

-02 MHOLLIDAY



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/12/2023

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).

tills certificate does not com	er rights to the certificate holder in hed of	such endorsement(s).				
PRODUCER		CONTACT NAME:				
Hardenbergh Insurance Group PO Box 8000		PHONE (A/C, No, Ext): (856) 489-9100				
Marlton, NJ 08053		E-MAIL ADDRESS: hig@hig.net				
		INSURER(S) AFFORDING COVERAG	NAIC #			
		INSURER A: American Alternative Insurance	19720			
River's Edge at Delanco c/o Pin Oak Community Management, LLC		INSURER B: Greenwich Insurance Compan	22322			
		INSURER C: The PMA Group	12262			
P.O. Box 1106	lunity Management, LLC	INSURER D:				
Voorhees, NJ 0804	43	INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION N	JMBER:			
THIS IS TO CERTIEV THAT TH	HE POLICIES OF INSURANCE LISTED BELO	NV HAVE REEN ISSUED TO THE INSURED NAMED A	NOVE FOR THE PO	I ICY PERIOD		

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	Т	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY		2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU510866-6	5/15/2023	5/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	X	Directors & Officers						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:						D&O	\$	1,000,000
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7460677	5/15/2023	5/15/2024	AGGREGATE	\$	15,000,000
		DED X RETENTION \$ 0							\$	
С	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		202301-06-04-20-7Y 5/15/2023 5/15/2024 E.L. EACH ACCIDE	E.L. EACH ACCIDENT	\$	500,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
Α	A Property/Special				CAU510866-6	5/15/2023	5/15/2024	Blkt Bldg		121,050,000
A Crime				CAU510866-6	5/15/2023	5/15/2024	Fidelity		420,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
34 Buildings 265 Units. Walls In Up to Builders Original Specifications NOT Betterments or Improvements. Guaranteed Replacement Cost. \$15,000
Deductible. \$15,000 Per Unit Water Damage Deductible. NO Inflation Guard. NO Coinsurance. Ordinance or Law. Equipment Breakdown. Separation of Insureds. Property Management Company covered under Fidelity coverage. Wind/Hail. 10 Days Written Notice of Cancellation for Non-Pay. 30 Days Written Notice of Cancellation for any other reason.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATIO

River's Edge at Delanco c/o Pin Oak Community Management, LLC PO Box 1106 Voorhees, NJ 08043 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

LOC #: 1

ACORD®

## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Hardenbergh Insurance Group		NAMED INSURED River's Edge at Delanco c/o Pin Oak Community Management, LLC		
POLICY NUMBER		P.O. Box 1106 Voorhees, NJ 08043		
SEE PAGE 1		Voornees, NJ 00043		
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

Description of Operations/Locations/Vehicles:

**Flood Declarations** 

RCBAP Flood Policies with Selective Insurance, Replacement Cost Coverage:

FLD1181977: Bldg P: 1-19 (odd) Heron Court (10 Units): Flood Zone A05

Effective 10/15/22-23; Building Limit \$2,500,000; Deduct \$5,000

FLD1212660: Bldg U: 92-100 (even) River Lane (5 units): Flood Zone X

Effective 08/11/22-23; Building Limit \$1,250,000; Deduct \$1,250

FLD1304116: Bldg R: 2-10 (even) River Lane (5 units): Flood Zone X Effective 03/03/23-24; Building Limit \$1,250,000; Deduct \$1,250

FLD1343281: Bldg 0; 2-16 (even) Heron Court (8 units): Flood Zone X Effective 04/29/23-24; Building Limit \$2,000,000; Deduct \$1,250