



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/2025

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 Insurance Services, Inc. 1120 N Bethlehem Pike PO Box 858 Spring House PA 19477-0858		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: condo.insurance@bbrown.com		FAX (A/C, No):	
INSURED Society Place Condominium Association c/o CAMCO 501 W. Office Center Drive, Suite 220 Fort Washington PA 19034		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Greater New York Mutual Insurance Company			22187
		INSURER B: Federal Insurance Company			20281
		INSURER C: Pennsylvania Manufacturers' Association Insurance Co.			12262
		INSURER D: Continental Casualty Company			20443
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: January 26-27

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TBD	01/01/2026	01/01/2027	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TBD	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			G75246584	01/01/2026	01/01/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	202601-10-52-17-4Y	01/01/2026	01/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							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)

Newtown, PA 18940

See 2nd page for additional information

CERTIFICATE HOLDER**CANCELLATION**

Society Place Condominium Association c/o CAMCO 501 W Office Center Dr Ste 220 Fort Washington PA 19034	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

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Society Place Condominium Association	
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, #TBD eff. 01/01/26 - 01/01/27
 The policy shows 376 units. Blanket Building limit is \$88,810,167 with a \$25,000 deductible. A \$25,000 PER-UNIT ice damming, sewer backup, and water damage deductible applies. Building Coverage is provided on an Extended Replacement Cost basis, meaning an additional 25% of coverage is added to the building limit in the event of a catastrophe. The total building coverage limit is \$111,012,709. 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. 4% inflation guard included.

(A) Separation/Severability and Waiver of Subrogation against unit owners included.

(A) Ordinance or Law:

Coverage A - Full Building Coverage Limit

Coverage B - \$250,000

Coverage C - \$250,000

(D) Crime/Fidelity: Policy, #619047290, eff. 01/01/26 - 01/01/27, Employee Dishonesty limit \$2,730,000; \$10,000 retention. Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(D) - Directors & Officers "Claims-Made" Policy, #619047290, eff. 01/01/26 - 01/01/27, limit \$1,000,000; \$1,000 retention.

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

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

Coverage is subject to policy terms, conditions, and exclusions