

BOP SUMMARY WORKSHEET

4706225

<u>POL NUMBER</u> 4706225	<u>STATE</u> MN	<u>AGENCY</u> 2206465	<u>ISSUE</u> Renewal
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ST. MICHAEL S. PLACE TOWNHOME
C/O. APMC
PO. BOX. 240413
APPLE VALLEY, MN. 55124

LOCATION: ALL BUILDING: ALL

RATING INFORMATION

<u>LIABILITY</u> 1,000,000	<u>DEDUCTIBLE</u> 5,000	<u>IRPM</u> 0.680	<u>OTHER</u> 1.000
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COVERAGE OR OPTIONAL COVERAGE

PREMIUM (\$)

Medical Expenses	Included
Business Income (Extended)	Included
Business Income - Ordinary Payroll	Included
Condominium Assoc. Directors and Officers Liability	191.00
Damage to Premises Rented to You	Included
Electronic Data	Included
Forgery and Alteration	Included
Equipment Breakdown	309.00
Interruption of Computer Operations	Included
Personal Property Off Premises	Included
TOTAL PREMIUM LOC ALL BLDG ALL	500.00

LOCATION: 001 BUILDING: ALL

COVERAGE OR OPTIONAL COVERAGE

PREMIUM (\$)

Fire Department Service Charge	Included
TOTAL PREMIUM LOC 001 BLDG ALL	0.00

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LOCATION: 001 BUILDING: 001

RATING INFORMATION

CONSTR Frame	PROT 05	TER 702	SAFE None	SPRN No	RISK CODE/TYPE 69145 Habitational
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<u>COVERAGE OR OPTIONAL COVERAGE</u>	<u>PREMIUM (\$)</u>
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	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	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 001 BLDG 001	2,858.00

BOP SUMMARY WORKSHEET

4706225

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LOCATION: 002 BUILDING: ALL

<u>COVERAGE OR OPTIONAL COVERAGE</u>	<u>PREMIUM (\$)</u>
Fire Department Service Charge	Included
TOTAL PREMIUM LOC 002 BLDG ALL	0.00

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LOCATION: 002 BUILDING: 001

RATING INFORMATION

CONSTR Frame	PROT 05	TER 702	SAFE None	SPRN No	RISK CODE/TYPE 69145 /Habitational
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<u>COVERAGE OR OPTIONAL COVERAGE</u>	<u>PREMIUM (\$)</u>
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 002 BLDG 001	2,846.00

BOP SUMMARY WORKSHEET

4706225

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 : LOCATION: 003 BUILDING: ALL :
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<u>COVERAGE OR OPTIONAL COVERAGE</u>	<u>PREMIUM (\$)</u>
Fire Department Service Charge	Included
TOTAL PREMIUM LOC 003 BLDG ALL	0.00

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 : LOCATION: 003 BUILDING: 001 :
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RATING INFORMATION

CONSTR Frame	PROT 05	TER 702	SAFE None	SPRN No	RISK CODE/TYPE 69145 /Habitational
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<u>COVERAGE OR OPTIONAL COVERAGE</u>	<u>PREMIUM (\$)</u>
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

RENEWAL
BUSINESSOWNERS POLICY DECLARATIONS

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

Policy Number: **BOP 4 706 225** WIC Account Number: 2270011669 M

Policy Period From 03/11/20 To 03/11/21 at 12:01 A.M. Standard Time at your mailing address shown above.

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Loc.	Bldg.	Address, City & State	Construction	Occupancy
001	001	500, 502, 504, 506 5TH STREET FARMINGTON MN 55024	Frame	Habitational
002	001	501, 503, 505, 507 4TH STREET FARMINGTON MN 55024	Frame	Habitational
003	001	406 408 410 412 SPRUCE STREET FARMINGTON MN 55024	Frame	Habitational

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PROPERTY COVERAGES

Loc.	Bldg.	Coverage	Limits of Insurance
001	001	Business Income & Extra Expense	Actual Loss Sustained
001	001	Building	\$1,234,000
001	001	Business Personal Property	\$5,000
002	001	Business Income & Extra Expense	Actual Loss Sustained
002	001	Building	\$1,234,000
002	001	Business Personal Property	\$5,000
003	001	Business Income & Extra Expense	Actual Loss Sustained
003	001	Building	\$1,234,000
003	001	Business Personal Property	\$5,000

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Building Limit - Automatic Increase: 6%

LIABILITY AND MEDICAL PAYMENTS

BUSINESS LIABILITY	Limits of Insurance
Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit(Per Person or Organization)	\$1,000,000
Medical Expenses Each Person	\$5,000
Damage to Premises Rented To You Limit(Any One Premises)	\$100,000

