STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

RENEWAL DECLARATIONS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 M-05-6812-FC01 F V
000182 3125
GREEN BAY RIVERSIDE UNIT
OWNERS ASSOCIATION INC
118 S WASHINGTON ST
GREEN BAY WI 54301-4230

Policy Number	99-B6-X807-4	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	NOV 1 2026	NOV 1 2027

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

Agent and Mailing Address
OWEN HUBNER
1901 CROOKS AVE STE A
KAUKAUNA WI 54130-3200

PHONE: (920) 949-4177
(920) 949-4175

0109-ST-0001

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 $ 53,006.00

Discounts Applied:
Renewal Year
Protective Devices
Sprinkler
Claim Record

Prepared
AUG 20 2026
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

001171 294 I
N

Continued on Reverse Side of Page

530-686 a 2 05-31-2011 (o1f3231c)

RENEWAL DECLARATIONS (CONTINUED)

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	$ 12,565,700	$ 46,400
002	118 S WASHINGTON ST BLDG B GREEN BAY WI 54301-4230	$ 26,671,000	$ 152,800

* 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: 246.2

SECTION I - DEDUCTIBLES

Basic Deductible $25,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250

Prepared
AUG 20 2026
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

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

Equipment Breakdown	$2,500

Other deductibles may apply - refer to policy.

0209-ST--0001

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	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	$5,000
Fire Extinguisher Systems Recharge Expense	$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

RENEWAL DECLARATIONS (CONTINUED)

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	$50,000
Off Premises	$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	$10,000
Off Premises	$5,000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

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

0309-ST--0001

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.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	$100,000
Loss Of Income And Extra Expense	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	$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.

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

RENEWAL DECLARATIONS (CONTINUED)

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

CMP-4100	Businessowners Coverage Form
CMP-4249.3	*Amendatory Endorsement
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4587	*Exclusion Silica
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
CMP-4543	AI Design Person Org
CMP-4561.5	Policy Endorsement
CMP-4532	Exclusion Cyber Incident
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

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

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.

0409-ST-0001

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.

Michelle Macias
Secretary

President

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.

Prepared
AUG 20 2026
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

001174 294
N

Continued on Reverse Side of Page

RENEWAL DECLARATIONS (CONTINUED)

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 limi 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 abou your structure. State Farm® does not guarantee that any estimate will be the actual future cost to rebuild your structure. Highe limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets ou 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.

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-05-6812-FC01 F V

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

ST-0505-0000

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	99-B6-X807-4	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	NOV 1 2026	NOV 1 2027

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

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 $ 1,973.00

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	Inland Marine Conditions
FE-8266	Amendatory Endorsement
FE-8743.1	Inland Marine Computer Prop
FE-8759.2	Inland Marine - Misc Articles
FE-1401	Exclusion Cyber Incident

See Reverse for Schedule Page with Limits

Prepared
SEP 25 2026
FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

000843

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	$ 10,000	$ 500	Included
	Loss of Income and Extra Expense	$ 10,000		Included
FE-8759.2	Inland Marine - Misc Articles	$ 125,000	$ 1,000	$ 1,973.0

DESCRIPTION OF PROPERTY: PIER

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT (Wisconsin)

0609-ST--0001

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. **SECTION I** is amended as follows:

1. The following is added to Paragraph **2.** of **SECTION I – EXCLUSIONS**:

   Innocent Insureds

   (1) We will not pay for loss arising out of any act committed:

   (a) By or at the direction of any insured; and

   (b) With the intent to cause a loss.

   (2) However, this exclusion will not apply to deny coverage to an insured who did not cooperate in or contribute to the creation of the loss, provided the loss is otherwise covered under this policy and

   (a) The loss arose out of an act or pattern of abuse or domestic abuse; and

   (b) The perpetrator of the loss is criminally prosecuted for the act or acts causing the loss.

   (3) If we pay a claim pursuant to Paragraph (2) above, our payment to the innocent insured is limited to that insured's ownership interest in the property less any payments we first made to a mortgagee or other party with a legal secured interest in the property. In no event will we pay more than the Limit Of Insurance.

