

**FACTS**

**WHAT DOES AMERICAN FAMILY INSURANCE DO WITH YOUR PERSONAL INFORMATION?**



**Why?** Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and payment history
- Credit history and credit based insurance scores
- Drivers license records and claims history

When you are no longer our customer, we continue to share your information as described in this notice.

**How?** All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons American Family Insurance chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does American Family Insurance share?	Can you limit this sharing?
<b>For our everyday business purposes—</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes—</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes—</b> information about your creditworthiness	Yes	Yes
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	Yes	Yes

**To limit our sharing** Call 1-888-312-2263 – when prompted you will be asked to provide your first name, middle initial (if applicable), last name, address, city, state and at least one of your policy numbers. Please also indicate if you are requesting to limit sharing for others on your policies. Please indicate their full names.

**Please note:**

If you are a new customer, or receiving this notice from us for the first time, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

**Questions?** Please go to our website at [www.amfam.com/privacy-security](http://www.amfam.com/privacy-security)

**Who we are**

**Who is providing this notice?** This privacy notice is provided by American Family Mutual Insurance Company, S.I. and the affiliates as listed under the "Other important information" section of this notice (referred to collectively as "American Family Insurance").

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What we do	
<b>How does American Family Insurance protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
<b>How does American Family Insurance collect my personal information?</b>	We collect your personal information, for example, when you <ul style="list-style-type: none"> <li>• Apply for insurance</li> <li>• Pay insurance premiums</li> <li>• File an insurance claim</li> <li>• Give us your contact information</li> <li>• Use your credit or debit card</li> </ul>
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.)
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your limit-sharing request will only apply to the names received in your request.

Definitions	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>• The affiliates of American Family Mutual Insurance Company, S.I. include the companies identified under the "Other important information" section of this notice, and other affiliated companies within Homesite Group Incorporated and PGC Holdings Corp.</li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>• Nonaffiliates we share with can include our sales agents, mortgage companies and direct marketing companies.</li> </ul>
<b>Joint marketing</b>	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>• Our joint marketing partners include other financial services companies and insurance companies.</li> </ul>

Other important information
<p><b>For Nevada residents only.</b></p> <p>You have the right to place your telephone number on American Family Insurance's internal do not call list, which means we can contact you by telephone only in response to a specific request from you for information or in order to service any existing American Family Insurance business. For additional information about the Nevada do not call requirements, or to add your telephone number to our internal do not call list, contact American Family Insurance at 1-877-216-9232. For information on the Nevada state do not call law, contact the Nevada Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Ste. 3900, Las Vegas, NV 90101, Phone: 1-702-486-3132, email: <a href="mailto:BCPINFO@ag.state.nv.us">BCPINFO@ag.state.nv.us</a></p>
<p><b>For Vermont residents only.</b></p> <p>We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at <a href="http://www.amfam.com/privacy-security">www.amfam.com/privacy-security</a> or call 1-800-692-6326.</p>
<p><b>For Georgia residents only.</b></p> <p>NOTICE: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.</p>
<p><b>For New Mexico residents only.</b></p> <p>We are prohibited from disclosing information related to domestic abuse. In New Mexico an individual has certain rights as a Protected Person under N.M. Admin Code 13.7.5 and N. M. S. A 1978, § 59A-16B-4. If you would like to exercise any of those rights or want an explanation of those rights, please contact American Family Insurance at 1-800-MYAMFAM ext. 78082.</p>

**Other important information – continued****For our customers in AK, AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, SC and VA only.**

You have the right to review information in your file. You may do so by writing to us at the address at the end of this section and providing us with your complete name, address, date of birth, and all policy numbers under which you are insured. Within 30 days of receipt of your request, we will contact you and inform you of the nature of recorded information that can be reasonably located and retrieved about you in our files. If you believe there is information in our file that is incorrect, you have the right to notify us and request that it be corrected, amended or deleted from your file. Use this address for requesting information in your file or for questions about the information in your file: **American Family Insurance, Attn: Consumer Affairs Department, 6000 American Pkwy., Madison, Wisconsin 53783-0001.**

