



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Commercial Lines Policy Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

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.

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part	Premium
Businessowners Coverage	\$40,774.00
Commercial Auto Coverage	\$253.00
Commercial Liability Umbrella Coverage	\$400.00
Total Premium:	\$41,427.00
Total Including Taxes, Fees and Surcharges:	\$41,427.00

This is not a bill. A billing invoice will be sent separately.

See attached schedule for forms applicable to all coverage parts.



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Commercial Lines Policy Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Named Insured Schedule

Fall Creek Condominium Owners Association

Commercial Lines Policy Declarations

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Location Schedule

Loc	Address	City	County	State	Zip
1	3312-3314 E Fallcreek Ln	Appleton	Outagamie	WI	54913
2	4724-4726 N Fallview Ln	Appleton	Outagamie	WI	54913
3	4708-4710 N Fallview Ln	Appleton	Outagamie	WI	54913
4	3302-3304 E Fallcreek Ln	Appleton	Outagamie	WI	54913
5	4723-4725 N Fallview Ln	Appleton	Outagamie	WI	54913
6	4707-4709 N Fallview Ln	Appleton	Outagamie	WI	54913
7	4716-4718 N Providence Ave	Appleton	Outagamie	WI	54913
8	4715-4717 N Fallview Ln	Appleton	Outagamie	WI	54913
9	4708-4710 N Providence Ave	Appleton	Outagamie	WI	54913
10	4724-4726 N Providence Ave	Appleton	Outagamie	WI	54913
11	4732-4734 N Fallview Ln	Appleton	Outagamie	WI	54913
12	4739-4741 N Fallview Ln	Appleton	Outagamie	WI	54913



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Commercial Lines Policy Declarations

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Location Schedule

Loc	Address	City	County	State	Zip
13	4731-4733 N Fallview Ln	Appleton	Outagamie	WI	54913
14	3301-3303 E Glory Ln	Appleton	Outagamie	WI	54913
15	4740-4742 N Fallview Ln	Appleton	Outagamie	WI	54913
16	4732-4734 N Providence Ave	Appleton	Outagamie	WI	54913
17	4800-4802 N Fallview Ln	Appleton	Outagamie	WI	54913
18	4801-4803 N Fallview Ln	Appleton	Outagamie	WI	54913
19	4740-4742 N Providence Ave	Appleton	Outagamie	WI	54913
20	4716-4718 N Fallview Ln	Appleton	Outagamie	WI	54913

Commercial Lines Policy Declarations

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
 at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
 Fall Creek Condominium Owners Association
 4742 N Fallview Ln
 Appleton, WI 54913

Agency Name and Address: 48493
 JOHNSON INSURANCE AGENCY
 102 S MAIN ST.
 WAUPACA, WI 54981
 715-258-2133

Forms Schedule

Number	Edition	Description
IL0017Y	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
WB214	0524	MEMBERSHIP AND VOTING NOTICE
WB241	0524	WEST BEND INSURANCE COMPANY NAME CHANGE ENDORSEMENT
IL0283Y	1118	WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL
IL0985	1220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
BP0523	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
WB660	0824	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Form of Business: Association

Businessowners Liability Limits of Insurance

General Aggregate Limit (other than Products/Completed Operations)	\$4,000,000
Products/Completed Operations Aggregate Limit	\$6,000,000
Each Occurrence Limit	\$2,000,000
Personal and Advertising Injury Limit	\$2,000,000
Medical Expense Limit, Any One Person	\$1,000
Damage to Premises Rented to You Limit	\$300,000

Refer to the attached schedules and forms for other limits, premiums and coverage provided by this policy.

Total Premium: \$40,774

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Description of Location or Premises Schedule

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
1	1	2 Unit Condominium Condominiums - Residential - 1 to 12 Units	Frame	02
2	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
3	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
4	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
5	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Description of Location or Premises Schedule

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
6	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
7	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
8	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
9	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
10	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Description of Location or Premises Schedule

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
11	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
12	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
13	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
14	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
15	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Description of Location or Premises Schedule

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
16	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
17	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
18	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
19	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02
20	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	02



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Coverage Schedule

Loc	Bldg	Type	Limit of Insurance	Premium
1	1	Building	\$700,000	\$1,801
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		
		Businessowners Liability		\$122

Loc	Bldg	Type	Limit of Insurance	Premium
2	1	Building	\$700,000	\$1,782
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		
		Businessowners Liability		\$122

Loc	Bldg	Type	Limit of Insurance	Premium
3	1	Building	\$700,000	\$1,782
		Replacement Cost		

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
4	1	Building	\$700,000	\$1,801

