

EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company if selection box is not checked.
6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)
Jeffrey R Mayhew
3390 Annapolis Ln N Ste C
Plymouth, MN 55447
(763) 551-1074
(053/087)

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

Insured's Name and Address:
Stonemill Farms Townhomes Homeowners Association
7260 University Ave NE Ste 200
Fridley, MN 55432

POLICY NUMBER 22-XJ2457-01	
EFFECTIVE DATE (MM/DD/YYYY) 05/26/2020	EXPIRATION DATE (MM/DD/YYYY) 05/26/2021

PROPERTY INFORMATION	
PROPERTY LOCATION Lakewood Trail Woodbury, MN 55129	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) Townhouse Association - 13 Buildings, 43 Units

COVERAGES							
Personal Lines - Property		Farm/Ranch Lines		Business Insurance			
Policy Type		Policy Type		Policy Type	Form		
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input checked="" type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		<input type="checkbox"/> Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		<input type="checkbox"/> Inland Marine	<input checked="" type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$	Cov. A Dwelling	\$	Building	\$ 10,123,608		
Cov. B Pers. Property	\$	Cov. B Pers. Property	\$	Bus. Pers. Property	\$		
Cov. B Other Struct. (Fire & E.C.)	\$	Sec. III Pers. Prop. Blanket	\$	Other Crime/Fidelity	\$ 200,000		
Cov. C Pers. Prop (Fire & E.C.)	\$	Sec. III Schedule	\$				
Boatowners - Sect. 1	\$	Sec. IV Outbldgs.	\$				
Other	\$	Other	\$				
Deductible	\$	Deductible Sec. I	\$	Deductible-Bldg.	\$ 10,000*		
		Deductible Sec. III	\$	Deductible-Bus. Pers. Prop.	\$		
		Deductible Sec. IV	\$	Deductible Crime/Fidelity	\$ 1,000		

REMARKS (Including Special Conditions/Endorsements)

Guaranteed Replacement Cost - Original Specifications Coverage; Ordinance or Law A B C, Inflation Protection & Separation of Insureds included; Businessowners Liability \$2,000,000 per Occurrence/\$4,000,000 Aggregate; CR 25 02 Include Designated Agents as Employees - Property Management Company; *Wind and Hail deductible = 5% of Insured Building Value per building per occurrence

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION

EFFECTIVE DATE - Date additional interest is added.

RENEWAL OF COVERAGE / CANCELLATION -This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

* The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST	
Cedar Management, Inc. 7260 University Ave NE Ste 200 Fridley, MN 55432	LOAN NUMBER	
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input checked="" type="checkbox"/> Property Manager	
	DATE ISSUED 06/02/2020	AUTHORIZED REPRESENTATIVE Jeffrey R Mayhew
	TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.	