey Mayhew Agency Inc
 3390 Annapolis Ln N Ste C
 Plymouth, MN 55447
 (763) 551-1074 (053/087)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	91000-41558-69	08/15/2020	08/15/2021	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000 Common Cause Limit \$,000 Aggregate Limit \$,000
Liquor Liability				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$ 1,000,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Auto <input checked="" type="checkbox"/> Nonowned Autos <input type="checkbox"/>	91000-41558-69	08/15/2020	08/15/2021	Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$ 1,000,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Commercial Umbrella	91000-42065-47	08/15/2020	08/15/2021	Each Occurrence/Aggregate \$ 10,000,000
Other (Miscellaneous Coverages) Directors & Officers Liability \$1,000,000 Aggregate				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Homeowners Association - 1 Building, 374 Units - Minneapolis, MN 55415				†The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS Additional Insured: FirstService Residential 8100 Old Cedar Ave S Ste 300 Bloomington, MN 55425	CANCELLATION <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 08/10/2020	AUTHORIZED REPRESENTATIVE Jeffrey R Mayhew

Jeffrey Mayhew Agency
3390 Annapolis Lane Unit C
Plymouth, MN 55447
Phone: 763.551.1074
Fax: 1.866.624.8615

E-mail: jeffreymayhewagency@amfam.com



Legacy Lofts Association

INSURANCE INFORMATION FOR OWNERS

Policy Effective Dates: 08/15/2020 – 08/15/2021

BUILDING COVERAGES & DEDUCTIBLES

The Master Policy provides blanket building coverage with a **deductible of \$10,000 per occurrence** which includes: the Unit's ceiling and wall finishing materials, floor coverings, cabinetry, finished millwork, electrical and plumbing fixtures, heating, ventilating and air conditioning equipment serving a single unit, appliances and permanently attached fixtures, and other betterments and improvements installed by any unit owner.

Other Deductibles: 1) The deductible for Water Damage is **\$25,000 per occurrence**. 2) The deductible for Earthquake losses is equal to **5%** of the insured building value per occurrence. This deductible could be up to **\$25,000 per unit per occurrence**. *It is your responsibility to contact your personal insurance agent to confirm that your HO-6 policy includes adequate building AND loss assessment coverage for these deductibles.*

The Policy covers against risk of direct physical loss or damage (all-risk coverage), except for what is excluded or limited in the policy. Examples of excluded losses are earth movement, seepage, wear and tear, latent defect, war radiation, etc. The Policy covers sewer backup and sump pump overflow damage to \$250,000 per building.

IMPORTANT: OWNERS INSURANCE The Master Policy **does not** provide insurance for the unit owner's personal furnishings, contents or belongings. This protection is provided by a separate Condominium Unit Owners policy (HO-6). It is suggested that each owner purchases enough personal insurance to cover: personal property, loss of use and additional Sewer Backup and Sump Pump overflow coverage for the unit. In addition, the HO-6 policy must include coverage for the Association deductibles listed above and for real property in the event of a loss where damage does not meet the Master Policy deductible. I would be happy to discuss your options with you.

LIABILITY AND PERSONAL LIABILITY COVERAGES

The policy contains a \$1,000,000 single limit of liability on a "per occurrence" basis for bodily injury and property damage. This limit of liability protects the Association and each individual unit owner in the event a claim arises because of an occurrence on the premises of the Association. The aggregate limit is \$2,000,000. The policy **does not** cover the individual unit owner for an occurrence on that portion of the premises occupied or used exclusively by him or her, or off the premises. This can also be insured under a Unit Owner's HO-6 policy.

WHAT TO DO IF YOU HAVE A LOSS

1. Notify the property manager, **FirstService Residential, at 952-277-2700**. They will either notify our office or have you call us direct. *Management or the Board of Directors must authorize any claims.*
2. Our office will advise the Association how to proceed with the claim. Some claims are handled directly by the management company, and others will require an adjuster to handle the claim.
3. The Association is responsible for obtaining contractors to perform repairs in the event of a covered loss.

CERTIFICATES

Your mortgage lender may request a copy of the Association's proof of insurance. This document is commonly known as a **Certificate of Insurance**. Simply call, email or fax us with the lender's information – *including Mortgagee Clause (official address), Loan # and Fax #* - and we will send them the certificate that day. The certificate is valid until cancelled, so a new certificate is not necessary every year. However, if your lender requests an updated certificate please contact us and we will fulfill their request.

****This brief description is not part of the insurance policy. Please refer to the policy for exact policy language.***