2. **SECTION I – CONDITIONS** is amended as follows:

   a. The following is added to Paragraph **1.e.** under **Loss Payment** of the **Property Loss Conditions**:

   When this policy insures real property in Wisconsin, which is owned and occupied by you primarily as a dwelling, and the property is wholly destroyed, we will pay the Limit Of Insurance that applies to such property.

   If a municipality, which is a first class city, has elected to apply the provisions of Wis. Stat. Ann. Secs. 632.10 through 632.104, a part of our payment for fire or explosion loss to your covered real property in that municipality will be withheld if the loss is subject to these provisions.

   (a) The withheld amount will be paid in accordance with the law, to the following:

   i. The municipality where the covered property is located;

   ii. You and any other interest named in the Declarations; or

   iii. The mortgageholder, if any.

   However, we will not pay more than the amount of loss payable under this policy.

   (b) Within 10 days after withholding the required amount, we will give written notice of the withholding to the following:

   i. The building inspection official of the municipality where the covered property is located;

   ii. You;

   iii. Any mortgageholder and any other lienholder who has an existing lien against the property and is named in the Declarations; and

   iv. The court in which judgment was entered if the final settlement was determined by judgment.

   (c) We will not be liable in any cause of action, nor may any liability be imposed on us, arising from the payment, withholding or transferring of all or any portion of a final settlement in accordance with Wis. Stat. Ann. Secs. 632.10 through 632.104.

   b. Paragraphs **2.b.(6)** and **2.b.(7)** under **Mortgageholders** of the **Property General Conditions** are replaced by the following:

©, Copyright, State Farm Mutual Automobile Insurance Company, 2026
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

(6) If we cancel this policy, we will provide notice to the mortgageholder at least 10 days before the effective date of cancellation.

(7) If we elect not to renew this policy, we will provide notice to the mortgageholder at least 10 days before the expiration date of this policy.

B. **SECTION II** is amended as follows:

Paragraph **4.** Legal Action Against Us does not apply.

C. **SECTION I AND SECTION II – COMMON POLICY CONDITIONS** is amended as follows:

1. Paragraph **2.** is replaced by the following:

2. Concealment, Misrepresentation Or Fraud

a. No misrepresentation and no breach of affirmative warranty made by you or on your behalf in the negotiation for or procurement of this policy affects our obligations unless, if a misrepresentation, the person knew or should have known that the representation was false, and unless:

(1) We rely on the misrepresentation or affirmative warranty and the misrepresentation or affirmative warranty is either material or made with intent to deceive; or

(2) The facts misrepresent or falsely warranted contribute to the loss.

b. No failure of a condition before a loss and no breach of a promissory warranty affects our obligation under this policy unless such failure or breach exists at the time of loss and either:

(1) Increases the risk at the time of loss; or

(2) Contributes to the loss.

2. Paragraph **8.** is replaced by the following:

8. Premiums

a. The first Named Insured shown in the Declarations:

(1) Is responsible for the payment of all premiums; and

(2) Will be the payee for any return premiums we pay.

b. The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

c. Unless otherwise provided by an alternative payment plan in effect with "State Farm Companies", you may continue this policy in force by paying a continuation premium for each successive one-year period. The premium must be:

(1) Paid to us prior to the anniversary date; and

(2) Determined in accordance with Paragraph **b.** above.

Our forms then in effect will apply.

d. Undeclared exposures or change in your business operation, acquisition, or use of premises may occur during the policy period that are not shown in the Declarations. If so, we may require an additional premium. That premium will be determined in accordance with our rates and rules then in effect.

When you request changes to this policy, or the information or factors used to calculate the premium for this policy changes during the policy period, we may adjust the premium in accordance with the change during the policy period and you must pay any additional premium due within the time we specify.

e. The premium for this policy may vary based upon:

(1) The purchase of other products or services from the "State Farm Companies".

