

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/14/2014

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: Brent Cameron

Iowa Insurance Consultants					(A/C, No. Ext): 515.965.9965 (A/C, No): 515.965.2550						
315 SW Maple						E-MAIL ADDRESS: bcameron@iains.net					
Suite A						PRODUCER CUSTOMER ID #:					
Ankeny IA 50023					INSURER(S) AFFORDING COVERAGE			NAIC#			
INSURED					INSURER A : Auto-Owners						
Twin Gates Townhome Owners					INSURER B :						
P.O. Box 936					INSURER C:						
Ankeny IA 50021-0936			INSURER D:				-				
			INSURER E:								
				INSURER F:							
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:											
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.									THE TERMS,		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	GENERAL LIABILITY	1	1			10/01/2014	10/01/2015	EACH OCCURRENCE \$	1,000,000		
٠,٠	X COMMERCIAL GENERAL LIABILITY	·	2	44-723-923-03				DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE X OCCUR	1						MED EXP (Any one person) \$	50,000		
	ODAINIO IVIADE 14 OCCUR								5,000		
								PERSONAL & ADV INJURY \$	1,000,000		
		-						GENERAL AGGREGATE \$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	2,000,000		
	X POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT			
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO	TANA CANA	and the same					BODILY INJURY (Per person) \$			
	ALL OWNED AUTOS			•				BODILY INJURY (Per accident) \$			
	SCHEDULED AUTOS							PROPERTY DAMAGE			
	HIRED AUTOS							(Per accident)			
	NON-OWNED AUTOS							\$			
			İ					\$			
Α	UMBRELLA LIAB X OCCUR	Γ		44-723-923-04		10/01/2014	10/01/2015	EACH OCCURRENCE \$	1,000,000		
	EXCESS LIAB CLAIMS-MADE	<u> </u>	_					AGGREGATE \$	1,000,000		
	DEDUCTIBLE	1	J					\$			
	RETENTION \$							\$			
-	WORKERS COMPENSATION	1						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		,								
	OFFICER/MEMBER EXCLÜDED?	N/A	See .					E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	 		
	SPECIAL PROVISIONS below	· · · · · · · · · · · · · · · · · · ·		44 702 002 02				E.L. DISEASE - POLICY LIMIT \$			
Α	Building- Replacement cost coverage	May		44-723-923-03		10/01/2014	10/01/2015	\$762,800 with \$2,500 deductible	e		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
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APPERATE HOLDED											
CERTIFICATE HOLDER CANCELLATION											
SUBJUTE AND OF THE ADDITION OF											
					EXPIR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE					
POLK							POLICY PROVISIONS.				
						AUTHORIZED REPRESENTATIVE					
					Brent C	Brent Cameron					
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