



Bloomfield Twinhomes Association

Insurance Information for Unit Owners

Effective 04-01-2022 to 04-01-2023

Association Policy: The Association's Master Policy provides coverage on an "All-in" basis, which includes everything permanently and physically attached to the building. Insurer is Country Financial with coverage provided by Business Owners Policy AM9301121, Crime/Fidelity AB9301214 and Umbrella Policy AU9301120.

Association Building & Liability Coverage: The Association's Policy provides blanket building coverage in the amount of \$12,345,500 with a \$10,000 deductible per occurrence and a 2% wind/hail deductible per building. The policy provides replacement cost coverage and insures against direct physical loss, with some exclusions such as flood and earthquake. The Liability limit per occurrence is \$1,000,000 and \$2,000,000 aggregate. Director's and Officer's Liability is \$1,000,000 per occurrence and \$1,000,000 aggregate. The Umbrella Liability limit is \$1,000,000. Sump/pump sewer backup endorsement of \$15,000 per building (this covers damage to the building only, not the unit owner's personal property – see below regarding the HO6 additional coverage needed).

Unit Owner Insurance: The Association Master Policy does not provide coverage for personal property or liability for the unit owners. It is the responsibility of each unit owner to purchase a Condominium Unit Owners policy HO-6 for the following protection:

- **Personal Liability.** While your master policy has liability insurance, it does not cover individual unit owners for their own personal liability.
- **Personal Property Coverage.** For example, clothing, furniture and household goods.
- **Loss assessment endorsement.** Covers the association deductible. The recommended limit should be no less than \$10,000.
- **Sump pump/sewer endorsement.** Typically, HO6 policies will not cover your personal property for sump pump failure or sewer backup unless you add this endorsement.

It is very important to review your insurance needs with your personal agent. If you, or your personal insurance agent, have questions about the Association's Policy you can call the Association's insurance agent.

Reporting Claims: All claims should be reported as soon as possible. In the event of a claim, you should call Cities Management 612-381-8600. This can help to minimize the loss and get you immediate help in dealing with your claim. You can also contact the Association's insurance agent at any time for assistance. Contact information appears below. You should also contact the agent of your HO-6 policy.

Certificates of Insurance: For certificates of insurance you should contact the Association's insurance agent:

Country Financial
James & Debra Olson. (Association Insurance Agent)
1141 4th Street S
Cannon Falls, MN 55009
Office 651-423-2220 Fax 651-322-1728
Email: debra.olson@countryfinancial.com
James.olson@countryfinancial.com

Bloomfield Twinhomes Association

Effective Dates: 04/01/2022 – 04/01/2023

Country Financial – Jim & Deb Olson Agency

1141 4th Street S, Cannon Falls, MN 55009

Phone 651.423.2220 Fax 651.322.1728

debra.olson@countryfinancial.com

james.olson@countryfinancial.com

30 units, 15 buildings

<u>Coverages</u>	<u>Amount of Coverage</u>	<u>Policy Number</u>
<u>Property</u>		
Blanket Replacement Cost - All In \$10,000 deductible per occurrence 2% Wind/Hail deductible per building Ordinance or Law	\$12,346,500 Building Limit	AM9301121
<u>Liability</u>		
Per Occurrence	\$1,000,000	AM9301121
Aggregate	\$2,000,000	
Medical Payments	\$10,000	
Hired & Non-Owned Auto	\$1,000,000	
<u>Crime & Fidelity</u>		
Employee Dishonest	\$300,000	AB9301214
Forgery & Alteration	\$300,000	
<u>Umbrella</u>	\$1,000,000	AU9301120
<u>Directors & Officers Liability</u>		
Per Occurrence	\$1,000,000	AM9301121
Aggregate	\$1,000,000	
<u>Work Comp</u>		
Employers' Liability Insurance: Applies to the Work Comp Law of MN	\$100,000/\$500,000/\$100,000	SFM #130187201



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
3/29/2022

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER JIM OLSON (12056) 1141 4TH ST S CANNON FALLS, MN 55009-2555		CONTACT NAME: JIM OLSON PHONE (A/C, No, Ext): 651-423-2220 E-MAIL ADDRESS: JAMES.OLSON@COUNTRYFINANCIAL.COM PRODUCER CUSTOMER ID:		FAX (A/C, No): 651-322-1728
INSURED 5639490 BLOOMFIELD TWINHOMES ASSOCIATION 2100 SUMMER ST NE STE 280 MINNEAPOLIS, MN 55413		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: COUNTRY Mutual Insurance Company		20990
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc 1/Bldg 1/2406-2472 BEECH ST W, ROSEMOUNT, MN 550686509

Limit for Busn Income and Extra Expense is actual loss sustained not to exceed one year

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input type="checkbox"/>	PROPERTY	AM9301121	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> BUILDING	\$ 823,100
	<input type="checkbox"/>	CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/>	DEDUCTIBLES				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ See Above
	<input type="checkbox"/>	BASIC				<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ See Above
	<input type="checkbox"/>	BUILDING				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/>	CONTENTS				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input type="checkbox"/>	EARTHQUAKE				\$	
	<input type="checkbox"/>	WIND				\$	
	<input type="checkbox"/>	FLOOD				\$	
	<input checked="" type="checkbox"/>	Equip Breakdown				\$	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$
	<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER				\$
	<input type="checkbox"/>	NAMED PERILS					\$
	<input type="checkbox"/>	CRIME					\$
	<input type="checkbox"/>	TYPE OF POLICY					\$
	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITIES MANAGEMENT
 2100 SUMMER STREET NE
 SUITE 280
 MINNEAPOLIS MN 55413

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2022

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 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 JIM OLSON (12056) 1141 4TH ST S CANNON FALLS, MN 55009-2555	CONTACT NAME: JIM OLSON	FAX (A/C, No): 651-322-1728
	PHONE (A/C, No, Ext): 651-423-2220	E-MAIL ADDRESS: JAMES.OLSON@COUNTRYFINANCIAL.COM
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: COUNTRY Mutual Insurance Company		20990
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

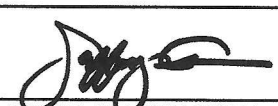
INSURED 5639490
 BLOOMFIELD TWINHOMES ASSOCIATION
 2100 SUMMER ST NE STE 280
 MINNEAPOLIS, MN 55413

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		AM9301121	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS Covered on Businessowners		AM9301121	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		AU9301120	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 POLICY INFORMATION:
 HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE INCLUDED IN THE EACH OCCURRENCE LIMIT AND GENERAL AGGREGATE LIMIT OF THE GENERAL LIABILITY

CERTIFICATE HOLDER CITIES MANAGEMENT 2100 SUMMER STREET NE SUITE 280 MINNEAPOLIS, MN 55413	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 
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