(2) The purchase of products or services from an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or

©, Copyright, State Farm Mutual Automobile Insurance Company, 2026
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

(3) An agreement, concerning the insurance provided by this policy, that the "State Farm Companies" has with an organization in which you have a membership, or of which you are a subscriber, licensee, or franchisee.

f. Your purchase of this policy may allow:

(1) You to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the "State Farm Companies", subject to their applicable eligibility rules; or

(2) The premium or price for other products or services purchased by you, including non-insurance products or services, to vary. Such other products or services must be provided by the "State Farm Companies" or by an organization that has entered into an agreement or contract with the "State Farm Companies". The "State Farm Companies" do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

0709-ST-0001

3. The following is added to Paragraph **10.** Transfer Of Rights Of Recovery Against Others To Us:

Applicable to **SECTION I – PROPERTY** and **SECTION II – LIABILITY**:

We will be entitled to a recovery only after you have been fully compensated for damages.

4. Paragraph **12.** is replaced by the following:

12. Conformity To Statute Or Rule

Any provision of this policy that is in conflict with a Wisconsin statute or rule is hereby amended to conform to that statute or rule.

5. The following **COMMON POLICY CONDITIONS** are added:

Cancellation

a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.

b. We may cancel this policy by providing to the first Named Insured notice of cancellation at least 10 days before the effective date of cancellation.

(1) If this policy has been in effect for less than 60 days and is not a renewal policy, we may cancel for any reason.

(2) If this policy has been in effect for 60 days or more or is a renewal of a policy we issued, we may cancel this policy only for one or more of the following reasons:

(a) The policy was obtained by material misrepresentation;

(b) There has been a substantial change in the risk we originally assumed, except to the extent that we should have foreseen the change or considered the risk in writing the policy;

(c) There have been substantial breaches of contractual duties, conditions or warranties; or

(d) Nonpayment of premium.

The notice of cancellation will state the reason for cancellation.

c. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

d. If this policy is cancelled, we will send the first Named Insured any premium refund due. The refund will be pro rata. The cancellation will be effective even if we have not made or offered a refund.

e. If this policy insured more than one Named Insured:

(1) The first Named Insured may affect cancellation for the account of all insureds; and

(2) Our notice of cancellation to the first Named Insured is notice to all insureds. Payment of unearned premium to the first Named Insured is for the account of all interests therein.

Rescission

a. We may rescind this policy because of the following:

(1) Misrepresentation made by you or on your behalf in the negotiation for or procurement of this policy, if the person knew or should have known that the representation was false;

©, Copyright, State Farm Mutual Automobile Insurance Company, 2026
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

(2) Breach of affirmative warranty made by you or on your behalf in the negotiation for or procurement of this policy;

(3) Failure of a condition before a loss if such failure exists at the time of loss; or

(4) Breach of a promissory warranty if such breach exists at the time of loss.

b. We may not rescind this policy:

(1) For the reasons in Paragraphs **a.(1)** and **a.(2)** above, unless:

(a) We rely on the misrepresentation or affirmative warranty and the misrepresentation or affirmative warranty is either material or made with intent to deceive; or

(b) The facts misrepresented or falsely warranted contribute to the loss.

(2) For the reasons in Paragraphs **a.(3)** and **a.(4)** above, unless such failure or breach:

(a) Increases the risk at the time of loss; or

(b) Contributes to the loss.

c. If we decide to rescind this policy, we will notify the first Named Insured of our intention within 60 days after acquiring knowledge of sufficient facts to constitute grounds for rescission.

When We Do Not Renew

a. If we decide not to renew this policy, for any reason, we will provide to the first Named Insured shown in the Declarations notice of nonrenewal at least 60 days before the expiration date of this policy. Our notice will state the reason for nonrenewal.

b. We need not provide the notice if:

(1) You have insured elsewhere;

(2) You have accepted replacement coverage;

(3) You have requested or agreed to nonrenewal of this policy; or

(4) This policy is expressly designated as nonrenewable.

c. If you fail to pay the renewal or continuation premium by the premium due date, this policy will terminate on the policy expiration or anniversary date, if we have:

(1) Provided you notice of the renewal or continuation premium not more than 75 days nor less than 10 days prior to the due date of the premium; and

(2) Stated clearly in the notice the effect of nonpayment of premium by the due date.

