

MHOLLIDAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/12/2021

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).

| PRODUCER | | CONTACT NAME: | FAX | | | |
|---|-------------------------|---|---------|-------|--|--|
| Hardenbergh Insurance Grou PO Box 8000 | ıp | PHONE (A/C, No, Ext): (856) 489-9100 | | | | |
| Mariton, NJ 08053 | | E-MAIL ADDRESS: hig@hig.net | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | NAIC# | | |
| | | INSURER A: American Alternative Insurance Corporation | | 19720 | | |
| INSURED | | INSURER B: Greenwich Insurance Company | | 22322 | | |
| River's Edge @ | | INSURER C: The PMA Group | | 12262 | | |
| C/O PIN Oak Con P.O. Box 1106 | nmunity Management, LLC | INSURER D : | | | | |
| Voorhees, NJ 08 | 3043 | INSURER E : | | | | |
| | | INSURER 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.

| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | rs | |
|---|----------------------------------|---|--------------|-------------|--------------------|----------------------------|-----------------------------|--|------------|------------------------|
| A | Х | CLAIMS-MADE X OCCUR | | | 0411540000 4 | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 1,000,000 |
| | _ | CLAIMS-MADE X OCCUR Directors & Officers | | | CAU510866-4 | 5/15/2021 | 5/15/2022 | PREMISES (Ea occurrence) | \$ | 5,000 |
| | X | —————————————————————————————————————— | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT AP <u>PLIE</u> S PER: | | | | | | GENERAL AGGREGATE | \$ | |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 |
| | | OTHER: | | | | | | D&O | \$ | 1,000,000 |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED | | | | | | , , , | Ť | |
| | | AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | (Per accident) | \$ | |
| В | _ | | | | | | | | \$ | 15,000,000 |
| Ь | X UMBRELLA LIAB X OCCUR | | | | DDD7400077 | E/4 E/0004 | E/4 E/0000 | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | - | | PPP7460677 | 5/15/2021 | 5/15/2022 | AGGREGATE | \$ | 15,000,000 |
| | | DED X RETENTION \$ 0 | | | | | | | \$ | |
| С | WOF | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | 202101-06-04-20-7Y | 5/15/2021 | 5/15/2022 | 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 | |
| A Property/Special | | | | CAU510866-4 | 5/15/2021 | 5/15/2022 | Blkt Bldg | φ | 98,000,000 | |
| A Crime | | | | CAU510866-4 | 5/15/2021 | 5/15/2022 | Fidelity | | 420,000 | |
| | | | | | 0.10,2021 | 5 5 2022 | | | 120,000 | |
| | | | | | | | | | | |

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. \$5,000 Deductible. \$5,000 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

| ERTIFICATE HOLDER | CANCELLATIO |
|-------------------|-------------|
| | |

River's Edge @ 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

ACORD 25 (2016/03)

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LOC #: 1

ACORD®

ADDITIONAL REMARKS SCHEDULE

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| AGENCY | | NAMED INSURED | | |
|-----------------------------|-----------|---|--|--|
| Hardenbergh Insurance Group | | River's Edge @ Delanco c/o Pin Oak Community Management, LLC | | |
| | | □ P.O. Box 1106 □ Voorhees, NJ 08043 | | |
| SEE PAGE 1 | | Voornees, NJ 00045 | | |
| 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 10/15/20-21; Building Limit \$2,409,700; Deduct \$5,000

FLD1212660: Bldg U: 92-100 (even) River Lane (5 units): Flood Zone A05

Effective 08/11/21-22; Building Limit \$1,250,000; Deduct \$1,250

FLD1304116: Bldg R: 2-10 (even)River Lane (5 units): Flood Zone AE Effective 03/03/21-22; Building Limit \$1,250,000; Deduct \$1,250

FLD1343281: Bldg 0; 2-16 (even) Heron Court (8 units): Flood Zone B Effective 04/29/21-22; Building Limit \$2,000,000; Deduct \$1,250