



ESSEPLA-01

MHOLLIDAY

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2024

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).

PRODUCER <b>Hardenbergh Insurance Group</b> <b>PO Box 8000</b> <b>Marlton, NJ 08053</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(856) 489-9100</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>hig@hig.net</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>American Family Home Insurance Company</b>	<b>23450N</b>
INSURED  <b>Essex Place Condominium Association</b> <b>c/o Pin Oak Community Management, LLC</b> <b>PO Box 1106</b> <b>Voorhees, NJ 08043</b>	INSURER B : <b>Greenwich Insurance Company</b>	<b>22322</b>
	INSURER C : <b>The PMA Group</b>	<b>12262</b>
	INSURER D :	
	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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CAU402156-5	4/18/2024	4/18/2025	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>					
	<input checked="" type="checkbox"/> Directors & Officers		MED EXP (Any one person) \$ <b>5,000</b>					
			PERSONAL & ADV INJURY \$ <b>1,000,000</b>					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>	
	OTHER:						D&O \$ <b>1,000,000</b>	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR			PPP7473252	4/18/2024	4/18/2025	EACH OCCURRENCE \$ <b>10,000,000</b>	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ <b>10,000,000</b>					
	DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			202401-05-49-90-7Y	4/18/2024	4/18/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT \$ <b>500,000</b>	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>	
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>	
A	Property/Special			CAU402156-5	4/18/2024	4/18/2025	Guaranteed RC	
A	Crime			CAU402156-5	4/18/2024	4/18/2025	Fidelity	<b>2,500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Residential Condominium Association. 47 Buildings / 304 Units. Walls In Up to Builders Original Specifications NOT Betterments or Improvements. Ratable Limit: 92,250,000 Guaranteed Replacement Cost. Property Deductible \$10,000. Per Unit Water Damage Deductible \$25,000. 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.

## CERTIFICATE HOLDER

## CANCELLATION

Essex Place Condominium Association  
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