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

OPTIONAL COVERAGES

Loc.	Bldg.	Coverage	Limits of Insurance
ALL	ALL	Terrorism Insurance Coverage	
ALL	ALL	Business Income (Extended)	
ALL	ALL	Extended Period of Indemnity	Number of Days 60
ALL	ALL	Business Income - Ordinary Payroll	Coverage Period 60
ALL	ALL	Condominium Assoc. Directors and Officers Liability	
Named Association: ST. MICHAEL'S PLACE TOWNHOME			
This insurance contains claims-made coverage. Please read and review the insurance carefully and discuss the coverage with your agent.			
Directors and Officers Liability Annual Aggregate			\$1,000,000
Retroactive Date: 06/14/2016			
This insurance does not apply to any "wrongful act" which occurred before the Retroactive Date, if any shown above.			
ALL	ALL	Electronic Data	\$10,000

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**RENEWAL
BUSINESSOWNERS POLICY DECLARATIONS**

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		

Policy Number: **BOP 4 706 225** WIC Account Number: **2270011669** M

Policy Period **From To** **03/11/20** **03/11/21** **at 12:01 A.M. Standard Time at your mailing address shown above.**

OPTIONAL COVERAGES

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Loc.	Bldg.		Limits of Insurance
ALL	ALL	Employee Dishonesty	\$25,000
ALL	ALL	Forgery and Alteration	\$25,000
ALL	ALL	Equipment Breakdown	Included
ALL	ALL	Interruption of Computer Operations	\$10,000
ALL	ALL	Personal Property Off Premises	\$25,000
001	ALL	Fire Department Service Charge	\$10,000
001	001	Accounts Receivable	\$25,000
001	001	Business Income from Dependent Properties	\$5,000
001	001	Business Income and Extra Expense - Revised Period of Indemnity	12 Months
001	001	Debris Removal Additional Insurance	\$25,000
001	001	Property Expanded Plus Endorsement	Refer to Form
001	001	Fine Arts Coverage	\$10,000
		No coverage for Breakage provided.	
		Miscellaneous fine arts at a limit of insurance of \$10,000 with no one item to exceed \$2,500	
001	001	Money and Securities - Inside Premises	\$10,000
001	001	Money and Securities - Outside Premises	\$5,000
001	001	Exclusion of Loss due to Byproducts of production or Processing operations (Rental Properties)	
		Description of Rental Unit: CONDOMINIUM ASSOCIATION	
001	001	Outdoor Property	\$10,000
		Any One Occurrence	\$1,000
		Any One Tree, Shrub or Plant	
001	001	Ordinance or Law	Does not Apply
		Coverage 1	\$50,000
		Coverage 2 and 3 Combined	
		Business Income and Extra Expense Optional Coverage:No	
001	001	Outdoor Signs	\$5,000
001	001	Utility Services - Direct Damage	
		Covered Property:	
		Building	
		UTILITY SERVICES:	
		Water Supply	\$10,000
		Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
		Covered Property:	
		Business Personal Property	
		UTILITY SERVICES:	
		Water Supply	\$10,000
		Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
001	001	Valuable Papers and Records	\$25,000
001	001	Water Back-Up and Sump Overflow	
		Covered Property Annual Aggregate	\$15,000
		Business Income and Extra Expense Annual Aggregate	\$15,000
002	ALL	Fire Department Service Charge	\$10,000
002	001	Accounts Receivable	\$25,000
002	001	Business Income from Dependent Properties	\$5,000
002	001	Business Income and Extra Expense - Revised Period of Indemnity	12 Months

RENEWAL
BUSINESSOWNERS POLICY DECLARATIONS

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	

Policy Number: BOP 4 706 225 . . . WIC Account Number: 2270011669 . M

Policy Period From 03/11/20 To 03/11/21 at 12:01 A.M. Standard Time at your mailing address shown above.

OPTIONAL COVERAGES

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Loc.	Bldg.	Description	Limits of Insurance
002	001	Debris Removal Additional Insurance	\$25,000
002	001	Property Expanded Plus Endorsement	Refer to Form
002	001	Fine Arts Coverage	\$10,000
		No coverage for Breakage provided.	
		Miscellaneous fine arts at a limit of insurance of \$10,000 with no one item to exceed \$2,500	
002	001	Money and Securities - Inside Premises	\$10,000
002	001	Money and Securities - Outside Premises	\$5,000
002	001	Exclusion of Loss due to Byproducts of production or Processing operations (Rental Properties)	
		Description of Rental Unit: CONDOMINIUM ASSOCIATION	
002	001	Outdoor Property	
		Any One Occurrence	\$10,000
		Any One Tree, Shrub or Plant	\$1,000
002	001	Ordinance or Law	
		Coverage 1	Does not Apply
		Coverage 2 and 3 Combined	\$50,000
		Business Income and Extra Expense Optional Coverage:No	
002	001	Outdoor Signs	\$5,000
002	001	Utility Services - Direct Damage	
		Covered Property:	
		Building	
		Utility Services:	
		Water Supply	\$10,000
		Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
		Covered Property:	
		Business Personal Property	
		Utility Services:	
		Water Supply	\$10,000
		Communication Supply - Not Including Overhead Transmission Lines	\$10,000
		Power Supply - Not Including Overhead Transmission Lines	\$10,000
002	001	Valuable Papers and Records	\$25,000
002	001	Water Back-Up and Sump Overflow	
		Covered Property Annual Aggregate	\$15,000
		Business Income and Extra Expense Annual Aggregate	\$15,000
003	ALL	Fire Department Service Charge	\$10,000
003	001	Accounts Receivable	\$25,000
003	001	Business Income from Dependent Properties	\$5,000
003	001	Business Income and Extra Expense - Revised Period of Indemnity	12 Months
003	001	Debris Removal Additional Insurance	\$25,000
003	001	Property Expanded Plus Endorsement	Refer to Form
003	001	Fine Arts Coverage	\$10,000
		No coverage for Breakage provided.	
		Miscellaneous fine arts at a limit of insurance of \$10,000 with no one item to exceed \$2,500	
003	001	Money and Securities - Inside Premises	\$10,000
003	001	Money and Securities - Outside Premises	\$5,000
003	001	Exclusion of Loss due to Byproducts of production or Processing operations (Rental Properties)	

