



MADIPLA-01

MHOLLIDAY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/11/2023

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).

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| <b>PRODUCER</b><br><b>Hardenbergh Insurance Group</b><br><b>PO Box 8000</b><br><b>Marlton, NJ 08053</b>   | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): (856) 489-9100</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS: hig@hig.net</b>  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |
| <b>INSURED</b>  | <b>NAIC #</b>   |
| <b>Madison Place Condominium Association</b><br><b>c/o Pin Oak Community Management, LLC</b><br><b>PO Box 1106</b><br><b>Voorhees, NJ 08043</b> | <b>INSURER A : American Alternative Insurance Corporation 19720</b><br><b>INSURER B : Greenwich Insurance Company 22322</b><br><b>INSURER C : The PMA Group 12262</b><br><b>INSURER D :</b><br><b>INSURER E :</b><br><b>INSURER F :</b> |

**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   |
|----------|--|---|---|---------------------------|-------------------------|-------------------------|--|
| <b>A</b> | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                        |   |   | <b>CAU500695-5</b>        | <b>8/5/2023</b>         | <b>8/5/2024</b>         | 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"/> <b>Directors &amp; Officers</b>                            |   |   |                           |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>                             |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |   |                           |                         |                         |  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |   |                           |                         |                         | GENERAL AGGREGATE \$   |
|          | OTHER:   |   |   |                           |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|          | <b>AUTOMOBILE LIABILITY</b>  |   |   |                           |                         |                         | <b>D&amp;O</b> \$ <b>1,000,000</b>                                   |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY   |   | <input type="checkbox"/> SCHEDULED AUTOS      |                           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  |   | <input type="checkbox"/> NON-OWNED AUTOS ONLY |                           |                         |                         | BODILY INJURY (Per person) \$  |
|          |  |   |   |                           |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |  |   |   |                           |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |  |   |   |                           |                         |                         | \$   |
| <b>B</b> | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>                                       |   |   | <b>PPP7480726</b>         | <b>8/5/2023</b>         | <b>8/5/2024</b>         | EACH OCCURRENCE \$ <b>15,000,000</b>                                 |
|          | <input type="checkbox"/> EXCESS LIAB   |   | <input checked="" type="checkbox"/> OCCUR     |                           |                         |                         | AGGREGATE \$ <b>15,000,000</b>                                       |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>                                  |   |   |                           |                         |                         | \$   |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |   | <b>202301-06-39-20-3Y</b> | <b>8/5/2023</b>         | <b>8/5/2024</b>         | 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 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>                        |
| <b>A</b> | <b>Property/Special</b>  |   |   | <b>CAU500695-5</b>        | <b>8/5/2023</b>         | <b>8/5/2024</b>         | <b>Blanket Bldg</b> <b>88,125,000</b>                                |
| <b>A</b> | <b>Crime</b>   |   |   | <b>CAU500695-5</b>        | <b>8/5/2023</b>         | <b>8/5/2024</b>         | <b>Fidelity</b> <b>500,000</b>                                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Residential Condominium Association. 37 Bldgs / 278 Units. Guaranteed Replacement Cost. Walls In Up to Builders Original Specifications NOT Betterments or Improvements. NO Inflation Guard. NO Coinsurance. \$10,000 Property Deductible. \$15,000 Per Unit Water Damage Deductible. \$15,000 Per Unit Ice Damming Deductible. \$15,000 Per Unit Sewer Backup Deductible. \$15,000 Per Unit Sprinkler Leakage Deductible. Separation of Insureds. Ordinance or Law. Equipment Breakdown. Wind/Hail. Property Management Company covered under Fidelity Coverage. 10 Days Written Notice of Cancellation for Non-Pay. 30 Days Written Notice of Cancellation for any other reason.

**CERTIFICATE HOLDER****CANCELLATION**

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|---|--|
| <b>Madison Place Condominium Association</b><br><b>c/o Pin Oak Community Management, LLC</b><br><b>PO Box 1106</b><br><b>Voorhees, NJ 08043</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
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