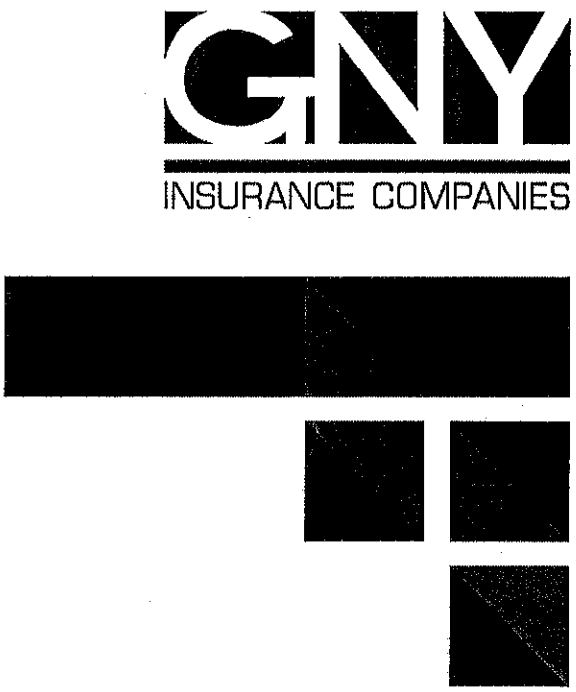
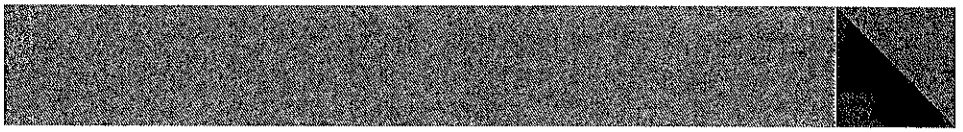


This policy is issued by the following GNY Company:

Greater New York Mutual Insurance Company



NOTICE OF ANNUAL MEETING

By the virtue of this Policy, the insured is a member of the Greater New York Mutual Insurance Company, and is entitled to vote, in person or by proxy, at any meetings of the Company.

The Annual Meeting of members is held at the Home Office of the Company on the second Tuesday in March, at 2:30 p.m. Eastern Time.

This policy jacket with the policy forms, declarations page and endorsements, if any, issued to form a part thereof, completes the policy.

COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY
HOME OFFICE
350 FIFTH AVENUE, 7TH FLOOR, NEW YORK, NY 10018
A MUTUAL COMPANY

POLICY TERM 1 Year ACCOUNT NUMBER 48M9996725 POLICY NUMBER 3048U99968
ENDORSEMENT NUMBER

NAMED INSURED AND MAILING ADDRESS
HARTFORD SQUARE II CONDOMINIUM
OWNERS' ASSOCIATION, INC
424 SIMON DR
HARTFORD WI 53027-8410

PRODUCER 0048003
ACRISURE MIDWEST PARTNERS INSURANCE
SERVICES, LLC
16805 WEST CLEVELAND AVENUE
NEW BERLIN WI 53151

POLICY PERIOD: FROM 07-01-2025 TO: 07-01-2026 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN.

ENDORSEMENT DATE:
BUSINESS DESCRIPTION: ASSOCIATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:

	PREMIUM
Commercial Excess Liability	$ 3,139.00

DIRECT BILL

TOTAL $ 3,139.00

FORMS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

TOTAL PREMIUM $ 3,139.00

THE POLICY MAY BE SUBJECT TO ADJUSTMENT.

COUNTERSIGNED _____ BY Elizabeth Nack
DATE AUTHORIZED REPRESENTATIVE

GNY 001 (0991)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMON POLICY DECLARATIONS (Continued)

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	POLICY NUMBER 3048U99968 ENDORSEMENT NUMBER
	COUNTERSIGNED BY: AUTHORIZED REPRESENTATIVE
COMMON POLICY DECLARATIONS (Continued) EFFECTIVE DATE: 07-01-2025	POLICY PERIOD: FROM: 07-01-2025 TO: 07-01-2026

THIS ENDORSEMENT IS USED AS AN OVERFLOW FOR FIELDS ON THE DECLARATIONS PAGE NOT LARGE ENOUGH FOR THE NECESSARY INFORMATION AND TO LIST OPTIONAL COVERAGES.

