



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2023

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).

<b>PRODUCER</b> Brown & Brown of Lehigh Valley, LP 1120 N Bethlehem Pike PO Box 858 Spring House PA 19477-0858		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (215) 542-5959 <b>FAX (A/C, No):</b> (215) 542-6990 <b>E-MAIL ADDRESS:</b> condo.insurance@bbrown.com																						
<b>INSURED</b> Society Place Condominium Association c/o CAMCO 501 W. Office Center Drive, Suite 220 Fort Washington PA 19034		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Greater New York Mutual Insurance Company</td> <td></td> <td>22187</td> </tr> <tr> <td><b>INSURER B:</b> Greenwich Insurance Company</td> <td></td> <td>22322</td> </tr> <tr> <td><b>INSURER C:</b> Pennsylvania Manufacturers' Association Insurance</td> <td></td> <td>12262</td> </tr> <tr> <td><b>INSURER D:</b> Continental Casualty Company</td> <td></td> <td>20443</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Greater New York Mutual Insurance Company		22187	<b>INSURER B:</b> Greenwich Insurance Company		22322	<b>INSURER C:</b> Pennsylvania Manufacturers' Association Insurance		12262	<b>INSURER D:</b> Continental Casualty Company		20443	<b>INSURER E:</b>			<b>INSURER F:</b>		
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**COVERAGES****CERTIFICATE NUMBER:** January 24-25**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.

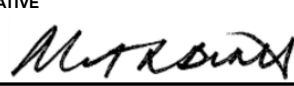
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			1137D39829	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 1,000,000				
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000					
			MED EXP (Any one person)				\$ 5,000					
			PERSONAL & ADV INJURY				\$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 2,000,000				
							PRODUCTS - COMP/OP AGG	\$ 2,000,000				
								\$				
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1137D39829	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
								BODILY INJURY (Per person)	\$			
								BODILY INJURY (Per accident)	\$			
								PROPERTY DAMAGE (Per accident)	\$			
								\$				
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			TBD	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	EACH OCCURRENCE	\$ 5,000,000			
	DED RETENTION \$							AGGREGATE	\$ 5,000,000			
									\$			
C	<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			202401-10-52-17-4Y	01/01/2024	01/01/2025	<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)

Address: 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	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown of Lehigh Valley, LP		NAMED INSURED Society Place Condominium Association	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**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, #1137D39829 eff. 01/01/24 - 01/01/25  
 The policy shows 376 units. Blanket Building limit is \$79,607,349 with a \$25,000 deductible. A \$25,000 PER-UNIT ice damming, water damage, and sewer backup deductible applies. Building Coverage is Extended Replacement Cost, this definition means claims will be paid on a replacement cost basis, and an additional 25% is added to the building limit in the event of a catastrophe. The total building coverage limit is \$99,509,186. 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 - \$250,000  
 Coverage C - \$250,000

(D) Crime/Fidelity: Policy, #619047290, eff. 01/01/24 - 01/01/25, 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. 01/01/24 - 01/01/25, limit \$1,000,000; \$1,000 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