



CERTIFICATE OF LIABILITY INSURANCE

OLDFORG-01

MHILDEBRAND

DATE (MM/DD/YYYY)

8/19/2021

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 have ADDITIONAL INSURED provisions or 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).

Table with PRODUCER (AssuredPartners), CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, INSURER A: Greater New York Mutual, INSURER B: CNA, and INSURER C, D, E, F.

COVERAGES CERTIFICATE NUMBER: 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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), and LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Property, and Crime.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Emailed to jmclaughlin@camcomgmt.com

CERTIFICATE HOLDER (SAMPLE) and CANCELLATION table with AUTHORIZED REPRESENTATIVE (Kevin J. Snakard).



ADDITIONAL REMARKS SCHEDULE

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|------------------------------------|-----------------------------|--|--|
| AGENCY AssuredPartners | | NAMED INSURED Old Forge Crossing Condominium Association 1027 N. Valley Forge Road Devon, PA 19333 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Please See Below:

- (A) "Single Entity" Coverage. No Improvements or Betterments. Original Specifications only.
- (A) Building Coverage is provided on a blanket, agreed value, replacement cost basis with a limit of \$79,364,940.
- (A) Inflation Guard waived due to blanket agreed value.
- (A) Wind & Hail are included
- (A) Coinsurance is waived due to Blanket/ Agreed Value
- (A) Property \$10,000 Deductible applies on a per occurrence.

- (A) Ordinance or Law: Included as follows:
Coverage A: Included in the Building Limit
Coverage B: \$250,000
Coverage C: \$250,000

- (A) Separation of Insureds/Severability of interest: Included
- (A) Equipment Breakdown is included
- (A) \$1,000,000 Flood coverage per year, with a \$25,000 Deductible.

- (B) Crime, Fidelity/ Employee Dishonesty limit of \$1,700,000
The Property Management Company is included in the definition of employee for Crime Coverage.

Per our records, we are aware of 509 residential units.

Directors & Officers liability, Effective 5/1/2021-5/1/2022 through Continental Casualty Company, \$1,000,000 Aggregate limit of liability for all loss paid on behalf of all named entity insureds for all claims first made during each policy period. \$2,500 retention

Cancellation per Pa State Law for policies shown.

Note: All coverage is subject to the policy terms and conditions.