



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/20/2015

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Green Bay WI Office 111 N. Washington Street, suite 300 P. O. Box 23004 Green Bay WI 54305-3004 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (920) 437-7123      FAX (A/C. No.): (920) 431-6345 E-MAIL ADDRESS:		
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Vinton Construction Company 2705 North Rapids Road P O Box 1987 Manitowoc WI 54220 USA	INSURER A:	Zurich American Ins Co	16535
	INSURER B:	American Guarantee & Liability Ins Co	26247
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570056856393      **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.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GLO-5948754-01 GENERAL LIABILITY	03/01/2015	03/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP-5948753-01 BUSINESS AUTOMOBILE	03/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEO    RETENTION			AUC 5948802-01 UMBRELLA	03/01/2015	03/01/2016	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC-5948756-01 WORKERS COMPENSATION	03/01/2015	03/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570056856393

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Oked  
2nd PS**CERTIFICATE HOLDER****CANCELLATION**

CITY OF MANITOWOC CITY HALL 900 QUAY STREET MANITOWOC WI 54220-4543 USA	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  <i>Aon Risk Services Central Inc.</i>
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**City of Manitowoc 2015 Property Record**

Parcel Number: 000-167-100  
 Current owner: 924 YORK LLC

Current acres: 0.5051  
 LOTS 7-8-9 & 10 BLK. 167 ORIG PLAT

Ownership				
Name:	924 YORK LLC			
Mailing Address:	100 MARITIME DR SUITE 3C MANITOWOC, WI 54220			
Property Description				
Location:	924 YORK ST			
Conveyance Date:	11/23/2009			
Date Recorded:	11/24/2009			
Value/Sale Price:	220,000.00			
Deed Vol & Page:	V2518 P0123..   DOC. #			
Improvement Name	MANITOWOC PLUMBING SUPPLY			
Legal Description:	LOTS 7-8-9 & 10 BLK. 167 ORIG PLAT			
Notes				
Conveyance Instrument: 01				
Assessment Value				
Valuation Date	01/01/2015			
Assessment Type	Acres	Land Value	Improved Value	Total Value
COMMERCIAL	0.5051	70,400	118,900	189,300
Totals -->				
	0.5051	70,400	118,900	189,300
Payments				
Date	Receipt Number	Amount		
Special Assessment Projects				
Project	Delayed Assessment?		Balance Due	
SR1415	2014-2015 SNOW REMOVAL- N		620.00	
SW1401	SIDEWALKS OVER \$250- N		18.86	

Building Information		Bldg 1
SECTION -----1	Story height: 4	
Identical Units:	1	
Basement total area	459	
Year Built	1919	
Level 01 to 01 area	2163	
01 Use	RETAIL STORE	
Year Built	1919	
Level 01 to 01 area	9912	
01 Use	WAREHOUSE	
Level M1 to M1 area	3200	
M1 Use	SUPPORT	
Parcel Information		
Property Class:	Commercial	
Roll Type:	REAL	
Other		
Fair Market Value	179,900	
Assessment Ratio	105.2529	
Tax Detail		
Category	Tax Detail	Tax Amount