**American Family Insurance Legal Entities:**

In addition to American Family Mutual Insurance Company, S.I., this privacy notice is provided by the following companies, which are all affiliates of American Family Mutual Insurance Company, S.I.: American Standard Insurance Company of Wisconsin, American Family Life Insurance Company, American Family Brokerage, Inc., American Family Insurance Company, American Standard Insurance Company of Ohio, and Midvale Indemnity Company. All companies are collectively referred to as "American Family Insurance" in this notice.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY****DECLARATIONS****POLICY NUMBER**  
22XG990201**CUSTOMER BILLING ACCOUNT**  
019-364-730 17**NAMED INSURED** BROCKTON MEADOWS TOWNHOMES ASSOCIATION**MAILING ADDRESS** PO BOX 386  
ROGERS, MN 55374-0386**POLICY PERIOD** FROM 11-28-2022 TO 11-28-2023  
12:01 A.M. Standard Time at your mailing address shown above.**FORM OF BUSINESS** UNINCORPORATED CONDOMINIUM ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**SECTION I PROPERTY****ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:****COVERED CAUSES OF LOSS** SPECIAL - RISK OF DIRECT PHYSICAL LOSS**COVERAGE PROVIDED** INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.**DESCRIPTION OF PREMISES**PREMISES NO. 0001 BUILDING NO. 001  
LOCATION 19631 PRAIRIEVIEW DR  
ROGERS, MN 55374-4823BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY TOWNHOUSE ASSOCIATIONCONSTRUCTION FRAME  
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL** 463

CERTIFIED ACTS OF TERRORISM \$65.00

**POLICY PROPERTY DEDUCTIBLE** \$5,000**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
BUILDING REPLACEMENT COST	\$642,356	\$3,463.00

**AGENT** 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910**PHONE**  
952-892-5392**PAGE** 0001  
**BRANCH** CLW076 **RENEW**  
**ENTRY DATE** 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY****POLICY NUMBER**  
22XG990201**DECLARATIONS****CUSTOMER BILLING ACCOUNT**  
019-364-730 17**ADDITIONAL COVERAGE**  
BUSINESS INCOME**LIMIT OF INSURANCE**  
ACTUAL LOSS SUSTAINED**PREMIUM**  
INCLUDED**MINNESOTA MANDATED FIRE INSURANCE SURCHARGE****\$12.00**

Property forms and endorsements applying to this premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15

BP 03 18 01 06

BP 84 11 07 98

BP 85 11 12 08

**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001  
LOCATION 19599 PRAIRIEVIEW DR  
ROGERS, MN 55374-4822BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY TOWNHOUSE ASSOCIATIONCONSTRUCTION FRAME  
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**

CERTIFIED ACTS OF TERRORISM

**\$63.00****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%**COVERAGE**BUILDING  
REPLACEMENT COST**LIMIT OF INSURANCE**  
\$642,356**PREMIUM**  
\$3,463.00**ADDITIONAL COVERAGE**  
BUSINESS INCOME**LIMIT OF INSURANCE**  
ACTUAL LOSS SUSTAINED**PREMIUM**  
INCLUDED**MINNESOTA MANDATED FIRE INSURANCE SURCHARGE****\$12.00**

Property forms and endorsements applying to this premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15

BP 03 18 01 06

BP 84 11 07 98

BP 85 11 12 08

**AGENT 014-066**  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910**PHONE**  
952-892-5392**PAGE 0002**  
**BRANCH CLW076 RENW**  
**ENTRY DATE 10-05-2022**

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17**DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001  
LOCATION 19561 PRAIRIEVIEW DR  
ROGERS, MN 55374-4822BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY TOWNHOUSE ASSOCIATIONCONSTRUCTION FRAME  
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**

CERTIFIED ACTS OF TERRORISM \$63.00

POLICY PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
BUILDING REPLACEMENT COST	\$642,356	\$3,463.00

<b>ADDITIONAL COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

**MINNESOTA MANDATED FIRE INSURANCE SURCHARGE \$12.00**

Property forms and endorsements applying to this premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15 BP 03 18 01 06 BP 84 11 07 98 BP 85 11 12 08

**DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001  
LOCATION 19519 PRAIRIEVIEW DR  
ROGERS, MN 55374-4822BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY TOWNHOUSE ASSOCIATIONCONSTRUCTION FRAME  
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910PHONE  
952-892-5392PAGE 0003  
BRANCH CLW076 RENW  
ENTRY DATE 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17

CERTIFIED ACTS OF TERRORISM \$63.00

POLICY PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$642,356	\$3,463.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

MINNESOTA MANDATED FIRE INSURANCE SURCHARGE \$12.00

Property forms and endorsements applying to this premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15      BP 03 18 01 06      BP 84 11 07 98      BP 85 11 12 08

**DESCRIPTION OF PREMISES**PREMISES NO. 0005    BUILDING NO. 001  
LOCATION      19560 PRAIRIEVIEW DR  
                 ROGERS, MN 55374-4822BUILDING INTEREST      LEASED TO OTHERS  
PREDOMINANT OCCUPANCY    TOWNHOUSE ASSOCIATIONCONSTRUCTION      FRAME  
YEAR BUILT      2006  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL    463

