



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 Robertson Ryan - Waukesha 20975 Swenson Drive, Suite 175 Waukesha, WI 53186	CONTACT NAME: Heidi Patton	
	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
INSURED West Ridge Home Owners Association Inc 616 Tamarack Dr E West Bend, WI 53095	INSURER B : CNA Casualty of California	20435
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

CANCELLATION

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



ADDITIONAL REMARKS SCHEDULE

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AGENCY Robertson Ryan - Waukesha		NAMED INSURED 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

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 Tamarack Dr West Bend WI 53095 \$730,080
 533 W Tamarack Dr West Bend WI 53095 \$730,080
 710 W Tamarack Dr West Bend WI 53095 \$525,200
 738 W Tamarack 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 Tamarack Dr West Bend WI 53095 \$750,414
 705-707 E Tamarack Dr West Bend WI 53095 \$750,414
 711-715 E Tamarack Dr West Bend WI 53095 \$750,414
 719-723 E Tamarack Dr West Bend WI 53095 \$750,414
 727-731 E Tamarack Dr West Bend WI 53095 \$750,414
 735-737 E Tamarack Dr West Bend WI 53095 \$750,414
 527-529 W Tamarack Dr West Bend WI 53095 \$750,414
 537-539 W Tamarack Dr West Bend WI 53095 \$750,414
 601-602 W Tamarack Dr West Bend WI 53095 \$525,200
 605-607 W Tamarack Dr West Bend WI 53095 \$525,200
 609-611 W Tamarack Dr West Bend WI 53095 \$525,200
 615-617 W Tamarack Dr West Bend WI 53095 \$525,200
 619-621 W Tamarack Dr West Bend WI 53095 \$525,200
 623-625 W Tamarack Dr West Bend WI 53095 \$525,200
 635-637 W Tamarack Dr West Bend WI 53095 \$525,200
 639-641 W Tamarack Dr West Bend WI 53095 \$525,200
 712-714 W Tamarack Dr West Bend WI 53095 \$525,200
 716-718 W Tamarack Dr West Bend WI 53095 \$525,200
 740-742 W Tamarack Dr West Bend WI 53095 \$750,414
 744-746 W Tamarack Dr West Bend WI 53095 \$993,774
 627-633 E Tamarack Dr West Bend WI 53095 \$1,196,466
 643-649 E Tamarack 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 Tamarack Dr West Bend WI 53095 \$1,115,346
 678-708 E Tamarack Dr West Bend WI 53095 \$2,879,760
 625 West Ridge Dr. West Bend WI 53095 \$2,879,760



ADDITIONAL REMARKS SCHEDULE

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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