### **BOP SUMMARY WORKSHEET**

4706225

<u>POL_NUMBER</u> 4706225	STATE	<b>AGENCY</b> 2206465	ISSUE Renewal	
.ŚT. MICHAEL S.PLAC .C/O.APMC .PO.BOX.240413 .APPLE.VALLEY.MN!	55124			
LÓCATION: ALL	BUILDING: ALL.			
RATING INFORMAT	ION			
LIABILITY DEDUCTIBLE 1,000,000 5,000	E IRPM OTHER 0.680 1.000			
COVERAGE OR O	PTIONAL COVERAG	)E		PREMIUM (\$)
Medical Expenses			·	Included
Business Income (Exte	ended)		9013111000000 - 2011111 - 201	Included
Business Income - Ord	dinary Payroll			Included
Condominium Assoc. D	irectors and O	fficers Liabi	lity	191.00
Damage to Premises Re	ented to You	·		Included
Electronic Data		*****		Included
Forgery and Alteration	on		***************************************	Included
Equipment Breakdown				309.00
Interruption of Compu	<u>uter Operations</u>	5		Included
Personal Property Of	f Premises			Included
TOTAL	PREMIUM LOC AL	LL BLDG ALL		500.00
LÓCATION: 001				
COVERAGE OR OF	PTIONAL COVERAG	<u>3E</u>		PRENIUM (S)
Fire Department Serv	ice Charge			Included
TOTAL	PREMIUM LOC O	01 BLDG ALL		0.00

### BOP SUMMARY WORKSHEET

4706225

LOCATION: 001 BUILDING: 001.

## RATING INFORMATION

CONSTR<br/>FramePROT<br/>05TER<br/>702SAFE<br/>NoneSPRN<br/>NoRISK CODE/TYPE<br/>69145 /Habitational

COVERAGE OR OPTIONAL COVERAGE	PREMIUM (\$)
Building	1,629,00
Business Personal Property	8.00
Terrorism: Building	13.00
Terrorism Liability: Building Based Premium	
Accounts Receivable	Included
Business Income from Dependent Properties	
Business Income and Extra Expense -	Included
Debris Removal Additional Insurance	Included
Property Expanded Plus Endorsement	38.00
Fine Arts Coverage	Included
Money and Securities - Inside Premises	Included
Money and Securities - Outside Premises	Included
Outdoor Property	Included
Ordinance or Law - Cov. 2 and 3	
Outdoor Signs	Included
Utility Services - Direct Damage to Building	Included
Utility Services - Direct Damage to Bus. Pers. Property	Included
Valuable Papers and Records	
Water Back-Up and Sump Overflow	
<u> Liability - Building Based Premium</u>	
TOTAL PREMIUM LOC 001 BLDG 001	2,858.00

#### **BOP SUMMARY WORKSHEET**

4706225

LOCATION: 002 BUILDING: ALL.

#### COVERAGE OR OPTIONAL COVERAGE

PREMIUM (S)

Fire Department Service Charge

Included

TOTAL PREMIUM LOC 002 BLDG ALL

0.00

. LOCATION: 002 BUILDING: 001.

#### RATING INFORMATION

CONSTR Frame PROT TER SAFE SPRN RISK CODE/TYPE None No 69145 /Habitational

COVERAGE OR OPTIONAL COVERAGE	PREMIUM (\$)
Building	1,629.00
Business Personal Property	8.00
Terrorism: Building	13.00
Terrorism Liability: Building Based Premium	9.00
Accounts Receivable	Included
Business Income from Dependent Properties	
Business Income and Extra Expense -	Included
Debris Removal Additional Insurance	<u>Included</u>
Property Expanded Plus Endorsement	26.00
Fine Arts Coverage	Included
Money and Securities - Inside Premises	Included
Money and Securities - Outside Premises	Included
Outdoor Property	Included
Ordinance or Law - Cov. 2 and 3	Included
Outdoor Signs	Included
Utility Services - Direct Damage to Building	Included
Utility Services - Direct Damage to Bus, Pers, Property	Included
Valuable Papers and Records	Included
Water Back-Up and Sump Overflow	63.00
Liability - Building Based Premium	1,098.00
TOTAL PREMIUM LOC 002 BLDG 001	2,846.00

12/11/19

LOCATION: 003 BUILDING: ALL.