CERTIFIED ACTS OF TERRORISM \$63.00

POLICY PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$642,356	\$3,463.00

AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910PHONE  
952-892-5392PAGE 0004  
BRANCH CLW076    RENW  
ENTRY DATE 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17**ADDITIONAL COVERAGE**  
BUSINESS INCOME**LIMIT OF INSURANCE**  
ACTUAL LOSS SUSTAINED**PREMIUM**  
INCLUDED**MINNESOTA MANDATED FIRE INSURANCE SURCHARGE**

\$12.00

Property forms and endorsements applying to this premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15

BP 03 18 01 06

BP 84 11 07 98

BP 85 11 12 08

**DESCRIPTION OF PREMISES**PREMISES NO. 0006 BUILDING NO. 001  
LOCATION 19496 PRAIRIEVIEW DR  
ROGERS, MN 55374-4824BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY TOWNHOUSE ASSOCIATIONCONSTRUCTION FRAME  
YEAR BUILT 2006

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463

CERTIFIED ACTS OF TERRORISM

\$63.00

POLICY PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%**COVERAGE**  
BUILDING  
REPLACEMENT COST**LIMIT OF INSURANCE**  
\$642,356**PREMIUM**  
\$3,463.00**ADDITIONAL COVERAGE**  
BUSINESS INCOME**LIMIT OF INSURANCE**  
ACTUAL LOSS SUSTAINED**PREMIUM**  
INCLUDED**MINNESOTA MANDATED FIRE INSURANCE SURCHARGE**

\$12.00

Property forms and endorsements applying to this premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15

BP 03 18 01 06

BP 84 11 07 98

BP 85 11 12 08

AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910PHONE  
952-892-5392PAGE 0005  
BRANCH CLW076 RENW  
ENTRY DATE 10-05-2022



**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17MORTGAGEHOLDER    LOAN NO.    532214003  
MIDWESTONE BANK  
18233 CARSON CT NW  
ELK RIVER, MN 55330-2733PREMISE NO.    BUILDING NO.  
0001            001MORTGAGEHOLDER    LOAN NO.    532214002  
MIDWESTONE BANK  
18233 CARSON CT NW  
ELK RIVER, MN 55330-2733PREMISE NO.    BUILDING NO.    PREMISE NO.    BUILDING NO.  
0001            001            0002            001MORTGAGEHOLDER    LOAN NO.    532214003  
MIDWESTONE BANK  
18233 CARSON CT NW  
ELK RIVER, MN 55330-2733PREMISE NO.    BUILDING NO.    PREMISE NO.    BUILDING NO.  
0002            001            0003            001MORTGAGEHOLDER    LOAN NO.    532214002  
MIDWESTONE BANK  
18233 CARSON CT NW  
ELK RIVER, MN 55330-2733PREMISE NO.    BUILDING NO.  
0003            001MORTGAGEHOLDER    LOAN NO.    532214003  
MIDWESTONE BANK  
18233 CARSON CT NW  
ELK RIVER, MN 55330-2733PREMISE NO.    BUILDING NO.  
0004            001AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910PHONE  
952-892-5392PAGE            0006  
BRANCH CLW076    RENW  
ENTRY DATE 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17

MORTGAGEHOLDER	LOAN NO.		PREMISE NO.	BUILDING NO.	PREMISE NO.	BUILDING NO.
MIDWESTONE BANK 18233 CARSON CT NW ELK RIVER, MN 55330-2733	532214002		0004	001	0005	001

MORTGAGEHOLDER	LOAN NO.		PREMISE NO.	BUILDING NO.	PREMISE NO.	BUILDING NO.
MIDWESTONE BANK 18233 CARSON CT NW ELK RIVER, MN 55330-2733	532214003		0005	001	0006	001

MORTGAGEHOLDER	LOAN NO.		PREMISE NO.	BUILDING NO.
MIDWESTONE BANK 18233 CARSON CT NW ELK RIVER, MN 55330-2733	532214002		0006	001

<b>APPLICABLE PROPERTY ENDORSEMENT CHARGES</b>	<b>\$674.00</b>
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<b>TOTAL ADVANCE PROPERTY PREMIUM</b>	<b>\$21,904.00</b>
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Property forms and endorsements applying to all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 06 01 01 07      BP 83 01 07 98      BP 83 02 01 07

**SECTION II LIABILITY AND MEDICAL EXPENSES**

Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES	\$50,000

AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910

PHONE  
952-892-5392

PAGE 0007  
BRANCH CLW076 RENW  
ENTRY DATE 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
22XG990201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
019-364-730 17