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS PAYABLE ON INSTALLMENTS AS FOLLOWS:

DUE	PREVIOUS TOTAL	PREMIUM	SURCHARGE	GRAND TOTAL
DEPOSIT 07/01/2025		973.00		973.00
INSTALL 10/01/2025		722.00		722.00
INSTALL 01/01/2026		722.00		722.00
INSTALL 04/01/2026		722.00		722.00

THERE IS A $10 SERVICE FEE FOR EACH PREMIUM INSTALLMENT.
THIS FEE IS NOT INCLUDED IN THE PREMIUMS SHOWN ABOVE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FORMS AND ENDORSEMENTS

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	POLICY NUMBER 3048U99968 ENDORSEMENT NUMBER
	COUNTERSIGNED BY: AUTHORIZED REPRESENTATIVE
SCHEDULE OF FORMS & ENDORSEMENTS EFFECTIVE DATE: 07-01-25	POLICY PERIOD: FROM: 07-01-2025 TO: 07-01-2026

EXCESS FORMS AND ENDORSEMENTS

GNY 003A	07-09	SCHEDULE OF FORMS AND ENDORSEMENTS

EXCESS POLICY FORMS AND ENDORSEMENTS

GNY PJ	11-24	POLICY JACKET
GNY 001	09-91	COMMON POLICY DECLARATIONS
ExDec	11-24	EXCESS LIABILITY POLICY DECLARATIONS
ExSch01	09-17	SCHEDULE OF CONTROLLING UNDERLYING INS
CX 00 01	04-13	COMM EXCESS LIAB COVG FORM
EX DO	02-20	D&O LIABILITY FOLLOWING FORM ENDORSEMENT
CX 01 13	09-08	WISCONSIN CHANGES
CX 02 32	11-18	WI CHANGES - CANC AND NON RENL
CX 21 01	09-08	NUCLEAR ENERGY LIAB EXCL BROAD FM
CX 21 17	04-13	EXCLUSION - COMMUNICABLE DISEASE
CX 21 33	01-15	EXCL CERTIFIED ACTS OF TERRORISM
CX 21 47	12-20	PUBLIC OR LIVERY PASS CONV ON-DEMAND EXC
CX 21 56	09-08	AUTO COVERAGE - EXCL TERRORISM
EX EPL	11-18	EMPLOYMENT PRACTICES LIABILITY EXCL.
EX EXP	09-17	EXPLOSION, COLLAPSE & UNDERGROUND PROP E
EX REL	09-17	REAL ESTATE INSURANCE PROFESSIONAL LIAB
IL 09 85	12-20	DISCLOSURE PURSUANT/TERROR RISK INS ACT
CX 21 93	09-22	BROAD ABUSE OR MOLESTATION EXCLUSION

POLICYHOLDER JACKETS

GNY PJ	11-24	POLICY JACKET

COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

HOME OFFICE

350 FIFTH AVENUE, 7TH FLOOR, NEW YORK, NY 10118

POLICY TERM: 1 Year ACCOUNT NUMBER: 48M9996725 POLICY NUMBER: 3048U99968

NAMED INSURED AND MAILING ADDRESS	PRODUCER 0048003
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION 424 SIMON DR HARTFORD, WI 53027-8410	ACRISURE MIDWEST PARTNERS INSURANCE SERVICES, LLC 16805 WEST CLEVELAND AVENUE NEW BERLIN, WI 53151

POLICY PERIOD: FROM 07-01-2025 TO: 07-01-2026 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADRESS SHOWN.

FORM OF BUSINESS: ASSOCIATION

BUSINESS DESCRIPTION: REAL ESTATE OWNERS

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE YOU WITH THE INSURANCE AS STATED IN THIS POLICY. THE PREMIUM, ALONG WITH ANY TAXES, SURCHARGES, ASSESSMENTS OR FEE* MAY BE SUBJECT TO ADJUSTMENT.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	$5,000,000
AGGREGATE LIMIT	$5,000,000

UNDERLYING INSURANCE: **SEE SCHEDULE OF CONTROLLING UNDERLYING INSURANCE**

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY: **SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

PREMIUM

PREMIUM:	$3,139
TAXES, SURCHARGE, ASSESSMENTS OR FEES* (If Applicable)	$0
TOTAL PREMIUM	$3,139

THESE DECLARATIONS, WITH THE COVERAGE FORMS AND ENDORSEMENTS COMPLETE THIS POLICY.

