

MARSH & MCLENNAN AGENCY ONLINE PORTAL

We're there when you need us!

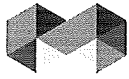
Our client portal offers you the ability to issue Certificates of Insurance anytime, from any computer with Internet access! Just visit our website at:

www.MarshMMA.com/CAIS

1. Select **Client Tools** in the upper right of the screen
2. Choose **State-MN** (using drop down arrow), then
 - a. **City-Brooklyn Park** or **Minneapolis** (using drop down arrow)
3. Scroll down to "**Access Online Certificates of Insurance**"
4. Select "**Townhome and Condo**"
5. If you are:
 - a. **First Time Guest**: select "**Create an Account**". If you don't receive an email response within a few minutes, check your junk email.
 - b. **Already Registered**, enter the user name and password - Login
6. Select "**Issue a Certificate of Insurance**" link
7. Enter name or partial **name of Association**
 - a. Select "**Search**"
8. Select **name of Association**
9. Select the **current year certificate link**
10. Under "**Holder Information**" section, enter **Mortgagee** name, address, city, state and zip code
11. Enter **Unit Information**: Unit #, Unit Owner Name, and Unit Owner Mortgage Loan #
12. Under the **Description of Operations** section, select "**Lookup**" link
13. Select the **address of your unit's building**

NOTE: YOU MUST CLICK ON THE "LOOKUP" LINK IN ORDER TO SELECT YOUR UNIT ADDRESS. FAILURE TO DO SO WILL RESULT IN AN INVALID CERTIFICATE.

14. Select the **address of your unit**
15. Under **Delivery Information** section, enter **your email address & check the "Send me Confirmation" checkbox** if you want to receive a copy of this certificate by email.
16. Under **Recipient** section, you can enter up to three (3) different recipients and send via fax or email
17. Select "**Submit Request**" to issue and send the Certificate of Insurance.
18. To view & print out a Certificate of Insurance:
 - a. Select Submit Request (wait for box to pop up)
 - b. Select Certificate link



1666 Coffman Condominium Association

Master insurance Policy Broker	Marsh & McLennan Agency	
Policy Period	08-28-18 to 08-28-19	
Insurance Carrier	Allianz/Fireman's Fund Insurance Company	
Association Building Coverage	All In	
Items covered by master policy	X	Ceiling Finishing Materials
	X	Wall Finishing Materials
<i>(Items not checked need be covered on your personal HO-6 Policy)</i>	X	Carpeting
	X	Finished Flooring (other than carpeting)
	X	Cabinetry
	X	Finished Millwork
	X	Electrical Fixtures serving a single unit
	X	Plumbing Fixtures serving a single unit
	X	Heating, ventilating & air conditioning equipment serving a single unit
	X	Built-in Appliances
	X	Other improvements and betterments (installed by any unit owner)
Master Insurance Standard Property Deductible	\$5,000 per occurrence	
To submit a claim	Contact a board member or property manager Alert your personal agent	
Other questions, please contact	Debbie Mee, debbie.mee@marshmma.com #763-746-8268	
To print a proof of coverage (Certificate of Insurance)	Visit www.MarshMMA.com/CAIS	

Unit Owner Letter – Give to Personal Insurance Agent

Be sure to discuss with your personal agent how to protect yourself in the event of a loss. Some common exposures are:

- Building Coverage A
- Loss Assessment
- Sewer Backup/Sump Pump Failure
- Losses under the master policy property deductible.

Disclaimer: No coverage is provided by this summary, nor can it be construed to replace any provision of the policy. Refer to the actual policy for complete information on the coverages provided. If there is a conflict between the policy and this summary, the provisions of the policy shall govern.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/28/2018

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).

PRODUCER MMA - Minneapolis 7225 Northland Dr N #300 Minneapolis MN 55428	CONTACT NAME: PHONE (A/C, No, Ext): 763-746-8000 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 1666COFFM	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED 1666 Coffman Condominium Assn c/o Sharper Management 10340 Viking Dr, Suite 105 Eden Prairie MN 55344	INSURER A : Fireman's Fund Ins 21873	
	INSURER B : Federal Insurance Co 20281	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 317528272 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			MZX80988011	8/28/2018	8/28/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B A	Fidelity/Crime Blanket Bldg Limit			82226164 MZX80988011	8/28/2018 8/28/2018	8/28/2019 8/28/2019	Limit \$1,300,000 Guaranteed RC 100% Special Form	Ded \$1,000 \$29,894,363 Ded \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All In Coverage including Improvements and Betterments; 1 Bldg; 94 Units
Building Ordinance Coverage A: Included within bldg limit - Coverages B & C; \$1,000,000 Combined Limit
Equipment Breakdown Coverage is included to building limits on the Fireman's Fund package policy
See Attached...

CERTIFICATE HOLDER For Information Only 1666 Coffman Falcon Heights MN 55108	CANCELLATION 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



ADDITIONAL REMARKS SCHEDULE

AGENCY MMA - Minneapolis		NAMED INSURED 1666 Coffman Condominium Assn c/o Sharper Management 10340 Viking Dr, Suite 105 Eden Prairie MN 55344	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Severability of Interest /Separation of Insureds is automatically included in the general liability policy form.
 Sharper Management as Additional Insured
 30 Days Notice of Cancellation for changes in coverages, 10 Days Notice of Cancellation for Non Payment
 Wind Coverage is a covered Peril subject to the Deductible