RENEWAL
BUSINESSOWNERS POLICY DECLARATIONS

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

Policy Number: BOP 4 706 225

WIC Account Number: 2270011669 M

Policy
PeriodFrom 03/11/20
To 03/11/21at 12:01 A.M. Standard Time at your
mailing address shown above.

OPTIONAL COVERAGES

Loc.	Bldg.	Description of Rental Unit:	Limits of Insurance
		CONDOMINIUM ASSOCIATION	
003	001	Outdoor Property	\$10,000
		Any One Occurrence	\$1,000
003	001	Ordinance or Law	Does not Apply
		Coverage 1	\$50,000
		Coverage 2 and 3 Combined	
		Business Income and Extra Expense Optional Coverage:No	
003	001	Outdoor Signs	\$5,000
003	001	Utility Services - Direct Damage	
		Covered Property:	
		Building	
		Utility Services:	
		Water Supply	\$10,000
		Communication Supply - Not Including Overhead	
		Transmission Lines	\$10,000
		Power Supply - Not Including Overhead	
		Transmission Lines	\$10,000
		Covered Property:	
		Business Personal Property	
		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	001	Valuable Papers and Records	\$25,000
003	001	Water Back-Up and Sump Overflow	
		Covered Property Annual Aggregate	\$15,000
		Business Income and Extra Expense Annual Aggregate	\$15,000

Only the coverages listed above are afforded

OTHER INTERESTS

Loc.	Bldg.	Description
ALL	ALL	Additional Insured - Managers or Lessors of Premises
		Automatic status when required by contract
ALL	ALL	Additional Insured - Grantor of Franchise
		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
		Automatic status when required by contract
ALL	ALL	Additional Insured - State or Political Subdivisions
		- Permits Relating to Premises
		Automatic status when required by contract
ALL	ALL	Additional Insured - Townhouse Associations

RENEWAL
BUSINESSOWNERS POLICY DECLARATIONS

COMPANY PROVIDING COVERAGE	WESTFIELD INSURANCE COMPANY
NAMED INSURED AND MAILING ADDRESS	AGENCY 22-06465 PROD. 000
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DEDUCTIBLES

Deductible is \$5,000
 Optional Coverage/Exterior Building Glass Deductible is \$500
 Condo Association Directors & Officers Liability is \$500
 Employee Dishonesty Deductible is \$500
 Money & Securities Deductible is \$500
 Outdoor Signs Deductible is \$500
 Loc. Bldg.
 001 001 Fine Arts Coverage Deductible \$500
 001 001 Water Back-Up and Sump Overflow Deductible is \$500
 002 001 Fine Arts Coverage Deductible \$500
 002 001 Water Back-Up and Sump Overflow Deductible is \$500
 003 001 Fine Arts Coverage Deductible \$500
 003 001 Water Back-Up and Sump Overflow Deductible is \$500

FORMS AND ENDORSEMENTS

ALC2000 01/87*	BP0003 07/13	BP0125 03/15	BP0402 07/13	BP0407 07/13
BP0409 07/13	BP0410 07/13	BP0417 01/10	BP0446 07/13	BP0456 07/13
BP0493 01/06	BP0501 07/02	BP0523 01/15	BP0577 01/06	BP1405 07/13
BP1486 07/13	BP1504 05/14	BP1705 07/13	BP1735 01/10	BP7034 03/11
BP7040 09/17	BP7081 12/18*	BP7082 12/18*	BPW0186 03/06	BPW0201 03/06
IL7013 12/06	BP0483 01/10	BP1221 01/06	BP0453 07/13	BP7028 03/11
BP1478 07/13	IL7041 12/14			

COUNTERSIGNED: Date _____
 By _____
 (authorized representative)

