

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.)

Sonny Kester Agency Inc
8525 Edinbrook Xing Ste 104
Brooklyn Park, MN 55443
(763) 493-1011
(050/087)

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:

SUNGATE WEST HOMEOWNERS ASSOCIATION INC
C/O NEW CONCEPTS MANAGEMENT
5707 Excelsior Blvd.
St. Louis Park, MN 55416

POLICY NUMBER 91003-39271-49	
EFFECTIVE DATE (MM/DD/YYYY) 01/18/2022	EXPIRATION DATE (MM/DD/YYYY) 01/18/2023

PROPERTY INFORMATION	
PROPERTY LOCATION Whole Association	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) Townhome Association - 6 Buildings, 48 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	\$	8,320,000	
Cov. B Pers. Property	\$	Cov. B Pers. Property	\$	Bus. Pers. Property	\$		
Cov. B Other Struct. (Fire & E.C.)	\$	Sec. III Pers. Prop. Blanket	\$	Other <u>Employee Dishonesty</u>	\$	10,000	
Cov. C Pers. Prop (Fire & E.C.)	\$	Sec. III Schedule	\$				
Boatowners - Sect. 1	\$	Sec. IV Outbldgs.	\$				
Other	\$	Other	\$				
		Deductible Sec. I	\$	Deductible-Bldg.	\$	10,000*	
		Deductible Sec. III	\$	Deductible-Bus. Pers. Prop.	\$		
		Deductible Sec. IV	\$	Deductible <u>Employee Dishonesty</u>	\$	1,000	

REMARKS (Including Special Conditions/Endorsements)

Bare Walls; Ordinance or Law, Businessowners Liability \$2,000,000 per Occur/\$4,000,000 Aggregate; Blanket Buildings = \$8,320,000
*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	
SUNGATE WEST HOMEOWNERS ASSOCIATION INC C/O NEW CONCEPTS MANAGEMENT 5707 Excelsior Blvd. St. Louis Park, MN 55416	LOAN NUMBER	
	<input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/>	
	DATE ISSUED 01/26/2023	AUTHORIZED REPRESENTATIVE Sonny Kester
	TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.	