RIVEOWN-01 HPATTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2025

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	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

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Riversbend Owner's Association Inc. N97W17770 Riversbend Cir W Germantown, WI 53022	INSURER A : GREATER NEW YORK INSURANCE COMPANY GNY	
	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	X COMMERCIAL GENERAL LIABILITY			1148M59568	5/1/2025	5/1/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ Included
	AUTOMOBILE LIABILITY							$
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	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			1148M59568	5/1/2025	5/1/2026	Buildings	90,984,725

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

Ranch Home II Owners Association Crime Policy 5-1-25 to 5-1-26
CNA Insurance Company 618958687
Employee Dishonesty $105,000
Includes non-compensated board members and property manager as employees

Town Home Owners Association Inc. Crime Policy 5-1-25 to 5-1-26
CNA Insurance Company 618958723
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Riversbend Owner's Association Inc
N97W17770 Riversbend Cir W
Germantown, WI 53022

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

Ryan P. Mulcahy

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: RIVEOWN-01 HPATTON

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY Robertson Ryan - Waukesha	NAMED INSURED Riversbend Owner's Association Inc. N97W17770 Riversbend Cir W Germantown, WI 53022
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:
Employee Dishonesty $30,000
Includes non-compensated board members and property manager as employees

Ranch Home I Owners Association Inc Crime Policy 5-1-25 to 5-1-26
CNA Insurance Company Pol# 618958673
Employee Dishonesty $85,000
Includes non-compensated board members and property manager as employees

Garden Home Owners Association Inc Crime Policy 5-1-25 to 5-1-26
CNA Insurance Company 618958642
Employee Dishonesty $50,000
Includes non-compensated board members and property manager as employees

Riversbend Owners Association Inc Crime Policy 5-1-25 to 5-1-26
CNA Insurance Company 618958737
Employee Dishonesty $370,000
Includes non-compensated board members and property manager as employees

Named Insureds on the Property and Liability Policy are: Riversbend Owner's Association Inc; Ranch Home II Owners Assocation Inc, Town Home Owners Association Inc; Ranch Home I Owners Association Inc; Garden Home Owners Association Inc.

Special Form including Wind and Hail
$10,000 Property Deductible, $5000 per unit water damage deductible, $5000 per unit ice damming deductible, $5000 sewer backup deductible
1% per building wind and hail deductible
Buildings have the replacement cost endorsement
4% Inflation Guard
233 Units
84 buildings
Equipment Breakdown Included
Severability of Interests included
Waiver of subrogation in favor of unit owners included
10 day cancellation notice
Ordinance or Law Coverage included
ALL In including improvements and betterments

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