

A submitted Certificate of insurance (COI) from contractors, companies making deliveries or removals, or any type of work being done by any company within Mountain Shadows at Franklin Lakes, must include the following:

Coverages are needed to be shown on all certificates

- General Liability – at least \$1 million per occurrence
- Automobile – at least \$1 million per occurrence
- Workers Compensation – at least \$500,000
- Umbrella Policy – If they have one
- Pollution Liability – at least \$1 million

Within Field "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES" YOUR COI MUST STATE EITHER:

A) FOR A DELIVERY OR REMOVAL OF FURNITURE:

- Mountain Shadows at Franklin Lakes and Associa Community Management are additional insured with respects to delivery/removal of furniture or other items to/from (ENTER UNIT OWNER NAME) at Mountain Shadows at Franklin Lakes within Unit # (ENTER UNIT NUMBER)

B) FOR A CONTRACTOR DOING WORK FOR THE ASSOCIATION, OR ANY TYPE OF INSTALLATION, REPAIR, OR ALTERATION, YOUR COI MUST STATE:

- Mountain Shadows at Franklin Lakes and Associa Community Management are additional insured with respects to (DESCRIPTION(s) OF WORK TO BE PERFORMED), (WHERE ON THE PROPERTY WORK IS BEING DONE), with General Liability/Umbrella policies providing ongoing and completed operation coverage.

C) THE CERTIFICATE HOLDERS MUST BE REFLECTED AS:

| Mountain Shadows at Franklin Lakes  
| 1 Valen Ct | c/o Associa CMCCNJ  
| Franklin Lakes, NJ 07417

-And-

Associa – Community Management Corp.  
55 Lane Road, Suite 440  
Fairfield, NJ 07004

COIs may be faxed to 973 - 773 - 4932, emailed to cnjhelp@associa.us,

Should you require any further information, please call the management office at 973 - 773 - 6262.

On the following page, you may find a Sample COI for Mountain Shadows at Franklin Lakes with all required fields highlighted for further reference.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<b>PRODUCER</b> Insurance Agent / Broker Name Insurance Agent / Broker Street Address or P.O. Box Insurance Agent / Broker City, State & Zip Code	<b>CONTACT NAME:</b> CONTACT NAME <b>PHONE (A/C, No, Ext):</b> CONTACT NUMBER <b>FAX (A/C, No):</b> CONTACT FAX <b>E-MAIL ADDRESS:</b> CONTACT EMAIL ADDRESS																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Name of Insurance Company</td> <td></td> <td>Enter NAIC #</td> </tr> <tr> <td><b>INSURER B:</b> Name of Insurance Company B (if applicable)</td> <td></td> <td>Enter NAIC #</td> </tr> <tr> <td><b>INSURER C:</b> Name of Insurance Company C (if applicable)</td> <td></td> <td>Enter NAIC #</td> </tr> <tr> <td><b>INSURER D:</b> Name of Insurance Company D (if applicable)</td> <td></td> <td>Enter NAIC #</td> </tr> <tr> <td><b>INSURER E:</b> Name of Insurance Company E (if applicable)</td> <td></td> <td>Enter NAIC #</td> </tr> <tr> <td><b>INSURER F:</b> Name of Insurance Company F (if applicable)</td> <td></td> <td>Enter NAIC #</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Name of Insurance Company		Enter NAIC #	<b>INSURER B:</b> Name of Insurance Company B (if applicable)		Enter NAIC #	<b>INSURER C:</b> Name of Insurance Company C (if applicable)		Enter NAIC #	<b>INSURER D:</b> Name of Insurance Company D (if applicable)		Enter NAIC #	<b>INSURER E:</b> Name of Insurance Company E (if applicable)		Enter NAIC #	<b>INSURER F:</b> Name of Insurance Company F (if applicable)	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
<b>INSURER A:</b> Name of Insurance Company		Enter NAIC #																			
<b>INSURER B:</b> Name of Insurance Company B (if applicable)		Enter NAIC #																			
<b>INSURER C:</b> Name of Insurance Company C (if applicable)		Enter NAIC #																			
<b>INSURER D:</b> Name of Insurance Company D (if applicable)		Enter NAIC #																			
<b>INSURER E:</b> Name of Insurance Company E (if applicable)		Enter NAIC #																			
<b>INSURER F:</b> Name of Insurance Company F (if applicable)		Enter NAIC #																			
<b>INSURED</b> Vendor Name Vendor Street Address Unit / Apartment / P.O. Box Vendor City, State & Zip Code																					

**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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		X	Enter Policy #	Effective	Expires	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,00 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY		X	Enter Policy #	Effective	Expires	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED <input checked="" type="checkbox"/> RETENTION \$		X	Enter Policy #	Effective	Expires	EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$2,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Enter Policy #	Effective	Expires	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ \$500,000 E.L. DISEASE - EA EMPLOYEE \$ \$500,000 E.L. DISEASE - POLICY LIMIT \$ \$500,000
	Other						

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

A) FOR A DELIVERY OR REMOVAL OF FURNITURE  
 • ASSOCIATIONname and Associa Community Management are additional insured with respects to delivery/removal of furniture or other items to/from (ENTER UNIT OWNER NAME) at ASSOCIATIONaddress within Unit # (ENTER UNIT NUMBER)

--OR--

B) FOR A CONTRACTOR DOING WORK FOR THE ASSOCIATION, OR ANY TYPE OF INSTALLATION, REPAIR, OR ALTERATION, YOUR COI MUST STATE  
 • ASSOCIATIONname and Associa Community Management are additional insured with respects to (DESCRIPTION(s) OF WORK TO BE PERFORMED), (WHERE ON THE PROPERTY WORK IS BEING DONE), with General Liability/Umbrella policies providing ongoing and completed operation coverage.

<b>CERTIFICATE HOLDER</b> ASSOCIATIONNAME ASSOCIATIONaddress ASSOCIATIONCityStateZIP -And- Associa - Community Management Corp. 55 Lane Road, Suite 440 Fairfield, NJ 07004	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDERS NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE
--	--