

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 12/26/2023

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.

PHONE (FIELD)	, -						
AGENCY PHONE (A/C, No, Ext): (515) 224-4391 The Dana Company 12345 University, Ste 300 Des Moines, IA 50325	COMPANY Westfield Group PO Box 5001 One Park Circle						
	Westfield Center, OH 4	4251-5001					
(A/C, No):(515) 224-4955 E-MAIL ADDRESS: info @thedanaco.com							
· · · ·							
CODE: 14-2132 SUB CODE:							
AGENCY CUSTOMER ID #: FALCRID-02							
INSURED Falcon Ridge Townhome Association % Gulling Property Management	LOAN NUMBER		POLICY NUMBER 367965T				
PO Box 57273 Des Moines, IA 50317	EFFECTIVE DATE	EXPIRATION DATE		TO LINITII			
	12/20/2023	12/20/2024	TERMINAT	ED UNTIL ED IF CHECKED			
	THIS REPLACES PRIOR EVID	ENCE DATED:					
PROPERTY INFORMATION							
LOCATION/DESCRIPTION Loc # 0, Bldg # 1 Loc # 1, Bldg # 1, 1012-1034 8th Street SE, Altoona, IA 50009, 4 Units Loc # 2, Bldg # 1, 1040-1046 8th Street SE, Altoona, IA 50009, 2 Units Loc # 3, Bldg # 1, 1106-1112 8th Street SE, Altoona, IA 50009, 2 Units Loc # 4, Bldg # 1, 1122-1128 8th Street SE, Altoona, IA 50009, 2 Units SEE ATTACHED ACORD 101							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED T NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTA SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH F	NY CONTRACT OR OTH AIN, THE INSURANCE AF	HER DOCUMENT 'FORDED BY THE F	WITH RESPECT TO POLICIES DESCRIE	O WHICH THIS SED HEREIN IS			
COVERAGE INFORMATION PERILS INSURED BASIC	BROAD X SPECIA	L					
COVERAGE / PERILS / FORMS		AMC	OUNT OF INSURANCE	DEDUCTIBLE			
Loc # 0, Bldg # 1 Blanket, Special (Including theft)			\$6,656,676	2,500			
Loc # 1, Bldg # 1				·			
Building, Special (Including theft) Business Income with Extra Expense, Special (Including theft)		\$1,513,881	2,500				
Loc # 2, Bldg # 1 Building, Special (Including theft) \$887,063							
Business Income with Extra Expense, Special (Including theft) Loc # 3, Bldg # 1							
Building, Special (Including theft) Business Income with Extra Expense, Special (Including theft) SEE ATTACHED ACORD 101		\$783,039					
REMARKS (Including Special Conditions)							
CANCELLATION							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANC DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE THE	EXPIRATION DAT	E THEREOF, NO	TICE WILL BE			
ADDITIONAL INTEREST							
NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PA	YABLE LO	SS PAYEE			
	MORTGAGEE						
Culling Property Management	LOAN #						
Gulling Property Management PO Box 57273							
Des Moines, IA 50317	AUTHORIZED REPRESENTATIV	/E					
B. D. Hr							
Bi Putt							

LOC #:

ACORD*

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
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AGENCY The Dana Company POLICY NUMBER 367965T	NAMED INSURED Falcon Ridge Townhome Association % Gulling Property Management PO Box 57273 Des Moines, IA 50317				
CARRIER	NAIC CODE				
Westfield Group	24112	EFFECTIVE DATE: 12/20/2023			

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, 1138-1144 8th Street SE, Altoona, IA 50009, 2 Units Loc # 6, Bldg # 1, 1204-1210 8th Street SE, Altoona, IA 50009, 2 Units Loc # 7, Bldg # 1, 1218-1226 8th Street SE, Altoona, IA 50009, 2 Units

Coverage Information:

Loc # 4, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$761,503, Deductible: 2,500

Business Income with Extra Expense, Special (Including theft)

Loc # 5, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$1,080,144, Deductible: 2,500

Business Income with Extra Expense, Special (Including theft)

Loc # 6, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$761,503, Deductible: 2,500

Business Income with Extra Expense, Special (Including theft)

Loc # 7, Bldg # 1

Building, Special (Including theft), Amount of Insurance: \$869,543, Deductible: 2,500

Business Income with Extra Expense, Special (Including theft)



LLAVEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2023

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

th	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ıch end	lorsement(s)		- require an ende			
	DUCER License # 1001001193				CONTA NAME: PHONE				EAV		
The Dana Company 12345 University, Ste 300				(A/C, No, Ext): (313) 224-4391 (A/C, No): (313) 224-4933							
Des	Moines, IA 50325				ADDRE	_{ss:} info@the	edanaco.co	om			
						INS	SURER(S) AFFOI	RDING COVERAGE			NAIC #
				INSURER A: Westfield Group						24112	
INSURED			INSURER B:								
	Falcon Ridge Townhome As % Gulling Property Manager			l	INSURER C:						
	PO Box 57273	пеп			INSURER D :						
	Des Moines, IA 50317				INSURER E:						
					INSURE	RF:					
СО	VERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	BER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH ED HEREIN IS SU	H RESPE	CT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)				
Α	X COMMERCIAL GENERAL LIABILITY					(MINUS ESTATE OF THE STATE OF T	, ,	EACH OCCURRENC	E	\$	1,000,000
	CLAIMS-MADE X OCCUR			367965T		12/20/2023	12/20/2024	DAMAGE TO RENTE PREMISES (Ea occui		\$	1,000,000
								MED EXP (Any one p		\$	1,000
								PERSONAL & ADV II		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP.		\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ \$	
	ANY AUTO							(Ea accident)		•	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per		\$	
	HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE		\$	
	AUTOS ONLY AÚTOS ONLY							(Per accident)		\$	
Α	X UMBRELLA LIAB X OCCUR									\$	1,000,000
•	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			367965T		12/20/2023	12/20/2024	EACH OCCURRENCE	E	\$	
						1		AGGREGATE General Agrega	at	\$	1,000,000
	DED A RETENTIONS							PER STATUTE	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								ĒR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If yes, describe under							E.L. DISEASE - EA E			
Α	DÉSCRIPTION OF OPERATIONS below Directors & Officers			367965T		12/20/2023	12/20/2024	E.L. DISEASE - POLICY LIN		\$	1.000.000
•											.,,
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	│ D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ıle, may t	e attached if mor	e space is requi	red)			
CE	RTIFICATE HOLDER				CANO	CELLATION					
Gulling Property Management 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						