COMMERCIAL EXCESS LIABILITY POLICY
SCHEDULE OF CONTROLLING UNDERLYING INSURANCE
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	DATE	POLICY NUMBER 3048U99968
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC 424 SIMON DR HARTFORD, WI 53027-8410	07-01-2025	ENDORSEMENT NUMBER

Coverage: **General Liability**
Company: 001 GREATER NEW YORK MUTUAL INSURANCE COMPANY

Policy Number: 1148M99967

Policy Period: 07-01-2025 – 07-01-2026

Limits of Insurance	
$1,000,000	Each Occurrence
$1,000,000	Personal and Advertising Injury
$2,000,000	General Aggregate (other than Products/ Completed Operations)
INCLUDED	Products/Completed Operations Aggregate

Coverage: **Commercial Auto Liability (Other Than Auto Dealers Liability)**
Company: 001 GREATER NEW YORK MUTUAL INSURANCE COMPANY

Policy Number: 1148M99967

Policy Period: 07-01-2025 – 07-01-2026

Limits of Insurance	
$1,000,000	Combined Single Limit - Each Accident ***OR***
	Bodily Injury – Each Person
	Bodily Injury – Each Accident
	Property Damage – Each Accident

Coverage: **Directors and Officers Liability**
Company: 001 GREATER NEW YORK MUTUAL INSURANCE COMPANY

Policy Number: 1148M99967

Policy Period: 07-01-2025 – 07-01-2026

Limits of Insurance	
$1,000,000	Per Occurrence
$1,000,000	Aggregate Limit

COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY
HOME OFFICE
350 FIFTH AVENUE, 7TH FLOOR, NEW YORK, NY 10018
A MUTUAL COMPANY

POLICY TERM 1 Year ACCOUNT NUMBER 48M9996725 POLICY NUMBER 1148M99967
ENDORSEMENT NUMBER

NAMED INSURED AND MAILING ADDRESS
HARTFORD SQUARE II CONDOMINIUM
OWNERS' ASSOCIATION, INC
424 SIMON DR
HARTFORD WI 53027-8410

PRODUCER 0048003
ACRISURE MIDWEST PARTNERS INSURANCE
SERVICES, LLC
16805 WEST CLEVELAND AVENUE
NEW BERLIN WI 53151

POLICY PERIOD: FROM 07-01-2025 TO: 07-01-2026 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN.

ENDORSEMENT DATE:
BUSINESS DESCRIPTION: ASSOCIATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:

		PREMIUM
COMMERCIAL PROPERTY COVERAGE PART	$	137,573.00
COMMERCIAL GENERAL LIABILITY COVERAGE PART	$	7,630.00
COMMERCIAL AUTOMOBILE COVERAGE PART	$	145.00
CERTIFIED ACTS OF TERRORISM	$	960.00

Direct Bill

TOTAL $ 146,308.00

FORMS APPLICABLE TO ALL COVERAGE PARTS:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

TOTAL PREMIUM $ 146,308.00

THE POLICY MAY BE SUBJECT TO ADJUSTMENT.

