



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
5/7/2024

**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.**

<b>PRODUCER</b> Compass Insurance Group 6021 Durand Ave Ste 600 Racine WI 53406	<b>CONTACT NAME:</b> Compass Insurance Group <b>PHONE (A/C, No, Ext):</b> 262-456-0566 <b>E-MAIL ADDRESS:</b> admin@compassinsgrp.com <b>PRODUCER CUSTOMER ID:</b> WINDMEA-01	<b>FAX (A/C, No):</b> 262-456-2050	
	License#: 7496976		
<b>INSURED</b> WIND MEADOWS CORPORATION 6939 Mariner Drive Racine WI 53406	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Greater New York Mutual Insura		22187
	<b>INSURER B:</b> CINCINNATI INSURANCE		10677
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:** 1829794708                      **REVISION NUMBER:** 1

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Blanket building limit applies to all locations listed on the policy schedule.

**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	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	1112M56202	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> BUILDING <input checked="" type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL VALUE <input checked="" type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$ \$30,000 \$ \$ \$ \$69,045,571 \$ \$ \$	
	<input type="checkbox"/> CAUSES OF LOSS						<input type="checkbox"/> DEDUCTIBLES
	<input type="checkbox"/> BASIC						<input type="checkbox"/> BUILDING 10,000
	<input type="checkbox"/> BROAD						<input type="checkbox"/> CONTENTS
	<input checked="" type="checkbox"/> SPECIAL						
	<input type="checkbox"/> EARTHQUAKE						
	<input type="checkbox"/> WIND						
	<input type="checkbox"/> FLOOD						
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	<input type="checkbox"/> CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	EMO 071 46 33	5/1/2024	5/1/2027	<input checked="" type="checkbox"/> Empl Dishonesty	\$500,000	
	<input type="checkbox"/> TYPE OF POLICY						
	<input type="checkbox"/> Blanket						
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$	
						\$	
						\$	
						\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Wind Meadows Corporation 101 Bayfield Drive Racine WI 53402	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 