STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

DECLARATIONS AMENDED SEP 10 2025

Policy Number	99-14-7837-1	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	NOV 10 2025	NOV 10 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured

M-05-6196-FA7C F V

GLENVIEW CONDOMINIUM
ASSOCIATION INC
C/O GLYNN REALESTATE SERVICES
PO BOX 170109
WHITEFISH BAY WI 53217-8011

Agent and Mailing Address
JOE HARRINGS JR
7161 N PT WASH RD
GLENDALE WI 53217-3877

PHONE: (414) 352-0544

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: CONDOMINIUM ASSOCIATION

Reason for Declarations: Your policy is amended SEP 10 2025
ADDITIONAL INSURED ADDED
FORM CMP-4543 ADDED

Other items shown are effective
with the policy's 2025 renewal

Endorsement Premium None

Discounts Applied:
Renewal Year
Protective Devices
Claim Record

Prepared
OCT 03 2025
CMP-4000

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Continued on Reverse Side of Page

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	7234 N GREEN BAY AV GLENDALE WI 53209-2000	$ 7,995,200	No Coverage

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 253.9

SECTION I - DEDUCTIBLES

Basic Deductible $5,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250
Equipment Breakdown	$2,500		

Other deductibles may apply - refer to policy.

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	$5,000
Fire Extinguisher Systems Recharge Expense	$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	
On Premises	$50,000
Off Premises	$15,000
Arson Reward	$5,000
Forgery Or Alteration	$10,000
Money And Securities (Off Premises)	$5,000
Money And Securities (On Premises)	$10,000
Money Orders And Counterfeit Money	$1,000
Outdoor Property	$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Personal Property Off Premises	$15,000
Pollutant Clean Up And Removal	$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Signs	$2,500
Valuable Papers And Records	
On Premises	$10,000
Off Premises	$5,000

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SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	$1,000,000
Coverage M - Medical Expenses (Any One Person)	$5,000
Damage To Premises Rented To You	$300,000
Directors And Officers Liability	$1,000,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	$2,000,000
General Aggregate	$2,000,000
Directors and Officers Aggregate	$1,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

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Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4543	*AI Design Person Org
CMP-4814	Directors & Officers Liability
CMP-4249.2	Amendatory Endorsement
CMP-4538	Addl Insd Designated Premises
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expense
FE-3650	Actual Cash Value Endorsement
CMP-4561.5	Policy Endorsement
CMP-4532	Exclusion Cyber Incident
FE-1401	Exclusion Cyber Incident
FD-6007	Inland Marine Attach Dec
	* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4543
Loan Number: N/A

MIKE & MIKE'S PROPERTY
MANAGEMENT
2665 S MOORLAND RD STE 209
NEW BERLIN WI 531512900

Interest Type: Addl Insured-Section II
Endorsement #: CMP4538
Loan Number: N/A

GLYNN REALESTATE SERVICES
PO BOX 170109
MILWAUKEE WI 532178011

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This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Secretary

President

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99-14-7837-1

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STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	**99-14-7837-1**	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	NOV 10 2025	NOV 10 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured

M-05-6196-FA7C F V

GLENVIEW CONDOMINIUM
ASSOCIATION INC
C/O GLYNN REALESTATE SERVICES
PO BOX 170109
WHITEFISH BAY WI 53217-8011

ATTACHING INLAND MARINE

Automatic Renewal - If the **policy period** is shown as **12 months** , this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739	Inland Marine Conditions
FE-8266	Amendatory Endorsement
FE-8743.1	Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
OCT 03 2025
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	$ 10,000	$ 500	Included
	Loss of Income and Extra Expense	$ 10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
OCT 03 2025
FD-6007

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CMP-4543 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: **99-14-7837-1**

Named Insured:

GLENVIEW CONDOMINIUM
ASSOCIATION INC
C/O GLYNN REALESTATE SERVICES
PO BOX 170109
WHITEFISH BAY WI 53217-8011

Name And Address Of Additional Insured Person Or Organization:

MIKE & MIKE'S PROPERTY
MANAGEMENT
2665 S MOORLAND RD STE 209
NEW BERLIN WI 53151-2900

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
   a. **Premises And Ongoing Operations**
      Your acts or omissions or the acts or omissions of those acting on your behalf:
      (1) In connection with your premises; or
      (2) In the performance of your ongoing operations; or
   b. **Products-Completed Operations**
      "Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.

CMP-4543

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CMP-4543 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: **99-14-7837-1**

Named Insured:

GLENVIEW CONDOMINIUM
ASSOCIATION INC
C/O GLYNN REALESTATE SERVICES
PO BOX 170109
WHITEFISH BAY WI 53217-8011

Name And Address Of Additional Insured Person Or Organization:

MIKE & MIKE'S PROPERTY
MANAGEMENT
2665 S MOORLAND RD STE 209
NEW BERLIN WI 53151-2900

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
   a. **Premises And Ongoing Operations**
      Your acts or omissions or the acts or omissions of those acting on your behalf:
      (1) In connection with your premises; or
      (2) In the performance of your ongoing operations; or
   b. **Products-Completed Operations**
      "Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. Primary Insurance. The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.

CMP-4543

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