COUNTERSIGNED _____ BY Elizabeth Nack
DATE AUTHORIZED REPRESENTATIVE

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	001	424 SIMON DR, HARTFORD, WI 53027-8410 APPLIES TO: GENERAL LIABILITY, PROPERTY NUMBER OF STORIES: 001	CLUBHOUSE
001	002	1338 STILLWATER LN, 1338-1350 STILLWATER LANE, HARTFORD, WI 53027-2924 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	003	1318 STILLWATER LN, 1318-1330 STILLWATER LANE, HARTFORD, WI 53027-2924 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	004	1262 STILLWATER LN, 1262-1272 STILLWATER LANE, HARTFORD, WI 53027-2922 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	005	1242 STILLWATER LN, 1242-1254 STILLWATER LANE, HARTFORD, WI 53027-2922 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	006	1220 STILLWATER LN, 1220-1232 STILLWATER LN, HARTFORD, WI 53027-2922 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	007	1129 STILLWATER LN, 1129-1143 STILLWATER LN, HARTFORD, WI 53027-2911 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	008	1149 STILLWATER LN, 1149-1163 STILLWATER LN, HARTFORD, WI 53027-2911 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	009	1217 STILLWATER LN, 1217-1231 STILLWATER LN, HARTFORD, WI 53027-2923 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	010	1237 STILLWATER LN, 1237-1249 STILLWATER LN, HARTFORD, WI 53027-2923 APPLIES TO: PROPERTY	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
		NUMBER OF STORIES: 001	
001	011	1257 STILLWATER LN, 1257-1269 STILLWATER LN, HARTFORD, WI 53027-2923 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	012	238 SIMON DR, 238-242 SIMON DRIVE, HARTFORD, WI 53027-8405 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	013	243 NOVAK ST, 243-247 NOVAK STREET, HARTFORD, WI 53027-8415 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	014	252 SIMON DR, 252-256 SIMON DRIVE, HARTFORD, WI 53027-8405 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	015	314 SIMON DR, 314-318 SIMON DRIVE, HARTFORD, WI 53027-8408 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	016	326 SIMON DR, 326-330 SIMON DRIVE, HARTFORD, WI 53027-8408 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	017	338 SIMON DR, 338-344 SIMON DRIVE, HARTFORD, WI 53027-8408 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	018	440 SIMON DR, 440-446 SIMON DRIVE, HARTFORD, WI 53027-8410 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	019	454 SIMON DR, 454-458 SIMON DRIVE, HARTFORD, WI 53027-8410 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	020	514 SIMON DR, 514-518 SIMON DRIVE, HARTFORD, WI 53027-8413 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	021	526 SIMON DR, 526-530 SIMON DRIVE, HARTFORD, WI 53027-8413 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	022	540 SIMON DR, 540-544 SIMON DRIVE, HARTFORD, WI 53027-8413 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	023	613 SIMON DR, 613-615 SIMON DRIVE, HARTFORD, WI 53027-9266 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	024	541 SIMON DR, 541-545 SIMON DRIVE, HARTFORD, WI 53027-8417 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	025	529 SIMON DR, 529-533 SIMON DRIVE, HARTFORD, WI 53027-8417 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	026	515 SIMON DR, 515-521 SIMON DRIVE, HARTFORD, WI 53027-8417 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	027	455 SIMON DR, 455-459 SIMON DRIVE, HARTFORD, WI 53027-8411 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	028	441 SIMON DR, 441-445 SIMON DRIVE, HARTFORD, WI 53027-8411 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	029	429 SIMON DR, 429-433 SIMON DRIVE, HARTFORD, WI 53027-8411 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	030	415 SIMON DR, 415-421 SIMON DRIVE, HARTFORD, WI 53027-8411 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	031	345 SIMON DR, 345-351 SIMON DRIVE, HARTFORD, WI 53027-8409 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	032	331 SIMON DR, 331-337 SIMON DRIVE, HARTFORD, WI 53027-8409 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	033	1251 FIELDSTONE DR, 1251-1259 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	034	1239 FIELDSTONE DR, 1239-1247 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	035	1227 FIELDSTONE DR, 1227-1231 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	036	1215 FIELDSTONE DR, 1215-1219 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	037	1157 FIELDSTONE DR, 1157-1161 FIELDSTONE DR, HARTFORD, WI 53027-2926 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	038	1143 FIELDSTONE DR, 1143-1149 FIELDSTONE DR, HARTFORD, WI 53027-2926 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	039	1129 FIELDSTONE DR, 1129-1137 FIELDSTONE DR, HARTFORD, WI 53027-2926 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	040	1128 FIELDSTONE DR, 1128-1136 FIELDSTONE DRIV, HARTFORD, WI 53027-2926 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	041	1144 FIELDSTONE DR, 1144-1148 FIELDSTONE DRIV, HARTFORD, WI 53027-2926 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	042	1214 FIELDSTONE DR, 1214-1220 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	043	1226 FIELDSTONE DR, 1226-1234 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	044	1240 FIELDSTONE DR, 1240-1246 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	045	1254 FIELDSTONE DR, 1254-1258 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	046	1266 FIELDSTONE DR, 1266-1270 FIELDSTONE DR, HARTFORD, WI 53027-2925 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	047	255 NOVAK ST, 255-259 NOVAK ST, HARTFORD, WI 53027-8415 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	048	315 NOVAK ST, 315-319 NOVAK ST, HARTFORD, WI 53027-8416 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	049	327 NOVAK ST, 327-331 NOVAK ST, HARTFORD, WI 53027-8416 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	050	341 NOVAK ST, 341-345 NOVAK ST, HARTFORD, WI 53027-8416 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	051	427 NOVAK ST, 427-439 NOVAK ST, HARTFORD, WI 53027-8418 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	052	447 NOVAK ST, 447-459 NOVAK ST, HARTFORD, WI 53027-8418 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	053	513 NOVAK ST, 513-525 NOVAL ST, HARTFORD, WI 53027-8419 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	054	533 NOVAK ST, 533-545 NOVAK ST, HARTFORD, WI 53027-8419 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	055	630 NOVAK ST, 630-634 NOVAK ST, HARTFORD, WI 53027-8421 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY
THIS POLICY IS ISSUED BY THE
GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED	EFFECTIVE DATE	POLICY NUMBER
HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	07-01-25	1148M99967
		ENDORSEMENT NUMBER

