

95-B0-T620-0

Policy Number

Replaced Policy Number

EVIDENCE OF INSURANCE

**CONDOMINIUM/
ASSOCIATION POLICY**



Coverage afforded by this policy is provided by the Company indicated below:

- STATE FARM FIRE AND CASUALTY COMPANY A Stock Company, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY A Stock Company, Bloomington, Illinois
- STATE FARM FLORIDA INSURANCE COMPANY A Stock Company, Winter Haven, Florida
- STATE FARM LLOYDS A Lloyds Company, Dallas, Texas

This is to certify that the Company indicated above has the following insurance in force:

Unitowner's Name and Mailing Address

Insured's Name and Mailing Address

WESTWOOD ANKENY CONDOMINIUMS
C/O GULLING PROP MGMT LLC
PO BOX 57273
DES MOINES IA 50317-0005

Automatic Renewal - If the **Policy Period** is shown as **12 Months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee written notice in compliance with the policy provisions or as required by law.

12/06/2023

Effective Date

12 Months

Policy Period

12/06/2024

Expiration of

Policy Period

The Policy Period begins and ends at 12:01 a.m. Standard Time at the building locations unless otherwise stated.

Noon Standard Time

Policy Type

- Basic Form 1
- Special Form 3

Limits of Liability

\$ 8,390,300

Coverage

A Buildings

\$ 1,000,000

L Business Liability

Deductible

\$ 10,000

In case of a loss we cover only that part of the loss over the deductible stated.

Forms, Options & Endorsements

CMP-4100	BUSN COVG FORM	CMP-4550	10% BLDG ORD & LAW INC COST OF CONSTRUCT
FE-6999.2	TERRORISM NOTE	CMP-4746.1	HIRED AUTO LIABILITY
CMP-4215.1	AMENDATORY END	FE-3650	REPLACEMENT COST COV - BUILDING
CMP-4705.2	LOSS OF INCOME	CMP-4508	MONEY & SECUR
CMP-4710	100K EMPL DISHON	FE-8739	IM CONDITIONS
FD-6007	IM ATTACH DEC	CMP-4814	D&O LIAB - \$1,000,000
CMP-4561.1	POLICY END	PER OCCURRENCE & ALL PERIL DEDUCTIBLE	

Unitowner Mortgagee

Loan Number

Agent's Signature/Countersignature

15-3734


Agent's Code

(515) 277-6331

Telephone Number

12/06/2023

Date

95-B0-T620-0	Policy Number	EVIDENCE OF INSURANCE CONDOMINIUM/ ASSOCIATION POLICY	
	Replaced Policy Number		

Coverage afforded by this policy is provided by the Company indicated below:

STATE FARM FIRE AND CASUALTY COMPANY A Stock Company, Bloomington, Illinois

STATE FARM GENERAL INSURANCE COMPANY A Stock Company, Bloomington, Illinois

STATE FARM FLORIDA INSURANCE COMPANY A Stock Company, Winter Haven, Florida

STATE FARM LLOYDS A Lloyds Company, Dallas, Texas

This is to certify that the Company indicated above has the following insurance in force:

Unitowner's Name and Mailing Address

Insured's Name and Mailing Address WESTWOOD ANKENY CONDOMINIUMS C/O GULLING PROP MGMT LLC PO BOX 57273 DES MOINES IA 50317-0005	Automatic Renewal - If the Policy Period is shown as 12 Months , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee written notice in compliance with the policy provisions or as required by law.
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12/06/2023	Effective Date	The Policy Period begins and ends at 12:01 a.m. Standard Time at the building locations unless otherwise stated. <input type="checkbox"/> Noon Standard Time	<input type="checkbox"/> New Mortgagee Company
12 Months	Policy Period		<input type="checkbox"/> Renewal of Mortgagee Company
12/06/2024	Expiration of Policy Period		<input type="checkbox"/> Replaces existing mortgagee—shown below:

Policy Type	Replaced Mortgagee Company _____ Address _____ Loan No. _____
<input type="checkbox"/> Basic Form 1	
<input checked="" type="checkbox"/> Special Form 3	

Limits of Liability	Coverage	
\$ 8,390,300	A Buildings	
\$ 1,000,000	L Business Liability	
Deductible	In case of a loss we cover only that part of the loss over the deductible stated.	
\$ 10,000		

Forms, Options & Endorsements

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CMP-4561.1	POLICY END		PER OCCURRENCE & ALL PERIL DEDUCTIBLE

Unitowner Mortgagee _____	Loan Number _____	
		Agent's Signature/Countersignature _____
		15-3734 Agent's Code
		(515) 277-6331
		Telephone Number 12/06/2023
		Date