LIABILITY - EACH OCCURENCE LIMIT

\$2,000,000

PREM 0001	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0002	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0003	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0005	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0006	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS		\$42.00
PREMISES NO. 0002 BUILDING NO. 001	4 UNITS		\$42.00
PREMISES NO. 0003 BUILDING NO. 001	4 UNITS		\$42.00
PREMISES NO. 0004 BUILDING NO. 001	4 UNITS		\$42.00
PREMISES NO. 0005 BUILDING NO. 001	4 UNITS		\$42.00
PREMISES NO. 0006 BUILDING NO. 001	4 UNITS		\$42.00

CERTIFIED ACTS OF TERRORISM \$6.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$258.00

Liability forms and endorsements applying to all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 04 17 07 02	BP 04 39 07 02	BP 04 54 01 06	BP 04 93 01 06
BP 05 17 01 06	BP 05 77 01 06	BP 05 98 01 06	BP 10 05 07 02
BP 15 04 05 14	BP 84 24 01 07	BP 85 04 07 10	BP 85 05 07 98MN
BP 85 10 07 98	BP 85 12 01 06		

TOTAL ADVANCE BUSINESS PREMIUM \$22,162.00

This premium may be subject to adjustment.

AGENT 014-066  
JOHN H. PAHL AGCY, INC.  
17316 KENYON AVE STE 101  
LAKEVILLE, MN 55044-6910

PHONE  
952-892-5392

PAGE 0008  
BRANCH CLW076 RENW  
ENTRY DATE 10-05-2022

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY****POLICY NUMBER**

22XG990201

**DECLARATIONS****CUSTOMER BILLING ACCOUNT**

019-364-730 17

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP IN 01 01 06	BP 00 03 01 06	BP 01 25 02 07	BP 05 01 07 02
BP 05 15 01 15	BP 05 23 01 15	BP 05 38 01 15	BP 80 01 08 18
BP 84 45 08 10	BP 87 90 08 10		

AUTHORIZED  
REPRESENTATIVE

  
President


  
Secretary
COUNTERSIGNED  
LICENSED RESIDENT AGENT

**AGENT** 014-066  
**JOHN H. PAHL AGCY, INC.**  
 17316 KENYON AVE STE 101  
 LAKEVILLE, MN 55044-6910

**PHONE**  
 952-892-5392

**PAGE** 0009  
**BRANCH** CLW076 **RENEW**  
**ENTRY DATE** 10-05-2022

BP AF 01 08 18

INSURED

Stock No. 15141

POLICY NUMBER: 22XG990201

BUSINESSOWNERS  
BP 85 11 12 08**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

<b>SCHEDULE*</b>				
<b>Premises No.</b>	<b>Building No.</b>	<b>Auxiliary Building/Structure Description</b>	<b>Auxiliary Building/ Structure Limit</b>	<b>Auxiliary Buildings Business Personal Property Limit</b>
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.				

**Section I - Property** is amended as follows:

**A. Paragraph A.1. Covered Property** is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

- a.** Building, means the described building shown in the Declarations, including:
- (1) Completed additions;
  - (2) Fixtures, including outdoor fixtures;
  - (3) Permanently installed:
    - (a) Machinery; and
    - (b) Equipment;
  - (4) Your personal property in apartments, rooms or common areas furnished by you as landlord;
  - (5) Personal property owned by you that is used to maintain or service the described building or the premises, including:
    - (a) Fire extinguishing equipment;
    - (b) Outdoor furniture;
    - (c) Floor coverings; and
    - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
  - (6) If not covered by other insurance:
    - (a) Additions under construction, alterations and repairs to the described building;
    - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.
- b.** Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:
- (1) Property you own that is used in your business;
  - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
  - (3) Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

- (a) Made a part of the described building you occupy but do not own; and
  - (b) You acquired or made at your expense but cannot legally remove;
- (4) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and
  - (5) Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.
- c.** Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Completed additions;
  - (2) Fixtures;
  - (3) Permanently installed:
    - (a) Machinery; and
    - (b) Equipment;
  - (4) Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
    - (a) Fire extinguishing equipment;
    - (b) Floor coverings; and
    - (c) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
  - (5) If not covered by other insurance:
    - (a) Additions under construction, alterations and repairs to the auxiliary buildings/structures;
    - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.
- d.** Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Property you own that is used in your business;
  - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
  - (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.
- B.** The following is added to **E.3.**, Property Loss Conditions – Duties In the Event of Loss or Damage:
- (10) Keep records of your property in such a way that we can accurately determine the amount of any loss.