

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/07/2023

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 confirm rights to the certificate holder in lieu of such and resemble (c)												
-	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT CONDO FAX: 610-317-1439											
-					CONTACT NAME: CONDO FAX : 610-317-1439 PHONE FAX							
	wn & Brown of Lehigh Valley, LP				(A/C, No, Ext): (A/C, No):							
300	1 Emrick Blvd				ADDRES	ss: condo.ins	urance@bbrov	/n.com				
Bethlehem PA 18020						INSURER(S) AFFORDING COVERAGE INSURER A : Greater New York Mutual Insurance Company						
INSURED						INSURER B :						
Cinnaminson Harbour Carriage Homes COA						INSURER C :						
	c/o CAMCO Management			INSURER D :								
501 W. Office Center drive ste 220						INSURER E :						
	Fort Washington			PA 19034	INSURER F :							
CO	/ERAGES CER ⁻	TIFIC	ATE	NUMBER: 22-23 MASTE	R			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.												
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	_{\$} 1,00	0,000		
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	Ψ	0,000		
								MED EXP (Any one person)	\$ 5,00	0		
А				1137D45794		10/01/2022	10/01/2023	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 1,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							NOONEO/NE	\$			
WORKERS COMPENSATION								PER OTH- STATUTE ER	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$			
	DESCRIPTION OF OPERATIONS BEIOW							E.L. DISEASE - POLICY LIMIT	ф.			
A	Bldg Limit			1137D45794		10/01/2022	10/01/2023	Ded.\$5,000	\$35,	177,230		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)					
-	R INFORMATION ONLY PURPOSES ended Replacement Cost (112 Units)											
055					CANO							
UEF					CANC	ELLATION						
Cinnaminson Harbour Carriage Homes c/o CAMCO Management						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	501 W. Office Center Dr Ste 22			AUTHORIZED REPRESENTATIVE								
			PA 19034	MITRONA								
	Fort Washington			FA 19034			Ma	TRANK				

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AGENCY CUSTOMER ID: ______

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ADDITIONAL		KKS SCHEDULE	Page	of
AGENCY Brown & Brown of Lehigh Valley, LP		NAMED INSURED Cinnaminson Harbour Carriage Homes COA		
POLICY NUMBER		_		
CARRIER	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL REMARKS		EFFECTIVE DATE:		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR				
FORM NUMBER: ²⁵ FORM TITLE: Certificate of Liability		lotes		
Fidelity Bond - Travelers Cas & Surety Co - Policy #106810321 - Effectiv				
The Property Management Company is included as an insured as respectively coverage in package and crime policies	ects to General	Liability and		
(SPECIAL FORM) Wind & Hail and Boiler & Machinery Equipment includ Water, Sewer Back-up, Sprinkler and Ice Damming deductible is \$5,000				
Ordinance or Law coverage: Coverage for loss to the undamaged portion of the building - Extended Replacement Cost Demolition Cost Coverage \$500,000 Increased Cost of Construction \$500,000				
Policy includes waiver of subrogation on behalf of the unit owners.				
Separation Of Insureds Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies: a. As if each Named Insured were the only Named Insured; and b. Separately to each insured against whom claim is made or "suite" is brought.				
The Association's insurance policy covers the homes with the builder's standard grade basic features subject to the Association's By-Laws at tim of loss. This includes such items as bathroom fixtures, kitchen cabinets, built-in appliances, basic carpeting, partitioned walls, repairing sheetrock and a sealant coat of paint. You are responsible to insure any decorations, additions, alterations, upgrades or options (such as wallpaper, lighting, painting and finished basements) that are made by you, or a prior owner.				
Cancellation Notice to Named Insured Only.				
Cancellation Clause Policy states: a. Minimum 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or b. Minimum 30 days before the effective date of cancellation if we cancel for any other reason.				
There is no inflation guard endorsement, however, the insurance carrier and the association review the values annually at renewal and increases accordingly. The coverage is Agreed Value.				