EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha, WI 53144	**PHONE (A/C, No, Ext):** 800-272-2443 **FAX (A/C, No):** 608-273-1725 **E-MAIL ADDRESS:** info@m3ins.com **CODE:** **SUB CODE:** **AGENCY CUSTOMER ID #:**
COMPANY West Bend Mutual Insurance Com PO Box 1995 West Bend, WI 53095	
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**LOAN NUMBER** **POLICY NUMBER**: A724423 **EFFECTIVE DATE**: 02/01/2025 **EXPIRATION DATE**: 02/01/2026 ☐ CONTINUED UNTIL TERMINATED IF CHECKED **THIS REPLACES PRIOR EVIDENCE DATED:**

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED: ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Borrower: Justin M Bushweiler
Subject Property: 1818 N Water St Unit 202, Milwaukee, WI 53202-1551

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.

ADDITIONAL INTEREST

NAME AND ADDRESS Bank Five Nine ISAOA 155 W Wisconsin Ave Oconomowoc, WI 53066	☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE ☐ MORTGAGEE ☐ LOAN # **AUTHORIZED REPRESENTATIVE** Alyssa Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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 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 M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Mutual Insurance Com — 15350 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 706220309 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
A	[X] **UMBRELLA LIAB** [ ] OCCUR			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 5,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Crime/Fidelity						Limit Deductible	100,000 1,000

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

CERTIFICATE HOLDER

Educators Credit Union
1326 Willow Rd
Mt. Pleasant WI 53177

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

Alyse Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
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COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

CANCELLATION

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ADDITIONAL INTEREST

NAME AND ADDRESS
Educators Credit Union
1326 Willow Rd
Mt. Pleasant, WI 53177

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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PRODUCER M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Mutual Insurance Com — 15350 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 592887890 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
A	[X] **UMBRELLA LIAB** [ ] OCCUR			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 5,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Crime/Fidelity						Limit Deductible	100,000 1,000

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

Loan #2665500970
Unit #504
Unit Owner: Jonathan Daniel Delventhal

CERTIFICATE HOLDER

Fairway Independent Mortgage Corporation
ISAOA/ATIMA
4201 Marsh Ln
Carrollton TX 75007

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

Alyse Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Loan #2665500970
Unit #504
Unit Owner: Jonathan Daniel Delventhal

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.

ADDITIONAL INTEREST

NAME AND ADDRESS
Fairway Independent Mortgage Corporation
ISAOA/ATIMA
4201 Marsh Ln
Carrollton, TX 75007

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

ACORD 27 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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PRODUCER M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Mutual Insurance Com — 15350 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 66295783 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
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	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
A	[X] **UMBRELLA LIAB** [ ] OCCUR			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 5,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Crime/Fidelity						Limit Deductible	100,000 1,000

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

CERTIFICATE HOLDER

For Reference Only

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Alyse Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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CODE:	SUB CODE:
AGENCY CUSTOMER ID #:	

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
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10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER	POLICY NUMBER
	A724423

EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED
02/01/2025	02/01/2026	☐

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
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COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

CANCELLATION

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ADDITIONAL INTEREST

NAME AND ADDRESS

For Reference Only

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

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DATE (MM/DD/YYYY) 1/6/2025

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PRODUCER M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Insurance Company — 15350 **INSURER B :** Travelers Casualty and Surety — 31194 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 24257641 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	☐ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	☐ HIRED AUTOS							$
	☐ NON-OWNED AUTOS							$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DEDUCTIBLE							$
	☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Directors & Officers			A724369	2/1/2025	2/1/2026	D&O Limit	2,000,000
B	Crime/Fidelity			0105773492LB	4/20/2024	4/20/2025	Crime/Fidelity Limit	100,000

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

CERTIFICATE HOLDER

Hunt Management, Inc.
10520 N. Baehr Rd, Suite Q
Mequon WI 53092

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

Alyse Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/6/2025

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PRODUCER M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Insurance Company — 15350 **INSURER B :** Travelers Casualty and Surety — 31194 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2084880887 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	☐ SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	☐ HIRED AUTOS							$
	☐ NON-OWNED AUTOS							$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DEDUCTIBLE							$
	☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ 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	Directors & Officers			A724369	2/1/2025	2/1/2026	D&O Limit	2,000,000
B	Crime/Fidelity			0105773492LB	4/20/2024	4/20/2025	Crime/Fidelity Limit	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Address & Unit: 822 E Hamilton St Milwaukee WI 53202
Unit Owner: Gretchen Newswander

