

THEFORE-01 CERTIFICATE OF LIABILITY INSURANCE

PCASHMAN

DATE (MM/DD/YYYY) 4/16/2024

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 have ADDITIONAL INSURED provisions or be endorsed.

tl	SUBROGATION IS WAIVED, subjents certificate does not confer rights t	ct to	the cert	terms and conditions of ificate holder in lieu of sເ	ıch end	lorsement(s)	policies may 	require an endorsemen	it. A s	statement on	
PRODUCER TRICOR, LLC - DeForest 5008 Linde Lane Suite 400 De Forest, WI 53532						CONTACT NAME: PHONE (COO) 24C 7725 FAX (COO) 722 CAAO					
						PHONE (A/C, No, Ext): (608) 846-7725 FAX (A/C, No): (608) 723-6440					
						E-MAIL ADDRESS: service@tricorinsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC #	
						INSURER A: Auto Owners				18988	
The Forest at Swan Lake Village PO Box 73						INSURER B:					
						INSURER C:					
						RD:					
Portage, WI 53901					INSURER E:						
					INSURE	RF:					
CO	VERAGES CEF	RTIFI	CATE	NUMBER:				REVISION NUMBER:			
II C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			61194130		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER: General Aggregate							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	ANY AUTO OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES Cov laws	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC erage applies only to the extent provide s.	ELES (ACORI the p	D 101, Additional Remarks Schedu oolicy and subject to all of	ıle, may b the poli	e attached if mor	e space is requir nditions, excl	ed) usions, endorsements ar	nd all	applicable	
	RTIFICATE HOLDER				CANC	ELLATION					
The Forest of Swan Lake Village PO Box 73 Portage, WI 53901						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 Hamule Calmen					