Insurance Dec Page
Parts House Lofts Condominium Association

Order: ZR82RKCQG
Address: 215 W Maple St Apt 307
Order Date: 11-16-2026
Document not for resale
HomeWiseDocs

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/11/2026

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 Unisource Insurance Associates 10425 West North Ave Suite 226 Wauwatosa, WI 53226	**CONTACT NAME:** Kelly Nielsen **PHONE (A/C, No, Ext):** 414-732-2558 **FAX (A/C, No):** 414-774-7232 **E-MAIL ADDRESS:** kbrunner@unisource-ins.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** **INSURER A :** ERIE INSURANCE EXCHANGE / 26271
INSURED Parts House Lofts condominium Association 252 E Highland Ave Milwaukee, WI 53202	**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:			Q61-0670030	04/21/2026	04/21/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG ☐	$ $ $ $ $ $ $	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000
A	**AUTOMOBILE LIABILITY** ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ✔ HIRED AUTOS ONLY ✔ NON-OWNED AUTOS ONLY ☐ ☐			Q61-0670030	04/21/2026	04/21/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) ☐	$ $ $ $ $	1,000,000
A	✔ **UMBRELLA LIAB** ✔ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			Q28-2170625	04/21/2026	04/21/2027	EACH OCCURRENCE AGGREGATE ☐	$ $ $	1,000,000 1,000,000
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ☐ ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		Q73-0066122	04/21/2026	04/21/2027	☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $	 100,000 100,000 500,000
A	Directors & Officers Coverage			Q61-0670030	04/21/2026	04/21/2027	Limit		$1,000,000
A	Employee Dishonesty			Q61-0670030	04/21/2026	04/21/2027	Limit		$375,000
A	Ordinance or Law A			Q61-0670030	04/21/2026	04/21/2027	Limit		$19,000,000

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

Parts House Lofts Condominium Association consists of one building. The building coverage is $19,000,000 at Guaranteed Replacement Cost. There is a 3% Inflation Guard in place. The property deductible is $10,000. The wind/hail deductible is 2% of the building coverage. Equipment Breakdown coverage is included.

CERTIFICATE HOLDER

BARRINGTON BANK & TRUST
9801 W HIGGINS RD FL 4
Des Plaines, IL 60018

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

Kelly Nielsen

Order: ZR8[illegible]
Address: 215 W Maple St Apt 307
Order Date: 11-16-2026
Document not for resale
HomeWiseDocs

© 1988-2015 ACORD CORPORATION. All rights reserved.