



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
2/25/2026

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.

<b>PRODUCER</b> Ansay & Associates LLC 1383 Campus Drive PO Box 88 New Richmond WI 54017	<b>CONTACT NAME:</b> Jamie Eastvold <b>PHONE (A/C. No. Ext):</b> 715-246-6145 <b>E-MAIL ADDRESS:</b> jamie.eastvold@ansay.com <b>PRODUCER CUSTOMER ID:</b> RIVERID-04	<b>FAX (A/C. No.):</b> 715-246-6229	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> River Ridge Townhome Assn c/o Bordertown Realty 744 Ryan Dr Ste 103 Hudson WI 54016	<b>INSURER A:</b> Travelers Property Casualty Company of America		<b>NAIC #</b> 25674
	<b>INSURER B:</b> The Standard Fire Insurance Company		19070
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1859386475

REVISION NUMBER:

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

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
B	<input checked="" type="checkbox"/> <b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input checked="" type="checkbox"/> WIND <input type="checkbox"/> FLOOD	BIP7X08193A	3/1/2026	3/1/2027	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ 2,359,350 \$ \$ \$ \$ \$ \$ \$ \$
	<input type="checkbox"/> <b>INLAND MARINE</b> CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS	TYPE OF POLICY  POLICY NUMBER				\$ \$ \$ \$
A	<input checked="" type="checkbox"/> <b>CRIME</b> TYPE OF POLICY	BIP7X08193A	3/1/2025	3/1/2026	<input checked="" type="checkbox"/>	\$ 25,000 \$ \$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$ \$
B	General Liability	BIP7X08193A	3/1/2026	3/1/2027	<input checked="" type="checkbox"/> Per Occurrence <input checked="" type="checkbox"/> Aggregate	\$ 1,000,000 \$ 2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

FOR INSURANCE PURPOSES ONLY

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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