Renewal With Altered Terms

a. If we decide to renew this policy but on less favorable terms or at higher premiums, we will provide notice of the new terms or premiums to the first Named Insured at least 60 days prior to the renewal date.

b. If we notify the first Named Insured within 60 days prior to the renewal date, the new terms or premiums will not take effect until 60 days after the notice was provided. The notice will include a statement of the first Named Insured's right to cancel. The first Named Insured may elect to cancel the renewal policy at any time during the 60 day period, in accordance with the Cancellation Condition added above. If the first Named Insured elects to cancel the renewal policy during the 60 day period, return premiums or additional premium charges will be calculated proportionately on the basis of the old premiums.

c. We need not provide this notice if the only change adverse to you is a premium increase that:

(1) Is less than 25% and is generally applicable to the class of business to which this policy belongs; or

(2) Results from a change based on your action that alters the nature or extent of the risk insured against, including but not limited to a change in the classification or the units of exposure, or increased policy coverage.

Knowledge And Acts Of Agents

a. If the agent who bound us or issued this policy or transmitted the application to us knows any fact that breaches a condition of this policy, we will be considered to know it also if that fact:

(1) Is known to the agent at the time the policy is issued or application is made; or

©, Copyright, State Farm Mutual Automobile Insurance Company, 2026
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

(2) Later becomes known to the agent in the course of his or her dealings as an agent with you.

b. Any fact that breaches a condition of this policy and is known to the agent before the loss will not:

(1) Void this policy; or

(2) Prevent a recovery in the event of loss.

All other policy provisions apply.

CMP-4249.3

©, Copyright, State Farm Mutual Automobile Insurance Company, 2026
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A $100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

©, Copyright, State Farm Mutual Automobile Insurance Company, 2020

(CONTINUED)

0809-ST-0001

INLAND MARINE MISCELLANEOUS ARTICLES FORM

This form covers the property described on the Schedule Page.

INSURING AGREEMENT

We will pay for accidental direct physical loss to the covered property.

LIMIT OF INSURANCE

We will pay for loss to covered property up to the limit shown on the Schedule Page.

DEDUCTIBLE

The deductible amount shown on the Schedule Page will only apply to the property covered by this form. This amount will be deducted from the amount of any loss under this coverage.

LOSSES NOT INSURED

This coverage does not apply to any loss:

1. caused by any dishonest or criminal act occurring at any time by you, any of your partners, employees, directors, trustees, authorized representatives or anyone to whom you entrust the property for any purpose whether acting alone or in collusion with others;
2. caused by artificially generated electric current, including electric arcing, that disturbs electrical devices, appliances or wires.

   But if accidental direct physical loss by fire results, we will pay for that resulting loss;
3. caused by explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control.

   But if accidental direct physical loss by fire or combustion explosion results, we will pay for that resulting loss. We will also pay for loss caused by the explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass;
4. to property of others for which no processing charge is made;
5. caused by shifting of load, rough handling or poor packing;
6. due to any processing or refinishing, renovation or repairing;
7. caused by or resulting from testing;
8. caused by unexplained or mysterious disappearance of property, or shortage of property disclosed on taking inventory;
9. caused by delay, loss of use or loss of market;
10. caused by wear, tear, gradual deterioration, latent defect, inherent vice, freezing or extremes of temperature, marring, scratching, corrosion, rust, or dampness of atmosphere;
11. caused by nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals;
12. caused by mechanical breakdown, but subsequent loss by fire, collision with another object, or upset following any mechanical breakdown is covered;
13. caused by nuclear hazard, meaning any nuclear reaction, radiation or radioactive contamination, all whether controlled or uncontrolled or however caused, or any consequence of any of these. Loss caused by the nuclear hazard will not be considered loss caused by fire, explosion or smoke.

