LLAVEN

ACORD*

CERTIFICATE OF LIABILITY INSURANCE

7/31/2023

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).												
PROI	DUCE	R License # 1001001193				CONTACT NAME:						
The Dana Company 12345 University, Ste 300							PHONE (A/C, No, Ext): (515) 224-4391 FAX (A/C, No): (515) 2					
Des Moines, IA 50325						E-MAIL ADDRESS: info@thedanaco.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
							INSURER A: West Bend Insurance Company					
INSURED							INSURER B: Auto Owners Insurance				18988	
Rock Creek Condominums Owners Association c/o Gulling Property Management					ssociation, Inc.	n, Inc.						
PO Box 57273 Des Moines, IA 50317				it		INSURER D:						
						INSURER E:						
						INSURER F:						
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 PEI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			A784505		8/1/2023	8/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
									MED EXP (Any one person)	\$	1,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000	
		OTHER:								\$		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		

SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 2,000,000 В X X OCCUR **UMBRELLA LIAB** EACH OCCURRENCE 8/1/2024 48813376304 8/1/2023 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 2,000,000 10,000 Aggregate DED X RETENTION\$ PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 39273490 8/1/2023 8/1/2024 1,000,000 Directors & Officers 39273490 8/1/2023 8/1/2024 **Employee Dishonesty** 50,000 **General Liability**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR INFORMATION ONLY

CERTIFICATE HOLDER CANCELLATION

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

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