

LLAVEN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/6/2023

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).

| th | is certificate does not confer rights t | o the | cert | ificate holder in lieu of su | ich end | lorsement(s) | | | | | | | | |
|------------------|--|--|----------------|--|------------------------------------|--|-------------------|--------------------------------------|------------|----------|------------|--|--|--|
| PRO | DUCER License # 1001001193 | CONTACT NAME: | | | | | | | | | | | | |
| The Dana Company | | | | | | PHONE (A/C, No, Ext): (515) 224-4391 FAX (A/C, No): (515) 224-4955 | | | | | | | | |
| 123 | 15 University, Ste 300 Moines, IA 50325 | E-MAIL and an aco.com | | | | | | | | | | | | |
| D 00 | monies, in 66626 | | | | ADDRE | NAIC # | | | | | | | | |
| | | | | | | | | RDING COVERAGE | | | 15350 | | | |
| | nen. | | | | | INSURER A: West Bend Insurance Company | | | | | | | | |
| INSU | Boulder Brook Townhomes | | | | INSURE | | | | | | | | | |
| | c/o Gulling Property Manag | | nt LL(| C | INSURE | INSURER C: | | | | | | | | |
| | PO Box 57273 | | | | INSURE | INSURER D: | | | | | | | | |
| | Des Moines, IA 50317 | | | | INSURE | RE: | | | | | | | | |
| | | | | | INSURER F: | | | | | | | | | |
| CO | VERAGES CER | <u> TIFI</u> | CATE | E NUMBER: | | | | REVISION NUME | BER: | | | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | REQU PER | IREMI TAIN, | ENT, TERM OR CONDITIO , THE INSURANCE AFFOR | N OF A | ANY CONTRAC | CT OR OTHER | R DOCUMENT WITH ED HEREIN IS SUE | RESPE | CT TO | WHICH THIS | | | |
| INSR | TYPE OF INSURANCE | ADDL SUBR NNSD WVD POLICY NUMBER | | | POLICY EFF POLICY EXP (MM/DD/YYYY) | | | | LIMITS | | | | | |
| A A | X COMMERCIAL GENERAL LIABILITY | INSD | WVD | FOLICI NOWIBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | | 2,000,000 | | | |
| • | CLAIMS-MADE X OCCUR | | | A930679 | | 6/4 E/2022 | C/4.E/2024 | DAMAGE TO RENTED PREMISES (Ea occurr | : | \$ | 300,000 | | | |
| | CLAIIVIS-IVIADE A OCCUR | | | M330013 | | 6/15/2023 | 6/15/2024 | | | \$ | 1,000 | | | |
| | | | | | | | | MED EXP (Any one pe | | \$ | 2.000.000 | | | |
| | | | | | | | | PERSONAL & ADV IN | JURY | \$ | 4,000,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGA | TE | \$ | 6,000,000 | | | |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/0 | OP AGG | \$ | 6,000,000 | | | |
| | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE L (Ea accident) | IMIT | \$ \$ | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per | nerson) | \$ | | | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | | | \$ | | | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | accident) | | | | | |
| | AUTOS ONLY AÚTOS ONLY | | | | | | | (Per accident) | | \$ | | | | |
| | | | | | | | | | | \$ | | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | | \$ | | | | |
| | EXCESS LIAB CLAIMS-MADE | 4 | | | | | | AGGREGATE | | \$ | | | | |
| | DED RETENTION \$ | | | | | | | DED | OTH | \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER STATUTE | OTH- ER | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. EACH ACCIDENT | - | \$ | | | | |
| | | | | | | | | E.L. DISEASE - EA EM | //PLOYEE | \$ | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLIC | Y LIMIT | \$ | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORI | O 101, Additional Remarks Schedu | ıle, may b | e attached if mor | e space is requir | red) | | | | | | |
| | | | | | | | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | | | | |
| | Gulling Property Manageme PO Box 57273 Des Moines, IA 50317 | 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 | | | | | | | | | | | | |



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 6/6/2023

THIS EVIDENCE OF 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.

| AGENCY PHONE (A/C, No, Ext): (515) 224-4391 The Dana Company 12345 University, Ste 300 Des Moines, IA 50325 | | | | COMPANY West Bend Insurance 1900 South 18th Aven West Bend, WI 53095 | | | |
|---|----------------------|-------------------------------------|------------------|--|---------------------------|---------------------------------------|--|
| (Á/C, No): (515 | 5) 224-4955 | ADDRESS: III | fo@thedanaco.com | | | | |
| CODE: 14200 |) | | SUB CODE: | | | | |
| AGENCY CUSTOMER ID: | #: BOULBRO- | -01 | | | | | |
| INSURED Boulder Brook c/o Gulling Prop PO Box 57273 | | k Townhon roperty Mar | | LOAN NUMBER | | POLICY NUMBER A930679 | |
| | Des Moines, IA 50317 | | | EFFECTIVE DATE 6/15/2023 | EXPIRATION DATE 6/15/2024 | CONTINUED UNTIL TERMINATED IF CHECKED | |
| | | THIS REPLACES PRIOR EVIDENCE DATED: | | | | | |
| PROPERTY | / INFORMATION | ON | | | | | |

