

MHOLLIDAY

## CERTIFICATE OF LIABILITY INSURANCE

ACORD<sup>®</sup>

DATE (MM/DD/YYYY) 8/26/2024

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).

	s certificate does not confer rights to							require an endorseme	nt. AS	statement on
PROD	JCER				CONTACT NAME:					
	enbergh Insurance Group ox 8000				PHONE (A/C, No, Ext): (856) 489-9100 FAX (A/C, No):					
	on, NJ 08053				E-MAIL ADDRESS: hig@hig.net					
·						INSURER(S) AFFORDING COVERAGE				
					INSURER A: American Alternative Insurance Corporation				19720	
INSURED					INSURER B: Greenwich Insurance Company				22322	
River's Edge at Delanco					INSURER C: The PMA Group				12262	
c/o Pin Oak Community Management, LLC P.O. Box 1106 Voorhees, NJ 08043						INSURER D :				
						INSURER E :				
						INSURER F:				
cov	ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
INE CE	S IS TO CERTIFY THAT THE POLICIE ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF A	NY CONTRA ' THE POLIC	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESP	ECT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE Y OCCUR			CALIE 10866 7		E/4E/2024	E/4E/202E	DAMAGE TO RENTED	Τ.	1.000.000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs	
A	Х	COMMERCIAL GENERAL LIABILITY					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU510866-7	5/15/2024	5/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
	Х	Directors & Officers						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES 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 AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		7,01,00,01,01							\$	
В	Х	UMBRELLA LIAB X OCCUR		PPP7460677				EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			5/15/2024	5/15/2025	AGGREGATE	\$	15,000,000	
		DED X RETENTION\$ 0							\$	
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE				202401-06-04-20-7Y	5/15/2024	5/15/2025	E.L. EACH ACCIDENT	\$	500,000
			N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
								E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Pro	perty/Special			CAU510866-7	5/15/2024	5/15/2025	Guaranteed RC		
Α	Crir	ne			CAU510866-7	5/15/2024	5/15/2025	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. Ratable Limit:
\$121,050,000. \$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	CANCELLATION				
River's Edge at Delanco c/o Pin Oak Community Management, LLC PO Box 1106	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Voorhees, NJ 08043	AUTHORIZED REPRESENTATIVE				
	I In Jap				

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED River's Edge at Delanco c/o Pin Oak Community Management, LLC P.O. Box 1106 Voorhees, NJ 08043		
Hardenbergh Insurance Group				
POLICY NUMBER				
SEE PAGE 1		V00111665, NJ 00045		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SFF PAGF 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 10/15/23-24; Building Limit \$2,500,000; Deductible \$5,000

FLD1212660: Bldg U: 92-100 (even) River Lane (5 units): Flood Zone X Effective 08/11/24-25; Building Limit \$1,250,000; Deductible \$1,250

FLD1304116: Bldg R: 2-10 (even) River Lane (5 units): Flood Zone X Effective 03/03/24-25; Building Limit \$1,250,000; Deductible \$1,250

FLD1343281: Bldg 0; 2-16 (even) Heron Court (8 units): Flood Zone X Effective 04/29/24-25; Building Limit \$2,000,000; Deductible \$1,250