### COVERAGE OR OPTIONAL COVERAGE

PREMIUM (\$)

Fire Department Service Charge

\_\_\_lncluded

TOTAL PREMIUM LOC 003 BLDG ALL

0.00

. LOCATION: 003 BUILDING: 001.

RATING INFORMATION

CONSTR Frame

PROT

÷ ř

<u>TER</u> 702 SAFE

SPRI

RISK CODE/TYPE 69145 /Habitational

COVERAGE OR OPTIONAL COVERAGE	PREMIUM (\$)
Building	1,629.00
Business Personal Property	8.00
Terrorism: Building	13.00
Terrorism Liability: Building Based Premium	9.00
Accounts Receivable	Included
Business Income from Dependent Properties	Included
Business Income and Extra Expense -	Included
Debris Removal Additional Insurance	Included
Property Expanded Plus Endorsement	26.00
Fine Arts Coverage	Included
Money and Securities - Inside Premises	Included
Money and Securities - Outside Premises	Included
Outdoor Property	Included
Ordinance or Law - Cov. 2 and 3	Included
Outdoor Signs	Included
Utility Services - Direct Damage to Building	Included
Utility Services - Direct Damage to Bus. Pers. Property	Included
Valuable Papers and Records	Included
Water Back-Up and Sump Overflow	63.00
Liability - Building Based Premium	1,098.00
TOTAL PREMIUM LOC 003 BLDG 001	2,846.00
TOTAL POLICY PREMIUM	9.050.00

55	COMPANY PROVIDING COVERAGE	WESTFIELD INSURANCE COMPANY
	NAMED INSURED AND MAILING ADDRESS	AGENCY 22-06465 PROD. 000
	ST. MICHAEL'S PLACE TOWNHOME C/O APMC PO BOX 240413 APPLE VALLEY MN 55124	ROUNDBANK INSURANCE AGENCY 200 SECOND ST NE WASECA MN 56093-2904 TELEPHONE 507-835-1499
K2_		WIC Account Number: 2270011669 . M
29	Policy From 03/11/20 Period To 03/11/21	at 12:01 A.M. Standard Time at your mailing address shown above.
0/7	SCHEDULE OF DE Loc. Bldg. Address, City & State 001 001 500, 502, 504, 506 5TH STREET	at 12:01 A.M. Standard Time at your mailing address shown above.  SCRIBED PREMISES  Construction Occupancy Frame Habitational
	002 001 501.503 505 507	Frame Habitational
	4TH STREET FARMINGTON 003 001 406 408 410 412 SPRUCE STREET FARMINGTON MN 55024	Frame Habitational
	PPOPERTV	COVERAGES
	001 001 Business Income & Extra Expense	Limits of Insurance Actual Loss Sustained
0	001 001 Business Personal Property 002 001 Business Income & Extra Expense 002 001 Building 002 001 Business Personal Property	\$1 234 000
0	002 001 Business Personal Property 003 001 Business Income & Extra Expense 003 001 Building 003 001 Business Personal Property	\$5,000 Actual Loss Sustained • \$1,234,000 \$5,000
	Building Limit - Aut	omatic Increase; 6%
	BUSINESS LIABILITY AND	MEDICAL PAYMENTS
805	Foob Commission Limits	Limits of Insurance \$1,000,000 . \$2,000,000 e Limit \$2,000,000 r Person or Organization)\$1,000,000 Each Person \$5,000 (Any One Premises) \$100,000
	Businessowners Coverage Form and any att	reduces the amount of insurance we provide ase refer to Section II - Liability in the ached endorsements.
	Loc. Bldg.	COVERAGES Limits of Insurance
	ALL ALL Terrorism Insurance Coverage ALL ALL Business Income (Extended) Extended Period of Indemnity ALL ALL Business Income - Ordinary Payro	Number of Days 60
ã	ALL ALL Condominium Assoc, Directors and	rage Period 60
۵.	Named Association: ST. MICHAEL'S PLACE TOWNHOME This insurance contains claims- read and review the insurance coverage with your agent. Directors and Officers Liability Retroactive Date: 06/14/2016 This insurance does not apply to which occurred before the Retroactive	made coverage. Please arefully and discuss the y Annual Aggregate \$1,000,000
8	shown above. ALL ALL Electronic Data	\$10,000