LOC. NO.	BLDG. NO.	DESIGNATED PREMISES (ADDRESS, CITY, STATE)	OCCUPANCY
001	056	620 NOVAK ST, 620-616 NOVAK ST, HARTFORD, WI 53027-8421 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	057	540 NOVAK ST, 540-552 NOVAK ST, HARTFORD, WI 53027-8420 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	058	520 NOVAK ST, 520-532 NOVAK ST, HARTFORD, WI 53027-8420 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	059	456 NOVAK ST, 456-468 NOVAK ST, HARTFORD, WI 53027-8404 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	060	434 NOVAK ST, 434-446 NOVAK ST, HARTFORD, WI 53027-8404 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	061	414 NOVAK ST, 414-426 NOVAK ST, HARTFORD, WI 53027-8404 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	062	334 NOVAK ST, 334-346 NOVAK ST, HARTFORD, WI 53027-8416 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	063	314 NOVAK ST, 314-326 NOVAK ST, HARTFORD, WI 53027-8416 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO
001	064	246 NOVAK ST, 246-258 NOVAK ST, HARTFORD, WI 53027-8415 APPLIES TO: PROPERTY NUMBER OF STORIES: 001	CONDO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FORMS AND ENDORSEMENTS

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	POLICY NUMBER 1148M99967 ENDORSEMENT NUMBER
	COUNTERSIGNED BY: AUTHORIZED REPRESENTATIVE
SCHEDULE OF FORMS & ENDORSEMENTS EFFECTIVE DATE: 07-01-25	POLICY PERIOD: FROM: 07-01-2025 TO: 07-01-2026

COMMON POLICY FORMS AND ENDORSEMENTS

GNY PJ	11-24	POLICY JACKET
GNY 001	09-91	COMMON POLICY DECLARATIONS
GNY 002	06-91	DESIGNATION OF PREMISES SCHEDULE
GNY 003A	07-09	SCHEDULE OF FORMS AND ENDORSEMENTS
IDR COVDEC	02-09	IDENTITY RECOVERY COVERAGE PART DEC
IDRAS	03-10	IDENTITY RECOVERY COVERAGE FORM
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 02 83	11-18	WISCONSIN CHANGES-CANC & NONRENL
IL 09 35	07-02	EXCL OF CERTAIN COMPUTER- RELATED LOSSES
IL 09 53	01-15	EXCL/CERT ACTS-TERROR; COV/FIRE LOSSES
IL 09 85	12-20	DISCLOSURE PURSUANT/TERROR RISK INS ACT

PROPERTY FORMS AND ENDORSEMENTS

GNY 004	11-20	COMMERCIAL PROPERTY COVERAGE PART
GNY 005	06-91	COMMERCIAL PROPERTY COVERAGE PART
GNYCP 03	01-18	EQUIPMENT BREAKDOWN ENHANCEMENT ENDT
CYB AMD	10-23	CYBER SUITE AMENDATORY ENDT
CYB PROMGR	01-20	CYBER SUITE-COMPUTER SYSTEM-AMENDATORY E
CYB ST DEC	01-20	CYBER SUITE COVERAGE SUPPLEMENTAL DECL
CYB ST WI	01-20	WISCONSIN CHANGES AMENDATORY ENDORSEMENT
CYB SUITE	01-20	CYBER SUITE COVERAGE FORM
PACKGOLD	08-21	ENHANCED PROP COVG ENDT - GOLD
PF-MORT	01-97	SCHEDULE OF MORTGAGE HOLDER(S)
CP 00 30	10-12	BUSINESS INCOME COVERAGE (&/EX EXP)
CP 15 56	06-07	BUS INC CHNGS-BEGIN PERIOD/RESTORATION
CP 00 10	10-12	BUILDING & PERSONAL PROPERTY COVERAGE
CP 00 17	10-12	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
CP 01 13	10-12	WISCONSIN CHANGES
CP 01 40	07-06	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
CP 03 21	10-12	WINDSTORM OR HAIL PERCENTAGE DED
CP 10 30	09-17	CAUSES OF LOSS - SPECIAL FORM
CP CYBEX	08-21	CYBER INCIDENT EXCLUSION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF FORMS AND ENDORSEMENTS