LOCATION/DESCRIPTION
Loc # 0, Bldg # 0, Blanket
Loc # 1, Bldg # 1, 1022-1024 NW Irvinedale Drive, Ankeny, IA 50023, Townhome
Loc # 2, Bldg # 1, 1026-1028 NW Irvinedale Drive, Ankeny, IA 50023, Townhome
Loc # 3, Bldg # 1, 1012-1016 NW Isrvinedale Drive, Ankeny, IA 50023, Townhome
Loc # 4, Bldg # 1, 1006-1010 NW Irvinedale Drive, Ankeny, IA 50023, Townhome
SEE ATTACHED ACORD 101

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 | X | SPECIAL | | | |
|---|-------------------|------|-------|-------|---|---------|--|---------------------|------------|
| | COVERAGE / PERILS | S/FO | RMS | | | | | AMOUNT OF INSURANCE | DEDUCTIBLE |
| Loc # 0, Bldg # 0 Blanket, Special (Including theft) Loc # 1, Bldg # 1 | | | | | | | | \$10,407,285 | 5,000 |
| Building, Special (Including theft) | | | | | | | | \$608,569 | 5,000 |
| Loc # 2, Bldg # 1 Building, Special (Including theft) Loc # 3, Bldg # 1 | | | | | | | | \$608,569 | 5,000 |
| Building, Special (Including theft) Loc # 4, Bldg # 1 | | | | | | | | \$878,186 | 5,000 |
| Building, Special (Including theft) Loc # 5, Bldg # 1 | | | | | | | | \$878,186 | 5,000 |
| Building, Special (Including theft) SEE ATTACHED ACORD 101 | | | | | | | | \$608,569 | 5,000 |

REMARKS (Including Special Conditions)

Special Conditions: FOR INFORMATION ONLY

Total of 35 units 2% windstorm/hail deductible per building Wind/Hail Actual Cash Value Roof Surfacing Wind/Hail Cosmetic Damage Roof Surfacing Excluded SEE ATTACHED ACORD 101

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 | | | | | | | | |
|--|---------------------------|--------------------|---|----------------------------------|--|--|--|--|
| NAME AND ADDRESS | | ADDITIONAL INSURED | | LENDER'S LOSS PAYABLE LOSS PAYEE | | | | |
| | | MORTGAGEE | Х | FOR INFORMATION ONLY | | | | |
| Gulling Property Management LLC PO Box 57273 | LOAN# | | | | | | | |
| Des Moines, IA 50317 | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

LOC #:

ACORD°

ADDITIONAL REMARKS SCHEDULE

| Page | 1 | of | 1 |
|------|---|----|---|
|------|---|----|---|

| AGENCY | NAMED INSURED Boulder Brook Townhomes c/o Gulling Property Management LLC | | | | |
|-----------------------------|---|--|--|--|--|
| The Dana Company | | | | | |
| POLICY NUMBER | PO Box 57273 Des Moines, IA 50317 | | | | |
| A930679 | Des Mollies, IA 30317 | | | | |
| CARRIER | | | | | |
| West Bend Insurance Company | EFFECTIVE DATE: 06/15/2023 | | | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Locations:

Loc # 5, Bldg # 1, 1018-1020 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 6, Bldg # 1, 928-932 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 7, Bldg # 1, 938-942 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 8, Bldg # 1, 1002-1004 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 9, Bldg # 1, 918-922 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 10, Bldg # 1, 908-912 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 11, Bldg # 1, 934-936 NW Irvinedale Drive, Ankeny, IA 50023, Townhome Loc # 12, Bldg # 1, 902-906 NW Irvinedale Drive, Ankeny, IA 50023 Loc # 13, Bldg # 1, 914-916 NW Irvinedale Drive, Ankeny, IA 50023-8720

Coverage Information:

Loc # 6, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$878,186, Deductible: 5,000

Loc # 7, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$878,186, Deductible: 5,000

Loc # 8, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$608,569, Deductible: 5,000

Loc # 9, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$878,186, Deductible: 5,000

Loc # 10, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$878,186, Deductible: 5,000

Loc # 11, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$608,569, Deductible: 5,000

Loc # 12, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$878,186, Deductible: 5,000

Loc # 13, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$608,569, Deductible: 5,000

Loc # 14, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$608,569, Deductible: 5,000

Special Conditions:

Ordinance & Law and Water Back Up Included

100% coinsurance / Inflation Guard

This is a "Single Entity" policy - policy provides coverage for common areas and original build excluding betterments and improvements (no coverage for walls in).