		COMF	PANY PROVIDING COVERAGE WESTFIELD INSURANCE	COMPANY
****	1	AMED	INSURED AND MAILING ADDRESS AGENCY 22-06465	PROD. 000
******	C/O I	APMC OX 240	ROUNDBANK INSURANCE AC 200 SECOND ST NE WASECA MN 56093-2904 LEY MN 55124 TELEPHONE 507-835-1499	
22	Poli	cy Num	nber: BOP 4 706 225 WIC Account Number: :	
3	444	olicy	To 03/11/21 mailing address shown	d Time at your above.
8	200 100 10	. 609 809	OPTIONAL COVERAGES	
er.	Loc.	Bldg.	<u>.</u>	mits of Insurance \$25,000
	ALL	ALL	Employee Dishonesty Forgery and Alteration	\$25,000 Included
_	ALL	ALL	Equipment Breakdown Interruption of Computer Operations	\$10,000 \$25,000
5	001	ALL	Personal Property Off Premises Fire Department Service Charge	\$10,000 \$25,000
2	001	001	Accounts Receivable Business Income from Dependent Properties	\$5,000 12 Months
	001	001	Business Income and Extra Expense - Revised Period of Indemnity Debris Removal Additional Insurance	\$25,000
	001	001 001 001	Property Expanded Plus Endorsement Fine Arts Coverage	Refer to Form \$10,000
	001	001	No coverage for Breakage provided. Miscellaneous fine arts at a limit of insurance of	10 MM
^	001	001	with no one item to exceed \$2.500	\$10,000
Ö	001	001	Money and Securities - Inside Premises  Money and Securities - Outside Premises  Money and Securities - Outside Premises	\$5,000
$\Box$	001	001	Exclusion of Loss due to Byproducts of production or Processing operations (Rental Properties)  Description of Rental Unit:	
	001	001	CONDOMINION ASSOCIATION	
	001	001	Outdoor Property Any One Occurrence Any One Tree, Shrub or Plant	\$10,000 \$1,000
	001	001	Ordinance or Law Coverage 1	Does not Apply
٨			Coverage 2 and 3 Combined Business Income and Extra Expense Optional Coverag	\$50,000
Ö	001 001	001 001	Outdoor Signs Utility Services - Direct Damage	\$5.000
$\mathbf{\omega}$	001	001	Covered Property:	
			Building' Utility Services: Water Supply  Complement Including Complement	\$10,000
			Communication Supply - Not Including Overhead Transmission Lines	\$10,000
			Power Supply - Not Including Overhead Transmission Lines	\$10.000
۵			Covered Property: Business Personal Property	
Q			Utility Services: Water Supply	\$10,000
haini			Communication Supply - Not Including Overhead Transmission Lines	\$10,000
			Power Supply - Not Including Overhead Transmission Lines	\$10,000
	001 001	001	Valuable Papers and Records Water Back-Up and Sump Overflow	\$25,000
	000000000	ezeonië Rd	Covered Property Annual Aggregate Business Income and Extra Expense Annual Aggregate	\$15,000 \$15,000
Ω	002 002	ALL 001	Fire Department Service Charge Accounts Receivable	\$10,000 \$25,000
<b>8</b>	002 002	001 001	Business Income from Dependent Properties Business Income and Extra Expense -	\$5,000 12 Months
			Revised Period of Indemnity	

