

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

AT3

001206 3125 M-05-19A3-FC01 F V

GREEN BAY RIVERSIDE UNIT OWNERS ASSOCIATION INC 118 S WASHINGTON ST GREEN BAY WI 54301-4230

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RENEWAL DECLARATIONS

Policy Number

99-B6-X807-4

Policy Period 12 Months

Effective Date NOV 1 2022 Expiration Date NOV 1 2023

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address TIONA PETROUSKE 1263 MAIN ST STE 125 GREEN BAY WI 54302-1341

PHONE: (920) 437-9000

Residential Community Association Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

We are required by Wisconsin Law to inform you that if your payment is not received within 12 days after the due date, a notice will be sent stating the effective date of any cancellation for nonpayment.

POLICY PREMIUM

\$ 27,753.00

Discounts Applied: Renewal Year Protective Devices Sprinkler Claim Record

Prepared AUG 23 2022 CMP-4000

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Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT Policy Number 99-B6-X807-4

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	
001	118 S WASHINGTON ST BLDG A GREEN BAY WI 54301-4230	\$ 10,636,700	\$ 39,000	
002	118 S WASHINGTON ST BLDG B GREEN BAY WI 54301-4230	\$ 22,577,100	\$ 128,900	

^{*} As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index:

208.3

SECTION I - DEDUCTIBLES

Basic Deductible

\$10,000

Special Deductibles:

Money and Securities

\$250

Employee Dishonesty

\$250

Prepared AUG 23 2022 CMP-4000

LIMIT OF



RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT **Policy Number** 99-B6-X807-4

Equipment Breakdown

\$2,500



0214-ST-0001

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

	COVERAGE	INSURANCE
Collapse		Included
Damage To N	on-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Remov	ral	25% of covered loss
Equipment Bro	eakdown	Included
Fire Departme	ent Service Charge	\$5,000
Fire Extinguis	ner Systems Recharge Expense	\$5,000
Glass Expens	es	Included
	st Of Construction And Demolition Costs (applies only when buildiseplacement cost basis)	ings are 10%
Newly Acquire Coverage B -	ed Business Personal Property (applies only if this policy provides Business Personal Property)	\$100,000
Newly Acquire Coverage A -	ed Or Constructed Buildings (applies only if this policy provides Buildings)	\$250,000
Ordinance Or	Law - Equipment Coverage	Included
Preservation (Of Property	30 Days
Water Damage	e, Other Liquids, Powder Or Molten Material Damage	Included

Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT Policy Number 99-B6-X807-4

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF INSURANCE
Accounts Receivable On Premises Off Premises	\$50,000 \$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	\$10,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	\$10,000
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Valuable Papers And Records On Premises Off Premises	\$10,000 \$5,000

Prepared AUG 23 2022 CMP-4000



Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT Policy Number 99-B6-X807-4 **Policy Number**



0314-ST-000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

CO	VE	RA	GF
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Back-Up of Sewer or Drain

Employee Dishonesty

Loss Of Income And Extra Expense

LIMIT OF INSURANCE

Included

\$100,000

Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You YAS HESSEL TO YOU	\$300,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

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

Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT Policy Number 99-B6-X807-4

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

0115 1100

CMP-4100	Businessowners Coverage Form
CMP-4249.2	*Amendatory Endorsement
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4561.4	*Policy Endorsement
CMP-4543	*Al Design Person Org
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
FE-3650	Actual Cash Value Endorsement
CMP-4705.2	Loss of Income & Extra Expense
CMP-4508	Money and Securities
CMP-4710	Employee Dishonesty
FD-6007	Inland Marine Attach Dec
	* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II

Endorsement #: CMP4543

Loan Number: N/A

WASHINGTON SQUARE GREEN BAY

LLC

345 W WASHINGTON AVE STE 301

MADISON WI

537033007

Interest Type:

Addl Insured-Section II

Endorsement #: CMP4543

Loan Number: N/A

CITY OF GREEN BAY 100 N JEFFERSON ST

GREEN BAY WI 543015026



Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT **Policy Number** 99-B6-X807-4



This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Michael Tipon

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date. If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Residential Community Association Policy for GREEN BAY RIVERSIDE UNIT Policy Number 99-B6-X807-4

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm oces not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

Prepared AUG 23 2022 CMP-4000



STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-05-19A3-FC01 F V

GREEN BAY RIVERSIDE UNIT OWNERS ASSOCIATION INC 118 S WASHINGTON ST GREEN BAY WI 54301-4230

Policy Number

99-B6-X807-4

Policy Period 12 Months

Effective Date NOV 1 2022 **Expiration Date** NOV 1 2023

The policy period begins and ends at 12:01 am standard time at the premises location.



0514-ST--0001

ATTACHING INLAND MARINE

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium

\$ 1.875.00

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739 FE-8266

Inland Marine Conditions

FE-8743.1

Amendatory Endorsement Inland Marine Computer Prop

FE-8759

Miscellaneous Articles End

See Reverse for Schedule Page with Limits

Prepared AUG 23 2022 FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDI AMO	JCTIBLE UNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$ 10,000	\$	500	Included
FE-8759	Loss of Income and Extra Expense Miscellaneous Articles End	\$ 10,000 125,000	\$	1,000	Included \$ 1,875.0

DESCRIPTION OF PROPERTY: PIER

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY -