



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/1/2023

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.

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.

Table with 2 main columns: PRODUCER (AP Benefit Advisors, LLC dba BHI) and CONTACT NAME (Tracy A Reed). Includes phone, fax, email, and insurer details (Atlantic States Insurance Company, Donegal Mutual Insurance Co., etc.).

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, Building, and Directors & Officers coverages.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Employee Dishonesty Limit - \$1,500,000 (Policy #CPA9242139, Effective 12/20/2022 to 12/20/2023)
Total Number of Units - 294
Building Deductible - \$5,000
Building is based on Replacement Cost
The policy does not include Improvements and Betterments
Ordinance & Law - Loss to Undamaged Portion of the Building - Limit is up to the Building Limit
Ordinance & Law - Demolition Cost - Limit - \$200,000
SEE ATTACHED ACORD 101

Table with 2 columns: CERTIFICATE HOLDER (PROOF OF COVERAGE) and CANCELLATION (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 signature).

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>AP Benefit Advisors, LLC dba BHI</b>		NAMED INSURED <b>Birch Pointe Condominium Association P.O. Box 1195 Hockessin, DE 19707</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Description of Operations/Locations/Vehicles:  
Ordinance & Law - Increased Cost of Construction - Limit - \$200,000  
Equipment Breakdown Coverage Included  
Wind/Hail included  
Severability of Interest/Separation of Insured is included  
Notice of Cancellation is 30 days, except for 10 days notice for non-payment of premium.**