

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

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).

	nis certificate does not confer rights to				ıch enc	lorsement(s)		require an end	iorsemen	t. A:	statement on	
PRODUCER AssuredPartners 653 Skippack Pike, Suite 310						CONTACT NAME: PHONE (A/C, No, Ext): (215) 540-2400 E-MAIL ADDRESS: bluebell@assuredpartners.com						
							•	RDING COVERAGE			NAIC #	
		INSURER A : Greater New York Mutual					22187					
Old Forge Crossing Condominium Association 1027 N. Valley Forge Road Devon, PA 19333						INSURER B : CNA					20443	
						INSURER C:						
						INSURER D:						
					INSURER E :							
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				E NUMBER:		EEN ICCUED	TO THE INCH	REVISION NUI		LIE DO	OLICY DEDICE	
	HIS IS TO CERTIFY THAT THE POLICIENT INTO THE POLICIENT OF THE POLICIENT O											
С	ERTIFICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIE	BED HEREIN IS S				
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR WVD		BEEN	POLICY EFF	POLICY EXP					
LTR A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000		
^	CLAIMS-MADE X OCCUR			4427D40240		5/1/2021	F /4 /0000	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		100,000		
	CEANVIS-IVIADE X OCCOR			1137D19210		3/1/2021	5/1/2022			\$	5,000	
								MED EXP (Any one	•	\$	1,000,000	
								PERSONAL & ADV INJURY \$		2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		2,000,000		
								PRODUCTS - COM	IP/OP AGG	\$,,,,,,,,	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	1,000,000	
•	ANY AUTO			1137D19210		5/1/2021	5/1/2022	(Ea accident) \$ BODILY INJURY (Per person) \$				
	OWNED AUTOS ONLY SCHEDULED AUTOS			1101210		0/1/2021	07172022	BODILY INJURY (P	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
	AUTOS ONLY AUTOS ONLY							(i ei accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	.02	\$		
	DED RETENTION \$							7.COREO/RIE		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
								E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Α	Property			1137D19210		5/1/2021	5/1/2022	Building-RCV AA			79,364,910	
В	Crime			618855219		5/1/2021	5/1/2022	Employee Dis	honesty		1,700,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
⊏ma	iled to jmclaughlin@camcomgmt.com											
CE	RTIFICATE HOLDER				CANO	ELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	SAMPLE				ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESE	NTATIVE					

Kevin J. Snakard

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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