



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2023

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Lehigh Valley, LP 3001 Emrick Blvd Bethlehem PA 18020		CONTACT NAME: CONDO FAX : 610-317-1439 PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: condo.insurance@bbrown.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: American Alternative Insurance Corporation	NAIC # 19720
		INSURER B: Federal Insurance Company	20281
		INSURER C: Pennsylvania Manufacturers' Association Insurance	12262
		INSURER D: Travelers Casualty and Surety Company of America	19046
		INSURER E:	
		INSURER F:	
INSURED Cinnaminson Harbour Townhomes Condominium c/o Camco Management 501 Office Center Dr, Ste 220 Fort Washington PA 19034			

COVERAGES

CERTIFICATE NUMBER: 23-24 MASTER

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)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CAU5007895	08/10/2023	08/10/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			TBD	08/10/2023	08/10/2024	EACH OCCURRENCE	\$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2023010802876Y	08/10/2023	08/10/2024	PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

For Informational Purposes Only

100% GRC; Single Entity/Builders Standard Grade (149 units)

CERTIFICATE HOLDER**CANCELLATION**

Cinnaminson Harbour Townhomes 501 Office Center Dr, Ste 200 Fort Washington PA 19034	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 

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Brown & Brown of Lehigh Valley, LP		NAMED INSURED Cinnaminson Harbour Townhomes Condominium	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

(A) Property: Policy, # CAU5007895 , eff. 08/10/23 - 08/10/24
 The policy shows 149 units. Building Coverage is Guaranteed Replacement Cost with a \$2,500 deductible. A \$5,000 PER-UNIT ice damming and water damage deductible applies. Coverage is Guaranteed Replacement Cost, this definition means claims will be paid on a replacement cost basis, but the amount of insurance is unlimited. All ratable limits and valuations are handled by and unique to each carrier. The limit we can provide is \$51,575,000 , but this is only what your insurance company is using to rate the policy, not an actual coverage limit. Property coverage is Original Specifications. Improvements or betterments completed after the original sale of the unit are NOT covered by the association. Policy is Special Form with no co-insurance. Includes Terrorism, Wind/Hail, and Equipment Breakdown. There is no inflation guard endorsement, it's not required by the association, and the limits are reviewed annually.

(A) Ordinance or Law:
 Coverage A - Full Limit
 Coverage B - \$500,000
 Coverage C - \$500,000

(A) Crime/Fidelity: Policy, # CAU5007895 , eff. 08/10/23 - 08/10/24 , Employee Dishonesty limit \$150,000 ; \$0 retention. Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(D) Excess Crime/Fidelity: Policy, # 106353779 , eff. 08/10/23 - 08/10/24 , Employee Dishonesty limit \$700,000 ; Excess of \$150,000 . Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(A) – Directors & Officers "Claims-Made" Policy, # CAU5007895 , eff. 08/10/23 - 08/10/24 , limit \$1,000,000 ; \$0 retention.