

Supplemental Declarations

Location 1 / Building 1

Address:

7337 75TH ST
KENOSHA WI 53142-7638

County: Kenosha

Occupancy/Operations:

Habitational Condominiums - Lessor Risk

Interest of Named Insured In Such Premises: Building Owner

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings - Actual Cash Value	Property Deductible	BLANKET
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Blanket Coverage - Buildings - All Locations		\$90,000
Property and Inland Marine - Optional Coverages:		
Building Ordinance or Law Coverage - Increased Coverage & Income Protection 25% of Limit		\$22,500

Miscellaneous Information

Re: Form CG2144--Limitation Of Coverage To Designated Premises Or Project:

Premises:

7337 75TH ST, KENOSHA WI 5314

Re: Form PKMT--Exclusion - Specified Operations And Activities:

Description of Operations/Activities:

ANY AND ALL OPERATIONS CONDUCTED BY OR FOR SOUTHPORT GUN CLUB IN EXCEPT THE OWNERSHIP, MAINTENANCE OR USE OF THIS ONE FAMILY DWELLING

Schedule of Static Forms

Form Number	Edition Date	Description
/ *		
UPP	01/10 *	ULTRAPACK PLUS POLICY
PK0001	07/14 *	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAB	01/10 *	ACTUAL CASH VALUE ENDORSEMENT - BUILDINGS
PKAH	01/12 *	BUILDING ORDINANCE OR LAW - INCREASED COVERAGE AND INCOME PROTECTION COVERAGE
PKAX	01/10 *	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
CL0208	11/10 *	KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS WISCONSIN
CL0209	11/10 *	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
CL0318	11/10 *	IMPORTANT DISCLOSURE NOTICE TO WISCONSIN ULTRAPACK PLUS POLICYHOLDERS
PKGP	01/10 *	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PKRN	01/10 *	WISCONSIN AMENDATORY ENDORSEMENT
PK0003	12/14 *	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES



Insured Name: Southport Gun Club
Policy Number: Q971285561
Policy Period: 04/26/2016 to 04/26/2017

Page 4 of 98

Schedule of Static Forms - (continued)

Form Number	Edition Date	Description
CG0001	04/13 *	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85 *	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG0124	01/93 *	WISCONSIN CHANGES - AMENDMENT OF POLICY CONDITIONS
CG2004	11/85 *	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2144	07/98 *	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	12/07 *	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	12/04 *	FUNGI OR BACTERIA EXCLUSION
UFB213	11/12 *	SUBSCRIBER'S AGREEMENT
CG2170	01/15 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2196	03/05 *	SILICA OR SILICA-RELATED DUST EXCLUSION
PKGN	12/14 *	PUNITIVE DAMAGES COVERAGE
CL0396	10/15 *	IMPORTANT NOTICE - DATA BREACH RESPONSE EXPENSES COVERAGE
CG2106	05/14 *	EXCL-ACCESS OR DISCLOSURE OF CONFIDENT OR PERS INFO AND DATA-RELATED LIAB - WITH LIMIT BOD INJ EXCEP
PKUD	01/10 *	CONDOMINIUMS - LIABILITY COVERAGE
CG2109	06/15 *	EXCLUSION - UNMANNED AIRCRAFT
IL0017	11/98 *	COMMON POLICY CONDITIONS
IL0021	09/08 *	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0283	09/07 *	WISCONSIN CHANGES - CANCELLATION AND NONRENEWAL
IL0952	01/15 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985F	01/15 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PKMJ	01/10 *	EXCLUSION - LEAD LIABILITY
PKMD	01/10 *	EXCLUSION - ASBESTOS
PKMQ	12/14 *	EXCLUSION - PROFESSIONAL LIABILITY
PKMT	01/10 *	EXCLUSION - SPECIFIED OPERATIONS AND ACTIVITIES
PKRO	01/10 *	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS

Ultrapack Plus Policy Declarations

New Declarations

Mailing Name and Address for Insured:

SOUTHPORT GUN CLUB
 7401 75TH ST
 KENOSHA WI 53142-7638

Other Interest:



127690013
 WW1226

Named Insured's Full Name:
 Southport Gun Club

Agent:

WW1226 GREGORY J DICELLO INS SERVICES

Policy Period:

04/26/2016 to 04/26/2017

Policy Number:

Q971285561

Agent Address and Phone

GREGORY J DICELLO INS SERVICES
 6121 GREEN BAY RD STE 270
 KENOSHA WI 53142-2929
 262-764-5422

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

Premium Summary

Pay Plan Discount Applies

Total Annual Policy Premium:

\$435.00

(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$1,000

Policy-Level Coverages

Liability Protection

Limits of Insurance

Commercial General Liability Limits of Insurance

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense limit	\$5,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000



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Page 2 of 98

Optional Coverages

Deductible

Amount of Insurance

Policy-Level Optional Coverages:

Property and Inland Marine - Optional Coverages:

Terrorism

Included