    But if accidental direct physical loss by fire results, we will pay for that resulting loss;
14. caused by war and military action, including:
    a. undeclared or civil war;
    b. warlike action by a military force, including action in hindering or defending against an actual or expected attack by any government, sovereign or other authority using military personnel or other agents; or
    c. insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

©, Copyright, State Farm Mutual Automobile Insurance Company, 2025

STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

DECLARATIONS AMENDED NOV 1 2026

Named Insured

M-05-6812-FC01 F V

000160 3123
GREEN BAY RIVERSIDE UNIT
OWNERS ASSOCIATION INC
118 S WASHINGTON ST
GREEN BAY WI 54301-4230

Policy Number	99-B6-X807-4	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	NOV 1 2026	NOV 1 2027

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

Agent and Mailing Address
OWEN HUBNER
1901 CROOKS AVE STE A
KAUKAUNA WI 54130-3200

PHONE: (920) 949-4177
(920) 949-4175

ST-0105-0000

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
Reason for Declarations: Your policy is amended NOV 1 2026
DEDUCTIBLES - SECTION I

Endorsement Premium Decrease $ 7,659.00

Discounts Applied:
Renewal Year
Protective Devices
Sprinkler
Claim Record

Prepared
SEP 25 2026
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

000839 290 I
N

Continued on Reverse Side of Page

530-886 a 2 05 31 2011 (n1f3231c)

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	$ 12,565,700	$ 46,400
002	118 S WASHINGTON ST BLDG B GREEN BAY WI 54301-4230	$ 26,671,000	$ 152,800

* 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: 246.2

SECTION I - DEDUCTIBLES

Basic Deductible $50,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250

Prepared
SEP 25 2026
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Equipment Breakdown	$2,500

Other deductibles may apply - refer to policy.

ST-0205-0000

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	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	$5,000
Fire Extinguisher Systems Recharge Expense	$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten Material Damage	Included

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

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	$50,000
Off Premises	$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	$10,000
Off Premises	$5,000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

IMPORTANT NOTICE

Regarding Changes to Your Policy

CMP-4587 EXCLUSION – SILICA OR SILICA-RELATED DUST is added to your State Farm® policy.
The following changes to your policy are effective with this policy term:

- **SECTION II – LIABILITY, Section II – Exclusions**
  - **Silica or Silica-Related Dust:** There is no coverage for "bodily injury", "property damage" and "personal and advertising injury" losses related to "silica" or "silica-related dust", including any loss, cost or expense arising out of abating, testing for, monitoring, cleaning up, or other related activities, of "silica" or "silica-related dust", by any insured or by any other person or entity.
- **SECTION II – DEFINITIONS:** "Silica" or "Silica-related dust" is added.

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

DISCLAIMER: This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – SILICA OR SILICA-RELATED DUST

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. The following is added to **Section II – Exclusions**:

Silica or Silica-Related Dust

1. "Bodily injury", "property damage" or "personal and advertising injury" arising, in whole or in part, out of the actual, alleged, threatened, or suspected inhalation of, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, "silica" or "silica-related dust".
2. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "silica" or "silica-related dust", by any insured or by any other person or entity.

B. The following definitions are added to **SECTION II – DEFINITIONS**:

1. "Silica" means silicon dioxide (occurring in crystalline, amorphous and impure forms), silica particles, silica dust or silica compounds.
2. "Silica-related dust" means a mixture or combination of silica and other dust or particles.

All other policy provisions apply.

CMP-4587

©, Copyright, State Farm Mutual Automobile Insurance Company, 2024
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

SPECIAL CONDITION

Valuation. The value of covered property will be determined at replacement cost, without deduction for depreciation, as of the time of loss.

FE-8759.2

©, Copyright, State Farm Mutual Automobile Insurance Company, 2025

0909-ST--0001

(CONTINUED)

ST-0305-0000

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.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	$100,000
Loss Of Income And Extra Expense	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	$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.

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

DECLARATIONS (CONTINUED)

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

CMP-4100	Businessowners Coverage Form
CMP-4550	Residential Community Assoc
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4746.1	Hired Auto Liability
CMP-4249.3	Amendatory Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4705.2	Loss of Income & Extra Expense
CMP-4508	Money and Securities
CMP-4710	Employee Dishonesty
CMP-4543	Al Design Person Org
CMP-4561.5	Policy Endorsement
CMP-4532	Exclusion Cyber Incident
CMP-4587	Exclusion Silica
FD-6007	Inland Marine Attach Dec

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

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

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

Participating Policy

ST-0405-0000

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.

Michelle Macias
Secretary

President

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.