-	COMPANY PROVIDING COVERAGE WESTFIELD INSURANCE COMPANY						
	· ·	NAMEL	INSURED AND MAILING ADDRESS	AGENCY	· 22-06465 · )	PROD 000	
	C/O PO E	APMC SOX 24	V4.13 WA	SECA MN .	INSURANCE AGENCY ST NE 56093-2904 507-835-1499		
8	Poli	cy Nu	mber: BOP 4 706 225 W	IIC Accou	nt Number: 22700	11669 . M	
Z	P	olicy Period	From 03/11/20 at To 03/11/21 ma	12:01 A	.W. Standard Tim	e at your	
470	2012 2002 7		Ell for the first total and an arrangement was to the	608 ES DS 808			
~	Loc.	Bldg	OPTIONAL (		ES Limits	of Insurance	
n	002	001 001	No coverage for Breakage provid	ed	<i>C</i> 0.40	\$25,000 Refer to Form \$10,000	
9	002	001	Miscellaneous fine arts at a li with no one item to exceed \$2,5 Money and Securities - Inside Prem	UU	isurance or \$10,		
Southerd	002 002	001 001	Money and Securities - Outside Pre Exclusion of Loss due to Byproduct Processing operations (Rental Prop Description of Rental Unit:	mises s of prod	duction or	\$10,000 \$5,000	
	002	001	CONDOMINIUM ASSOCIATION Outdoor Property Any One Occurrence			210 200	
	002	001	Any One Tree, Shrub or Plant Ordinance or Law			\$10,000 \$1,000	
8	703. <del>5</del> .		Coverage 1 Coverage 2 and 3 Combined	Does not Apply \$50,000			
Ø	002 002	001 001	Business Income and Extra Expen Outdoor Signs Utility Services - Direct Damage Covered Property; Building Utility Services:	se Option	nal Coverage:No	\$5,000	
			water Supply	4 8	0	\$10,000	
			Communication Supply - Not I Trans Power Supply - Not Including	mission L	ines	\$10,000	
0			Covered Property:	Lines	1	\$10,000	
Ω			Business Personal Property Utility Services:			\$26000000000 addition/Autoro	
			Water Supply Communication Supply - Not I	ncluding,	Overhead	\$10,000	
			Power Supply - Not Including Transmission	mission~L Overhead Lines	11165	\$10,000	
	002 002	001 001	Water Back-Up and Sump Overflow			\$10,000 \$25,000	
BOP	003 003 003	ALL 001 001	Covered Property Annual Aggrega Business Income and Extra Expen- Fire Department Service Charge Accounts Receivable Business Income from Dependent Prop		Aggregate	\$15,000 \$15,000 \$10,000 \$25,000 \$5,000	
	003	001	Revised Period of Indemnity			12 Months	
	003	001 001 001	Debris Removal Additional Insurance Property Expanded Plus Endorsement Fine Arts Coverage	е		\$25,000 Refer to Form	
	and high high.	001	No coverage for Breakage provide Miscellaneous fine arts at a li	ed. mit of in	ISUTANCE OF \$10 (	\$10,000 200	
9	003 003 003	001 001 001	with no one item to exceed \$2,50 Money and Securities - Inside Prem Money and Securities - Outside Prem Exclusion of Loss due to Byproducts Processing operations (Rental Property Processing Processing Company of the Processing Operations (Rental Property Processing Operations (Rental Processing Operations (Rental Processing Oper	JO ises mises s of prod		\$10,000 \$5,000	

