

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/26/2024

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).

	is certificate does not confer rights to	tne	cert	ificate noider in lieu of st		. , ,						
PRODUCER License # 1001001193 The Dana Company					CONTACT NAME:							
					PHONE (A/C, No, Ext): (515) 224-4391 FAX (A/C, No): (515) 224-4955							
12345 University, Ste 300 Des Moines, IA 50325				E-MAIL ADDRESS: info@thedanaco.com								
					ADDRE						NAIC #	
						INSURER(S) AFFORDING COVERAGE						
					INSURER A : Auto Owners Insurance						18988	
The Condominiums at Silver Oak I Homeowners' Association c/o Gulling Property Mgmt PO Box 57273 Des Moines, IA 50317					INSURER B:							
					INSURER C:							
					INSURER D :							
					INSURER E:							
					INSURE	RF:						
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NU	MBER:			
Т	HIS IS TO CERTIFY THAT THE POLICIE	s o	F INS	SURANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INSU	RED NAMED ABO	VE FOR T	HE PC	LICY PERIOD	
١N	IDICATED. NOTWITHSTANDING ANY R	EQUI	REMI	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT W	TH RESPE	CT TC	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I								SUBJECT T	O ALL	THE TERMS,	
INSR			SUBR		POLICY EFF POLICY EXP							
LTR A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		2,000,000	
^					3/9/2024		DAMAGE TO REN		\$	300,000		
	CLAIMS-MADE OCCUR			39261742		3/9/2024	3/9/2025	PREMISES (Ea occ	currence)	\$		
								MED EXP (Any one	person)	\$	10,000	
								PERSONAL & ADV INJURY		\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	3,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COM	IP/OP AGG	\$	3,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	2,000,000	
	ANY AUTO			39261742		3/9/2024	3/9/2025	(Ea accident)	, ,	•		
	OWNED SCHEDULED AUTOS ONLY AUTOS			33201742		3/3/2024	3/3/2023	BODILY INJURY (F		\$		
								BODILY INJURY (F	er accident)			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	02	\$		
_										\$	4 000 000	
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			4881337303		3/9/2024	3/9/2025	AGGREGATE		\$		
	DED X RETENTION \$ 10,000									\$	1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		•		
	If yes, describe under DESCRIPTION OF OPERATIONS below									\$		
Α	Crime				3/9/2024	3/9/2025	E.L. DISEASE - POLICY LIMIT Employee Theft			75,000		
Δ	A Directors & Officers			39261742	3/9/2024	3/9/2025	Occurrence			2.000.000		
											,,	
					_							
FOR	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL INFORMATION ONLY	.ES (/	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)				
Incl	ıdes:											
Sevi	erability of interest/separation of insure	4										
	ays notice of cancellation per lowa Law											
	•											
CF	RTIFICATE HOLDER				CANO	CELLATION						
UE	THI IOATE HOLDER				CAN	JEEEN HOIN						
					SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POLIC	CIES BE CA	ANCEI	LED BEFORE	
Gulling Property Management PO Box 57273					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
					ACCORDANCE WITH THE POLICY PROVISIONS.							
Des Moines, IA 50317												
Des monies, in 30317					AUTHORIZED REPRESENTATIVE							



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 2/26/2024

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.

