FOURO-1 OP ID: RS

|  |  |
| --- | --- |
|  | **DATE** **(MM/DD/YYYY)****11/29/2022** |
| **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).** |
| **PRODUCER****Miller** **Hartwig** **Insurance****P.O.** **Box** **1177****20960** **Holyoke** **Avenue****Lakeville,** **MN** **55044** | **952-469-5502** | **CONTACT** **Richard** **S.** **McIntosh****NAME:** |
| **PHONE** **952-469-5502****(A/C,** **No,** **Ext):** | **FAX** **952-469-1881****(A/C,** **No):** |
| **E-MAIL** **rmcintosh@millerhartwig.com****ADDRESS:** |
| **INSURER(S)** **AFFORDING** **COVERAGE** | **NAIC** **#** |
| **Richard** **S.** **McIntosh** |  |
| **INSURER** **A** **:** **Owners** **Insurance** **Company** | **32700** |
| **INSURED****Four** **Oaks** **Court** **Association,** **Inc.** **C/O** **TCO,** **LLC****2767** **Hwy** **55,** **Suite** **300****Eagan,** **MN** **55121** | **INSURER** **B** **:** |  |
| **INSURER** **C** **:** |  |
| **INSURER** **D** **:** |  |
| **INSURER** **E** **:** |  |
| **INSURER** **F** **:** |  |

CERTIFICATE OF LIABILITY INSURANCE

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** | **ADDL** **INSD** | **SUBR** **WVD** | **POLICY** **NUMBER** | **POLICY** **EFF****(MM/DD/YYYY)** | **POLICY** **EXP****(MM/DD/YYYY)** | **LIMITS** |
| **A** | **X** | **COMMERCIAL** **GENERAL** **LIABILITY** |  |  |  |  |  | EACH OCCURRENCE | $ **2,000,000** |
|  |  |  | CLAIMS-MADE **X** | OCCUR |  | **4693304901** | **12/01/2022** | **12/01/2023** | DAMAGE TO RENTEDPREMISES (Ea occurrence) | $ **50,000** |
|  |  |  |  |  |  | MED EXP (Any one person) | $ **5,000** |
|  |  |  |  |  | PERSONAL & ADV INJURY | $ **2,000,000** |
|  | GEN'L AGGREGATE LIMIT APPLIES PER: |  |  |  | GENERAL AGGREGATE | $ **4,000,000** |
|  | **X** | POLICY PRO- | LOC |  |  |  |  | PRODUCTS - COMP/OP AGG | $ **4,000,000** |
|  | JECT |  |  |  |
|  |  | $ |
|  |
|  | OTHER: |  |  |  |
|  | **AUTOMOBILE** **LIABILITY** |  |  |  |  |  | COMBINED SINGLE LIMIT(Ea accident) | $ |
|  | ANY AUTO | BODILY INJURY (Per person) | $ |
|  | OWNED AUTOS ONLYHIRED AUTOS ONLY |  | SCHEDULED AUTOSNON-OWNED AUTOS ONLY | BODILY INJURY (Per accident) | $ |
|  |  | PROPERTY DAMAGE(Per accident) | $ |
|  |  |  | $ |
|  |  | **UMBRELLA** **LIAB****EXCESS** **LIAB** |  | OCCURCLAIMS-MADE |  |  |  |  |  | EACH OCCURRENCE | $ |
|  |  | AGGREGATE | $ |
|  | DED |  | RETENTION $ |  | $ |
|  | **WORKERS** **COMPENSATION** **AND** **EMPLOYERS'** **LIABILITY** |  | **Y** **/** **N** |  |  |  |  |  |  | PER STATUTE |  | OTH- ER |  |
| E.L. EACH ACCIDENT | $ |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?**(Mandatory** **in** **NH)** | **N** **/** **A** |
| E.L. DISEASE - EA EMPLOYEE | $ |
| If yes, describe underDESCRIPTION OF OPERATIONS below |  | E.L. DISEASE - POLICY LIMIT | $ |
| **A** | **Property** **Insurance** |  |  | **4693304901** | **12/01/2022** | **12/01/2023** | **20** **Bldgs****Each** **@** | **1,292,100** |
| **DESCRIPTION** **OF** **OPERATIONS** **/** **LOCATIONS** **/** **VEHICLES** **(ACORD** **101,** **Additional** **Remarks** **Schedule,** **may** **be** **attached** **if** **more** **space** **is** **required)****Pump** **House** **$51,600** |

CERTIFICATE HOLDER CANCELLATION

**Four** **Oaks** **Court** **Association** **C/O** **TCO,** **LLC**

**2767** **Hwy** **55,** **Suite** **300**

**Eagan,** **MN** **55121**

**AUTHORIZED** **REPRESENTATIVE**

**SHOULD** **ANY** **OF** **THE** **ABOVE** **DESCRIBED** **POLICIES** **BE** **CANCELLED** **BEFORE** **THE** **EXPIRATION** **DATE** **THEREOF,** **NOTICE** **WILL** **BE** **DELIVERED** **IN** **ACCORDANCE** **WITH** **THE** **POLICY** **PROVISIONS.**

ACORD 25 (2016/03)

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