	NAMED	INSURED AND MAILING ADDRESS AGENCY 22-06465 . F	PROD. 000
C/O PO B	APMC OX 240	ROUNDBANK INSURANCE AGENCY   200 SECOND ST NE   2413   WASECA MN 56093-2904   TELEPHONE 507-835-1499	
Poli	cy Nun	iber: BOP 4 706 225 WIC Account Number: 22700	11669 . M
	olicy eriod	From 03/11/20 at 12:01 A.W. Standard Tim To 03/11/21 mailing address shown abov	e at your e.
		OPTIONAL COVERAGES	9004 9005 William 9004 9004 Alliam \$000 0
Loc.	BIdg.		of Insurance
003	001	CONDOMINIUM ASSOCIATION Outdoor Property	
003	-001	Any One Occurrence Any One Tree, Shrub or Plant	\$10,000 \$1,000
003	001	Ordinance or Law Coverage 1	Does not Apply
		Coverage 2 and 3 Combined Business Income and Extra Expense Optional Coverage:No	\$50,000
003	001	Outdoor Signs	\$5,000
003	001	Utility Services - Direct Damage Covered Property:	
		Building Utility Services:	\$10,000
		Water Supply Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
		Covered Property: Business Personal Property	<b>Q10</b> ,000
		Utility Services: Water Supply	\$10,000
		Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
003		Valuable Papers and Records	\$25,000
003	001	Water Back-Up and Sump Overflow Covered Property Annual Aggregate Business Income and Extra Expense Annual Aggregate	\$15,000 \$15,000
		business income and exera expense Annual Aggregate	0.0.000
*00 *00			
Loc	. Blda	OTHER INTERESTS	
		Additional Insured - Managers or Lessors of Premises Automatic status when required by contract	
ALL	ALL	Automatic status when required by contract	
ALL	ALL	Additional Insured - Mortgagee, Assignee or Receiver Automatic status when required by contract	
ALL	ALL	Additional Insured - Owners or Other Interest From Whom Land has been Leased	
ALL	ALL	Automatic status when required by contract Additional Insured - State or Political Subdivisions	
		- Permits Relating to Premises Automatic status when required by contract	
ALL	ALL	Additional Insured - Townhouse Associations	

	COMPANY PROVIDING COVERAGE	NESTFIELD INSURANCE COMPANY		
		AGENCY 22-06465 PROD. 000		
	ST. MICHAEL'S PLACE TOWNHOME	ROUNDBANK INSURANCE AGENCY 200 SECOND ST NE WASECA MN 56093-2904 TELEPHONE 507-835-1499		
S N	Policy Number: BOP 4 706 225	WIC Account Number: 2270011669 . M		
3	Policy From 03/11/20 Period To 03/11/21	at 12:01 A.M. Standard Time at your		
2	The state of the s			
T	Deductible is \$5.000	CTIBLES		
5	Optional Coverage/Exterior Building Glass Condo Association Directors & Officers Li Employee Dishonesty Deductible is \$500 Money & Securities Deductible is \$500 Outdoor Signs Deductible is \$500 Loc. Bldg.	lability is \$500		
00	001 001 Fine Arts Coverage Deductible 001 001 Water Back-Up and Sump Overflow			
	002 001 Fine Arts Coverage Deductible 002 001 Water Back-Up and Sump Overflow 003 001 Fine Arts Coverage Deductible 003 001 Water Back-Up and Sump Overflow	\$500 Deductible is \$500		
	003 001 Water Back-Up and Sump Overflow	Deductible is \$500		
00		at a second seco		
200	ALC2000 01/87* BP0003 07/13 BP0125 03/1 BP0409 07/13 BP0410 07/13 BP0417 01/19 BP0493 01/06 BP0501 07/02 BP0523 01/19 BP1486 07/13 BP1504 05/14 BP1705 07/19 BP7040 09/17 BP7081 12/18* BP7082 12/19 IL7013 12/06 BP0483 01/10 BP1221 01/06 BP1478 07/13 IL7041 12/14	5 BP0402 07/13 BP0407 07/13 0 BP0446 07/13 BP0456 07/13 5 BP0577 01/06 BP1405 07/13 3 BP1735 01/10 BP7034 03/11 8* BPW0186 03/06 BPW0201 03/06		
909				
	COUNTERSIGNED: Date By(authorized representative)			

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