



Policy Q29-0170816 Declaration effective 05/01/2020

ERIE INSURANCE EXCHANGE
BUSINESS CATASTROPHE POLICY

RENEWAL CERTIFICATE

WW1015 BAER INSURANCE SVCS INC 05/01/20 TO 05/01/21 Q29 0170816 WI
SUMMER OAKS CONDO ASSOCIATION
C/O ANDI SIMMON
PO BOX 78
LODI WI 53555-0078

POLICY PERIOD BEGINS AND ENDS AT 12:01 A.M., STANDARD TIME AT THE ADDRESS
OF THE NAMED INSURED.

LEGAL ENTITY - OTHER

DESCRIPTION OF OPERATIONS - CONDOMINIUM ASSOCIATION

CLASS CODE - 062003

THE ERIE'S LIMIT FOR THIS COVERAGE IS SHOWN BELOW. THIS INSURANCE IS SUBJECT
TO THE TERMS OF THE POLICY AND ITS FORMS.

COVERAGE AND LIMITS - BUSINESS CATASTROPHE LIABILITY COVERAGE

LIMIT OF LIABILITY \$ 2,000,000 EACH OCCURRENCE
AGGREGATE LIMIT \$ 2,000,000 WHERE APPLICABLE

A3S TOTAL PREMIUM - - - - - \$ 779.
APPLICABLE FORMS - SEE SCHEDULE OF FORMS

SCHEDULE OF UNDERLYING INSURANCE

TYPE OR DESCRIPTION: ULTRAPACK PLUS

INSURER: E I E

POLICY NUMBER: Q41 0170330

POLICY PERIOD: 05-01-20/21

LIMITS OF INSURANCE:

EACH OCCURRENCE \$ 1,000,000
PERSONAL & ADVERTISING INJURY \$ 1,000,000
GENERAL AGGREGATE \$ 2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE \$ 2,000,000

TYPE OR DESCRIPTION: DIRECTORS & OFFICERS LIABILITY - CONDOMINIUMS

INSURER: E I E

POLICY NUMBER: Q41 0170330

POLICY PERIOD: 05-01-20/21

LIMITS OF INSURANCE:

EACH CLAIM \$ 1,000,000
AGGREGATE \$ 2,000,000

ERIE INSURANCE EXCHANGE
BUSINESS CATASTROPHE POLICY

RENEWAL CERTIFICATE

WW1015 BAER INSURANCE SVCS INC 05/01/20 TO 05/01/21 Q29 0170816 WI
SUMMER OAKS CONDO ASSOCIATION
C/O ANDI SIMMON
PO BOX 78
LODI WI 53555-0078

SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
BCL	04/03	BUSINESS CATASTROPHE LIABILITY POLICY
CAT124	04/03	POLLUTION EXCLUSION
CAT6	04/03	EXCLUSION - AUTOMOBILE LIABILITY
UF4810	03/08	IMPORTANT NOTICE-POLICY SERVICE FEES
IL0283	09/07	WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL
CAT165	07/11	UNDERLYING INSURANCE EXCLUSION/LIMITATION ENDORSEMENT
CU0107	11/11	WISCONSIN CHANGES
CU2700	04/13	UNDERLYING CLAIMS-MADE COVERAGE
CU0001	04/13	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
FORM SA	11/12	SUBSCRIBERS AGREEMENT
CU2186	05/14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
IL985F*	01/15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
CU2130	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CAT192	08/16	AMENDMENT OF PROFESSIONAL SERVICES EXCLUSION
IL0017	11/98	COMMON POLICY CONDITIONS
CU2420	09/00	BROADENED BODILY INJURY DEFINITION
UF3371	07/18	KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS
CAT149	04/20 *	EXCLUSION - ABUSE AND SEXUAL MOLESTATION
CAT195	07/18 *	DIRECTORS AND OFFICERS LIABILITY COVERAGE
GU143	03/09	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
CAT183	11/09	UNINSURED MOTORIST COVERAGE EXCLUSION ENDORSEMENT - WISCONSIN
CAT184	11/09	UNDERINSURED MOTORIST COVERAGE EXCLUSION ENDORSEMENT - WISCONSIN
CU2171	06/15	EXCLUSION - UNMANNED AIRCRAFT
CAT166	09/17	BUSINESS CATASTROPHE LIABILITY EXTRA COVERAGES
CAT155	09/17	COVERAGE FOR PUNITIVE DAMAGES
Q29 0170816		