



CEDAGAB-01

JSADNICK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2025

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: Jana Sadnick	
	PHONE (A/C, No, Ext): (414) 273-4503 1503 FAX (A/C, No): (877) 700-0139	
	E-MAIL ADDRESS: jsadnick@robertsonryan.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ACCELERATED NATIONAL INSURANCE	
INSURED Cedar Gables Association Inc c/o Hunt Management Inc. 10520 N Baehr Rd Ste Q Mequon, WI 53092	INSURER B :	
	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 ☐ PRO-JECT ☐ LOC OTHER:			N030PK3745-00	6/10/2025	6/10/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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			N030PK3745-00	6/10/2025	6/10/2026	Blanket Building 34,045,000
A	Crime			N030PK3745-00	6/10/2025	6/10/2026	Employee Dishonesty 75,000

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

Property Manager and non-compensated Board Members included on the Employee Dishonesty coverage

All in
60 Units
Buildings have guaranteed replacement cost endorsement
special form including wind and hail
\$10,000 Property Deductible
2% W/H Deductible
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Cedar Gables Association Inc c/o Hunt Management Inc. 10520 N Baehr Rd Ste Q Mequon, WI 53092	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**

AGENCY Robertson Ryan - Waukesha		NAMED INSURED Cedar Gables Association Inc c/o Hunt Management Inc. 10520 N Baehr Rd Ste Q Mequon, WI 53092
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:
Equipment Breakdown Included
Water Backup included
Waiver of subrogation in favor of unit owner
Severability of Interest
10 day notice of cancellation
Ordinance or Law Coverage A, B and C \$500,000 Limit Each

1026-1028 W Shaker Cir. Mequon WI 53092
1020-1022 W Shaker Cir. Mequon WI 53092
948-950 W Shaker Cir. Mequon WI 53092
936-938 W Shaker Cir. Mequon WI 53092
928-930 W Shaker Cir. Mequon WI 53092
920-922 W Shaker Cir. Mequon WI 53092
917-919 W Shaker Cir. Mequon WI 53092
921-923 W Shaker Cir. Mequon WI 53092
906-908 Cedar Ridge Ct. Mequon WI 53092
909-911 Cedar Ridge Ct. Mequon WI 53092
921-923 Cedar Ridge Ct. Mequon WI 53092
933-935 Cedar Ridge Ct. Mequon WI 53092
1011-1015 Cedar Ridge Ct. Mequon WI 53092
1025-1027 Cedar Ridge Ct. Mequon WI 53092
9812-9814 N Shaker Ln. Mequon WI 53092
1010-1012 Cedar Ridge Ct. Mequon WI 53092
932-934 Cedar Ridge Ct. Mequon WI 53092
918-920 Cedar Ridge Ct. Mequon WI 53092
935-937 W Shaker Cir. Mequon WI 53092
943-949 W Shaker Cir. Mequon WI 53092
1003-1005 W Shaker Cir. Mequon WI 53092
1017-1019 W Shaker Cir. Mequon WI 53092
1014-1016 W Shaker Cir. Mequon WI 53092
1006-1008 W Shaker Cir. Mequon WI 53092
942-944 W Shaker Cir. Mequon WI 53092
932-934 W Shaker Cir. Mequon WI 53092
927-929 W Shaker Cir. Mequon WI 53092
945-947 W Shaker Cir. Mequon WI 53092
1021-1023 W Shaker Cir. Mequon WI 53092
1027-1029 W Shaker Cir. Mequon WI 53092