

DATE (MM/DD/YYYY)

EVIDENCI	E OF PRO	PERITINSU	RANCE		10/31/2023
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDEN COVERAGE AFFORDED BY THE POLICIES BELOW. TISSUING INSURER(S), AUTHORIZED REPRESENTATIVE	NCE DOES NOT A THIS EVIDENCE O	FFIRMATIVELY OR NEG F INSURANCE DOES NO R, AND THE ADDITIONAL	ATIVELY AMEND, OT CONSTITUTE A	<b>EXTEND OR ALTI</b>	ER THE
AGENCY PHONE (A/C, No, Ext):		COMPANY			
Insurance Warehouse					
4294 Dahlberg Drive		The Travelers Indemnity Company			
Suite 100		One Town Square			
Golden Valley	Hartford, CT 06183				
FAX (A/C, No): 612-688-6055   E-MAIL ADDRESS: associations@myinsura	ancewarehouse.com	<u> </u>			
CODE: SUB CODE:		=			
AGENCY CUSTOMER ID #:		7			
INSURED		LOAN NUMBER		POLICY NUMBER	
Lake Camelot Villas Homeowners Association			PENDING		
c/o Gaughan Association Management		EFFECTIVE DATE	EXPIRATION DATE	<u>-</u>	-D. I.I.I.T.II
56 E Broadway Ave STE 200		10/30/2023	10/30/2024	CONTINUI	ED UNTIL FED IF CHECKED
Forest Lake	MN 55025	THIS REPLACES PRIOR EVID			
PROPERTY INFORMATION					
LOCATION/DESCRIPTION					
60th Pl N, Wedgewood Ln N Plymouth, MN 55446 Master policy includes 156 units.					
THE POLICIES OF INSURANCE LISTED BELOW HAVE B NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONTROL OF PROPERTY INSURANCE MAY BE ISSUED SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF THE POLICIES OF THE POL	ONDITION OF ANY O OR MAY PERTA	' CONTRACT OR OTHEF IN, THE INSURANCE AF	R DOCUMENT WITH FORDED BY THE F	H RESPECT TO W POLICIES DESCRI	HICH THIS BED HEREIN IS
COVERAGE INFORMATION PERILS INSUREI	D BASIC	BROAD X SPECIA	L		
COVERAGE / PE	RILS / FORMS		AMO	DUNT OF INSURANCE	DEDUCTIBLE
Buildings & Structures (100% Replacement Cost)				\$48,474,062	\$25,000
Owner Installed Betterments and Improvements				EXCLUDED	AOP per
Ordinance or Law, Coverage A, B & C				INCLUDED	occurrence
Equipment Breakdown				INCLUDED	
Liability, Each Occurrence				\$2,000,000	
Liability, General Aggregate				\$4,000,000	Wind/Hail
Directors & Officers Coverage				\$1,000,000	5% per building
Crime Coverage				\$550,000	
Umbrella Coverage				\$1,000,000	
REMARKS (Including Special Conditions)					
Original Specifications Coverage; Inflation Guard - Included; Separation of Insureds - Included; 10 days written notice of cancellation or change; Property Management Company included as an additional insured	d on the General Liab	oility, Fidelity/Crime and D&	¢Ο policies;		
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES DELIVERED IN ACCORDANCE WITH THE POLICY PRO		BEFORE THE EXPIRATION	ON DATE THEREO	F, NOTICE WILL E	BE
	, v 1010140.				
ADDITIONAL INTEREST NAME AND ADDRESS	ADDITIONAL INSURED	LENDER'S LOSS PA	YABLE I I.C	SS PAYEE	
<del></del>		MORTGAGEE			
**FOR BIFORMATION ON WAS		LOAN#			
**FOR INFORMATION ONLY**					
		AUTHORIZED REPRESENTAT	VE		
Eric Skarnes					