




# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/21/2024

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).

<b>PRODUCER</b>  State Farm Insurance- Glenn Waterhouse Agency 5441 NW 86th Street, Suite 100 Johnston, Iowa 50131	<b>CONTACT NAME:</b> Glenn Waterhouse <b>PHONE (A/C, No, Ext):</b> 515-223-5566 <b>E-MAIL ADDRESS:</b> glenn.waterhouse.jxdk@statefarm.com	<b>FAX (A/C, No):</b> 515-223-5597	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>  Venbury Villas Owners Association C/O Gulling Property Management LLC PO Box 57273 Des Moines, Iowa 50317-0005	<b>INSURER A:</b> State Farm Fire and Casualty Company		25143
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	A		95-C1-G387-1	10/22/2024	10/22/2025	EACH OCCURRENCE                      \$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)        \$ 300,000
							MED EXP (Any one person)            \$ 5,000
							PERSONAL & ADV INJURY                \$ 3,000,000
							GENERAL AGGREGATE                    \$ 6,000,000
							PRODUCTS - COMP/OP AGG            \$ 6,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)    \$
							BODILY INJURY (Per person)            \$
							BODILY INJURY (Per accident)         \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE                      \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER                      \$
							E.L. EACH ACCIDENT                      \$
							E.L. DISEASE - EA EMPLOYEE            \$
							E.L. DISEASE - POLICY LIMIT            \$
A	Directors & Officers	A		95-C1-G387-1	10/22/2024	10/22/2025	Directors/Officers Liability            \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Condo/Townhome Homeowners Association: Located at 600-607 Kelsey/Carrie Lane, 540-547 Kelsey/Carrie Lane, 520-547 Kelsey/Carrie Lane, 500-507 Kelsey/Carrie Lane, 502-507 Maggie Lane, 522-527 Maggie Lane, 542-547 Maggie Lane, Altoona, Iowa 50009 7 Buildings 56 Units

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  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)  
10/21/2024

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.

AGENCY <b>State Farm</b> State Farm Insurance 5441 NW 86th Street, Suite 100 Johnston, Iowa 50131	PHONE (A/C, No, Ext): 515-223-5566	COMPANY State Farm Fire and Casualty Company	NAIC # 25143
FAX (A/C, No): 515-223-5597	E-MAIL ADDRESS: glenn.waterhouse.jxdk@statefarm.com		
CODE: 15-08A3	SUB CODE:		
AGENCY CUSTOMER ID #: INSURED Venbury Villas Owners Association C/O Gulling Property Management LLC PO Box 57273 Des Moines, Iowa 50317-0005	LOAN NUMBER	POLICY NUMBER 95-C1-G387-1	
	EFFECTIVE DATE 10/22/2024	EXPIRATION DATE 10/22/2025	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Condo/Townhome Homeowners Association: Located at 600-607 Kelsey/Carrie Lane, 540-547 Kelsey/Carrie Lane, 520-547 Kelsey/Carrie Lane, 500-507 Kelsey/Carrie Lane, 502-507 Maggie Lane, 522-527 Maggie Lane, 542-547 Maggie Lane, Altoona, Iowa 50009 7 Buildings 56 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.

COVERAGE / PERILS / FORMS	PERILS INSURED		BASIC	BROAD	SPECIAL	AMOUNT OF INSURANCE	DEDUCTIBLE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Building Coverage ( Blanket)						\$10,416,000	
Deductible Per Occurance ( All Perils including wind/hail)							\$25,000
Liability						\$3,000,000	
Directors/Officers						\$1,000,000	

## REMARKS (Including Special Conditions)

CMP-4100	BUSN COVG FORM	CMP-4550	RES COMM END	CMP-4862	BLDG ORDINANCE/LAW
FE-6999.3	TERRORISM NOTE	CMP-4746.1	HIRED AUTO LIA		
CMP-4215.1	AMENDATORY END	CMP-4814	D&O LIAB		
CMP-4561.1	POLICY END	FD-6007	IM ATTACH DEC		
CMP-4508	MONEY & SECUR	CMP-4710	EMPL DISHON		
CMP-4710	EMPL DISHON	CMP-4705.2	LOSS OF INCOME		
CMP-4705.2	LOSS OF INCOME	FE-8743.1	IM COMPUT PROP		

## 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	<input type="checkbox"/> LOSS PAYEE
	MORTGAGEE		
	LOAN #		
AUTHORIZED REPRESENTATIVE 			

ACORD 27 (2016/03)

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