WESTRID-02 HPATTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/6/2026

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	CONTACT NAME: Heidi Patton
Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	PHONE (A/C, No, Ext): (414) 270-6832 1832 FAX (A/C, No): (262) 717-9436 E-MAIL ADDRESS: hpatton@robertsonryan.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Auto-Owners Insurance Company	18988
INSURER B : CNA Casualty of California	20435
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

West Ridge Home Owners Association Inc
616 Tamarack Dr E
West Bend, WI 53095

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	$ 1,000,000
	CLAIMS-MADE X OCCUR			61359425	5/25/2026	5/25/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Property			61359425	5/25/2026	5/25/2027	Buildings	39,762,876
B	Crime			618963744	5/25/2026	5/25/2027	Employee Dishonesty	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Crime includes property manager and noncompensated officers as employees
Separation of Insureds included
Waiver of subrogation included
138 Units
$25,000 Property Deductible per building
2% wind hail deductible per building
Buildings on Blanket Form, Agreed Value
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

West Ridge Home Owners Association Inc.
616 Tamarack Drive East
West Bend, WI 53095

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.

AUTHORIZED REPRESENTATIVE

Bryan P. Maloney

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Robertson Ryan - Waukesha	West Ridge Home Owners Association Inc 616 Tamarack Dr E West Bend, WI 53095
POLICY NUMBER	
SEE PAGE 1	
CARRIER / NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1 / SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Inflation Guard
Equipment Breakdown included
All In coverage -
Policy coverage follows association bylaws at the time of loss
Building Ordinance or Law coverage:
Coverage A- Building Limit
Coverage B - 160,000
Coverage C- 160,000
Buildings insured with replacement cost endorsement
10 day notice of cancellation
Special Form including wind and hail

616 West Ridge Dr. West Bend WI 53095 $684,436
531 W Tamarck Dr West Bend WI 53095 $730,080
533 W Tamarck Dr West Bend WI 53095 $730,080
710 W Tamarck Dr West Bend WI 53095 $525,200
738 W Tamarck Dr West Bend WI 53095 $525,200
654-656 West Ridge Dr. West Bend WI 53095 $648,960
650-652 West Ridge Dr. West Bend WI 53095 $525,200
646-648 West Ridge Dr. West Bend WI 53095 $525,200
636-638 West Ridge Dr. West Bend WI 53095 $525,200
632-634 West Ridge Dr. West Bend WI 53095 $525,200
701-703 E Tamarck Dr West Bend WI 53095 $750,414
705-707 E Tamarck Dr West Bend WI 53095 $750,414
711-715 E Tamarck Dr West Bend WI 53095 $750,414
719-723 E Tamarck Dr West Bend WI 53095 $750,414
727-731 E Tamarck Dr West Bend WI 53095 $750,414
735-737 E Tamarck Dr West Bend WI 53095 $750,414
527-529 W Tamarck Dr West Bend WI 53095 $750,414
537-539 W Tamarck Dr West Bend WI 53095 $750,414
601-602 W Tamarck Dr West Bend WI 53095 $525,200
605-607 W Tamarck Dr West Bend WI 53095 $525,200
609-611 W Tamarck Dr West Bend WI 53095 $525,200
615-617 W Tamarck Dr West Bend WI 53095 $525,200
619-621 W Tamarck Dr West Bend WI 53095 $525,200
623-625 W Tamarck Dr West Bend WI 53095 $525,200
635-637 W Tamarck Dr West Bend WI 53095 $525,200
639-641 W Tamarck Dr West Bend WI 53095 $525,200
712-714 W Tamarck Dr West Bend WI 53095 $525,200
716-718 W Tamarck Dr West Bend WI 53095 $525,200
740-742 W Tamarck Dr West Bend WI 53095 $750,414
744-746 W Tamarck Dr West Bend WI 53095 $993,774
627-633 E Tamarck Dr West Bend WI 53095 $1,196,466
643-649 E Tamarck Dr West Bend WI 53095 $1,034,226
618-628 West Ridge Dr. West Bend WI 53095 $1,034,226
604-614 West Ridge Dr. West Bend WI 53095 $1,520,946
660 E Tamarck Dr West Bend WI 53095 $1,115,346
678-708 E Tamarck Dr West Bend WI 53095 $2,879,760
625 West Ridge Dr. West Bend WI 53095 $2,879,760

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Robertson Ryan - Waukesha	West Ridge Home Owners Association Inc 616 Tamarack Dr E West Bend, WI 53095
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

629 West Ridge Dr. West Bend WI 53095 $3,143,460
637 West Ridge Dr. West Bend WI 53095 $3,143,346
645 West Ridge Dr. West Bend WI 53095 $2,474,268