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	POLICY NUMBER 1148M99967 ENDORSEMENT NUMBER
	COUNTERSIGNED BY: AUTHORIZED REPRESENTATIVE
SCHEDULE OF FORMS & ENDORSEMENTS EFFECTIVE DATE: 07-01-25	POLICY PERIOD: FROM: 07-01-2025 TO: 07-01-2026

GENERAL LIABILITY FORMS AND ENDORSEMENTS

CG 00 69	12-23	EXCL-VIOLATION OF LAW ADDR DATA PRIVACY
GNY 020	11-20	GENERAL LIABILITY DECLARATIONS
GNY 021	06-91	GENERAL LIABILITY SCHEDULE
GNY 21 33	01-15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 32	05-09	COMMUNICABLE DISEASE EXCLUSION
CG 00 01	04-13	COMMERCIAL GENERAL LIABILITY COV FORM
CG 20 04	11-85	ADDL INSD-CONDOMINIUM UNIT OWNERS
CG 21 16	04-13	EXCL-DESIGNATED PROFESSIONAL SERVICES
CG 21 65	12-04	TOTAL POLLUTION EXCL-WITH EXCEPTIONS
CG 81 02	02-05	BASIC CONSTRUCTION EXCLUSION
DOWI	04-19	WISCONSIN AMENDATORY ENDORSEMENT
GNY GL DO	06-14	DIRECTORS AND OFFICERS' LIAB COV PART
XPUNDAM	06-13	EXCLUSION FOR PUNITIVE DAMAGES AND SIMIL
EPLIDEC	10-07	COMMERCIAL EMPLOYMENT PRACTICES DEC PAGE
EPLI AS	10-07	EMPLOYMENT PRACTICES LIAB INS COV
CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
SLVRGL	01-22	ENHANCED GL COVG ENDT - SILVER
CG 21 67	12-04	FUNGI OR BACTERIA EXCLUSION
GLU-113	02-05	ASBESTOS HAZARD EXCLUSION ENDT
LEMS	02-05	LEAD POISONING EXCLUSION
CG 21 73	01-15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 85	12-23	EXCL-ELEC DATA-DLTN OF BDLY INJRY EXCPTN
CG 01 24	01-93	WI CHANGES-AMENDMENT OF POL CONDITIONS
CG 40 35	12-23	EXCLUSION - CYBER INCIDENT
CG 21 06	12-23	EXCL-ACC/DISCL OF CONFI OR PERSONAL INFO
CG 21 09	06-15	EXCLUSION - UNMANNED AIRCRAFT
CG 21 54	12-19	EXCL-DESIG OPS COVRD BY WRAP-UP INS PROG
CG 40 10	12-19	EXCLUSION - CROSS SUITS LIABILITY

POLICYHOLDER JACKETS

GNY PJ	11-24	POLICY JACKET

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMON POLICY DECLARATIONS (Continued)

THIS POLICY IS ISSUED BY THE

GREATER NEW YORK MUTUAL INSURANCE COMPANY

NAMED INSURED HARTFORD SQUARE II CONDOMINIUM OWNERS' ASSOCIATION, INC	POLICY NUMBER 1148M99967 ENDORSEMENT NUMBER
	COUNTERSIGNED BY: AUTHORIZED REPRESENTATIVE
COMMON POLICY DECLARATIONS (Continued) EFFECTIVE DATE: 07-01-2025	POLICY PERIOD: FROM: 07-01-2025 TO: 07-01-2026

THIS ENDORSEMENT IS USED AS AN OVERFLOW FOR FIELDS ON THE DECLARATIONS PAGE NOT LARGE ENOUGH FOR THE NECESSARY INFORMATION AND TO LIST OPTIONAL COVERAGES.

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS POLICY IS PAYABLE ON INSTALLMENTS AS FOLLOWS:

DUE	PREVIOUS TOTAL	PREMIUM	SURCHARGE	GRAND TOTAL
DEPOSIT 07/01/2025		45,355.00		45,355.00
INSTALL 10/01/2025		33,651.00		33,651.00
INSTALL 01/01/2026		33,651.00		33,651.00
INSTALL 04/01/2026		33,651.00		33,651.00

THERE IS A $10 SERVICE FEE FOR EACH PREMIUM INSTALLMENT.
THIS FEE IS NOT INCLUDED IN THE PREMIUMS SHOWN ABOVE.