



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/11/2023

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 INSURER B: Federal Insurance Company INSURER C: St. Paul Protective Insurance Company INSURER D: INSURER E: INSURER F:
INSURED Peachtree Village Condominium Association Inc c/o Black River Property Management PO Box 276 Mendham NJ 07945	NAIC # 19720 20281 19224

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CAU502298-2	10/01/2023	10/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ unlimited PRODUCTS - COMP/OP AGG \$ HNO \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 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

Property: , Hackettstown NJ 07840 Owner: **See 2nd page**

CERTIFICATE HOLDER**CANCELLATION**Peachtree Village Condominium Association Black River Property
PO Box 276

Mendham

NJ 07945

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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ADDITIONAL REMARKS SCHEDULE

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AGENCY Brown & Brown of Lehigh Valley, LP		NAMED INSURED Peachtree Village Condominium Association Inc	
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, #CAU502298-2, eff. 10/01/23-10/01/24

The policy shows 72 units. Building Coverage is Guaranteed Replacement Cost with a \$5,000 deductible. A \$5,000 PER-UNIT ice damming 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 \$XXX,XXX,XXX, but this is only what the 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, # CAU502298-2, eff. 10/01/23-10/01/24 , Employee Dishonesty limit \$150,000 ; \$0 retention. Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(A) – Directors & Officers "Claims-Made" Policy, # CAU502298-2, eff. 10/01/23-10/01/24 , limit \$1,000,000 ; \$0 retention.

Property manager included as Additional Insured for General Liability, Crime, and D&O.

Policy includes Separation/Severability and Waiver of Subrogation on behalf of the unit owners.

Cancellation Notice to Named Insured only:

- Minimum 10 days before the cancellation date for nonpayment of premium; or

- Minimum 30 days before the cancellation date for any other reason