ISSUING INSURER(S), AU	JTHORIZED REPRESENTATIVE O	R PRODUCER,	, AND THE A	DDITIONA	AL INTE	REST.				
AGENCY	PHONE (A/C, No, Ext): (515) 224-4391		COMPANY							
The Dana Company 12345 University, Ste 300 Des Moines, IA 50325				Auto Owners Insurance PO Box 65440 West Des Moines, IA 50266-7060						
FAX (A/C, No): (515) 224-4955	E-MAIL ADDRESS: info@thedanaco.com									
CODE: 07017500	SUB CODE:									
AGENCY CUSTOMER ID #: SILVOAK-01										
INSURED The Condominion c/o Gulling Pro PO Box 57273	LOAN NUMBER				POLICY NUMBER 39261742					
Des Moines, IA	### EXPIRATION DATE SAME S									
			THIS REPLACES PRIOR EVIDENCE DATED:							
PROPERTY INFORMATION	N									
Loc # 1, Bldg # 1, 8601 Westo	wn Pkwy, West Des Moines, IA 502 wn Pkwy, West Des Moines, IA 502	266-1621, Reside	ential Condor	ninium 160 ninium 170 ninium 180 ninium 190	000 - 16 เ 000 - 16 เ 000 - 16 เ 000 - 16 เ	units units units units				
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.								O WHICH THIS BED HEREIN IS		
COVERAGE INFORMATIO	N PERILS INSURED	BASIC	BROAD	X SPECI	IAL					
	COVERAGE / PERILS	/FORMS			•	AN	OUNT OF	INSURANCE	DEDUCTIBLE	
Loc # 1, Bldg # 0 Blanket, Special (Including t Business Income with Extra Loc # 1, Bldg # 1	heft) Expense, Special (Including theft)						;	\$20,192,100	\$2,500 0	
Building, Special (Including Loc # 1, Bldg # 2					\$3,203,900		\$2,500			
Building, Special (Including Loc # 1, Bldg # 3	theft)							\$3,203,900	\$2,500	
Building, Special (Including Loc # 1, Bldg # 4	theft)							\$3,203,900	\$2,500	
Building, Special (Including SEE ATTACHED ACORD 101						\$3,203,900	\$2,500			
REMARKS (Including Spe	cial Conditions)									
Wind/Hail Deductible - 3% pe 96 Units total Policy provides coverage for	common areas and original build e		rments and ir	mproveme	nts (no c	overage fo	r walls in	n).		
Cancellation notice is 10 days Employee Theft Coverage Lir	•	-				_				
CANCELLATION	·									
SHOULD ANY OF THE	E ABOVE DESCRIBED POLICE		ELLED BEF	ORE THE	EXPIR	ATION DA	TE THE	REOF, NO	TICE WILL BE	
ADDITIONAL INTEREST										
NAME AND ADDRESS			ADDITIONA	AL INSURED	LEN	IDER'S LOSS F	PAYABLE	10	OSS PAYEE	
			MORTGAG			r Informat				
Gulling Pro	LOAN#									

ACORD 27 (2016/03)

PO Box 57273

Des Moines, IA 50317

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AUTHORIZED REPRESENTATIVE

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
The Dana Company	The Condominiums at Silver Oak I Homeowners' Association c/o Gulling Property Mgmt					
POLICY NUMBER	PO Box 57273 Des Moines, IA 50317					
39261742		Des Montes, IA 30317				
CARRIER NAIC C						
Auto Owners Insurance	18988	EFFECTIVE DATE: 03/09/2024				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Locations:

Loc # 1, Bldg # 5, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Residential Condominium 20000 - 16 units Loc # 1, Bldg # 6, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Residential Condominium 21000 - 16 units Loc # 1, Bldg # 7, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Detached Garage Loc # 1, Bldg # 8, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Detached Garage Loc # 1, Bldg # 9, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Detached Garage Loc # 1, Bldg # 10, 8601 Westown Pkwy, West Des Moines, IA 50266-1621, Detached Garage

Coverage Information:

Loc # 1, Bldg # 5

Building, Special (Including theft), Amount of Insurance: \$3,203,900, Deductible: \$2,500

Loc # 1, Bldg # 6

Building, Special (Including theft), Amount of Insurance: \$3,203,900, Deductible: \$2,500

Loc # 1, Bldg # 7

Building, Special (Including theft), Amount of Insurance: \$322,900, Deductible: \$2,500

Loc # 1, Bldg # 8

Building, Special (Including theft), Amount of Insurance: \$322,900, Deductible: \$2,500

Loc # 1, Bldg # 9

Building, Special (Including theft), Amount of Insurance: \$322,900, Deductible: \$2,500

Loc # 1, Bldg # 10

Building, Special (Including theft), Amount of Insurance: \$322,900, Deductible: \$2,500