CERTIFICATE HOLDER

JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 4465
Springfield OH 44501

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
Alyse Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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PRODUCER M3 Insurance Solutions, Inc. 5320 Green Bay Road Kenosha WI 53144	**CONTACT NAME:** Alyse Johnson **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** alyse.johnson@m3ins.com **PRODUCER CUSTOMER ID #:** GALLTAN-01
INSURED Gallun Tannery Row 1818 Condo Association, Inc. 10520 N. Baehr Road, Ste. Q Mequon WI 53092	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** West Bend Mutual Insurance Com — 15350 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 204480453 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
A	[X] **UMBRELLA LIAB** [ ] OCCUR			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 5,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Crime/Fidelity						Limit Deductible	100,000 1,000

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

Address & Unit: 822 E Hamilton St Milwaukee WI 53202
Unit Owner: Gretchen Newswander

CERTIFICATE HOLDER

JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 4465
Springfield OH 44501

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

Alyse Johnson

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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PRODUCER
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha WI 53144

CONTACT NAME: Alyse Johnson
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: alyse.johnson@m3ins.com
PRODUCER CUSTOMER ID #: GALLTAN-01

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : West Bend Mutual Insurance Com	15350
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 645749920 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[ ] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
A	[X] **UMBRELLA LIAB** [ ] OCCUR			A724423	2/1/2025	2/1/2026	EACH OCCURRENCE	$ 5,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A					[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Crime/Fidelity						Limit Deductible	100,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Unit Owner: Gretchen Newswander
Unit #822

CERTIFICATE HOLDER

JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 4465
Springfield OH 45501-4465

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
Alyse Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Unit Owner: Gretchen Newswander
Unit #822

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.

ADDITIONAL INTEREST

NAME AND ADDRESS
JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 4465
Springfield, OH 45501-4465

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER
1470549415

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Address & Unit: 822 E Hamilton St Milwaukee WI 53202
Unit Owner: Gretchen Newswander

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.

ADDITIONAL INTEREST

NAME AND ADDRESS
JPMorgan Chase Bank, NA
ISAOA/ATIMA
PO Box 4465
Springfield, OH 44501

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #
1470549415

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER
0674384185

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Unit #406

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.

ADDITIONAL INTEREST

NAME AND ADDRESS
Newrez, LLC
1100 Virginia Drive
Suite 125
Fort Washington, PA 19034

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #
0674384185

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

ACORD 27 (2016/03)

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER
50008807

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Unit#408
Unit Owner: Brittany Zeske

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.

ADDITIONAL INTEREST

NAME AND ADDRESS
Nicolet National Bank
PO Box 1949
Carmel, IN 46082

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #
50008807

AUTHORIZED REPRESENTATIVE
Alyssa Johnson

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EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 1/6/2025

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AGENCY
M3 Insurance Solutions, Inc.
5320 Green Bay Road
Kenosha, WI 53144

PHONE (A/C, No, Ext): 800-272-2443

FAX (A/C, No): 608-273-1725

E-MAIL ADDRESS: info@m3ins.com

CODE:

SUB CODE:

AGENCY CUSTOMER ID #:

COMPANY
West Bend Mutual Insurance Com
PO Box 1995
West Bend, WI 53095

INSURED
Gallun Tannery Row 1818 Condo Association, Inc.
10520 N. Baehr Road, Ste. Q
Mequon WI 53092

LOAN NUMBER

POLICY NUMBER
A724423

EFFECTIVE DATE
02/01/2025

EXPIRATION DATE
02/01/2026

☐ CONTINUED UNTIL TERMINATED IF CHECKED

THIS REPLACES PRIOR EVIDENCE DATED:

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Location 1: 1818 N Water St., Milwaukee, WI 53202
Location 2: 818-824 E Hamilton St., Milwaukee, WI 53202

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Blanket Building Limit / Replacement Cost	16,640,010	5,000

REMARKS (Including Special Conditions)

Unit #3
Unit Owner: Jason Jesberger & Grant Wilson

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.

ADDITIONAL INTEREST

NAME AND ADDRESS

The Equitable Bank, SSB
Its Successors and/or Assigns, ATIMA
2290 North Mayfair Rd
Wauwatosa, WI 53226

☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LOSS PAYEE
☐ MORTGAGEE ☐

LOAN #

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Alyssa Johnson

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