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
5	1	Building	\$700,000	\$1,801

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
6	1	Building	\$700,000	\$1,801
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
7	1	Building	\$700,000	\$1,801
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
8	1	Building	\$700,000	\$1,801
		Replacement Cost		

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
9	1	Building	\$700,000	\$1,711

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
10	1	Building	\$700,000	\$1,711

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
11	1	Building	\$700,000	\$1,693
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
12	1	Building	\$700,000	\$1,711
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
13	1	Building	\$700,000	\$1,711
		Replacement Cost		

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
14	1	Building	\$700,000	\$1,711

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
15	1	Building	\$700,000	\$1,693

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
16	1	Building	\$700,000	\$1,711
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
17	1	Building	\$700,000	\$1,693
		Replacement Cost		
		Deductible – \$5,000		
		Wind/Hail Deductible – 2%		
		Automatic Increase – 8%		
		Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing Excluded		

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
18	1	Building	\$700,000	\$1,711
		Replacement Cost		

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
19	1	Building	\$700,000	\$1,711

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Liability \$122

Loc	Bldg	Type	Limit of Insurance	Premium
20	1	Building	\$700,000	\$1,782

Replacement Cost

Deductible – \$5,000

Wind/Hail Deductible – 2%

Automatic Increase – 8%

Wind/Hail – Cosmetic Damage Roof and Exterior Surfacing
Excluded

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Businessowners Liability

\$122



West Bend Insurance Company
1900 S. 18th Ave. | West Bend, WI 53095

Endorsement

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Schedule of Coverages Applicable To All Locations

Type	Limit of Insurance	Premium
Business Income and Extra Expense – No Waiting Period	Actual Loss Sustained, Not To Exceed 12 Consecutive Months	Included
Extended Business Income – Number of Days: 90		Included
Employee Dishonesty Deductible – \$500	\$5,000	Included
Forgery or Alteration Deductible – \$500	\$5,000	Included

See attached Forms Schedule for forms and endorsements applicable to this coverage.

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Fall Creek Condominium Owners Association
4742 N Fallview Ln
Appleton, WI 54913

Agency Name and Address: 48493
JOHNSON INSURANCE AGENCY
102 S MAIN ST.
WAUPACA, WI 54981
715-258-2133

Schedule of Endorsements Applicable to All Locations

Description	Form Number	Premium
Equipment Breakdown	WB80	\$1,875
Property Additional Coverages and Coverage Extensions Endorsement – Essential	WB2905	\$450
Plus Pak – Businessowners Liability	WB2109SM	\$50
Voluntary Property Damage	WB1166	\$0

Schedule of Endorsements Applicable to a Specific Location

Loc	Bldg	Description	Form Number	Premium
1	1	Water Backup and Sump Overflow	BP0453Y	\$44
2	1	Water Backup and Sump Overflow	BP0453Y	\$44
3	1	Water Backup and Sump Overflow	BP0453Y	\$44
4	1	Water Backup and Sump Overflow	BP0453Y	\$44
5	1	Water Backup and Sump Overflow	BP0453Y	\$44
6	1	Water Backup and Sump Overflow	BP0453Y	\$44
7	1	Water Backup and Sump Overflow	BP0453Y	\$44
8	1	Water Backup and Sump Overflow	BP0453Y	\$44
9	1	Water Backup and Sump Overflow	BP0453Y	\$44
10	1	Water Backup and Sump Overflow	BP0453Y	\$44
11	1	Water Backup and Sump Overflow	BP0453Y	\$44
12	1	Water Backup and Sump Overflow	BP0453Y	\$44
13	1	Water Backup and Sump Overflow	BP0453Y	\$44
14	1	Water Backup and Sump Overflow	BP0453Y	\$44

Businessowners Coverage Declaration

Customer Number: 1000198507
Policy Number: A607039 06

Policy Period: 05/29/2025 to 05/29/2026
 at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
 Fall Creek Condominium Owners Association
 4742 N Fallview Ln
 Appleton, WI 54913

Agency Name and Address: 48493
 JOHNSON INSURANCE AGENCY
 102 S MAIN ST.
 WAUPACA, WI 54981
 715-258-2133

15	1	Water Backup and Sump Overflow	BP0453Y	\$44
16	1	Water Backup and Sump Overflow	BP0453Y	\$44
17	1	Water Backup and Sump Overflow	BP0453Y	\$44
18	1	Water Backup and Sump Overflow	BP0453Y	\$44
19	1	Water Backup and Sump Overflow	BP0453Y	\$44
20	1	Water Backup and Sump Overflow	BP0453Y	\$44