

CERTIFICATE OF LIABILITY INSURANCE

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

TREED

BIRCPOI-01

| THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A | IVEL SURA | Y OF | R NEGATIVELY AMEND, DOES NOT CONSTITU | , EXTEI | ND OR ALT | ER THE CO | OVERAGE AFFORDED BY 1 | THE POLICIES | | |
|---|---------------------|---|---|------------------|--|---|--|---------------|--|--|
| IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t | ct to | the | terms and conditions of | the poluch end | icy, certain orsement(s) | policies may | | | | |
| PRODUCER | | CONTACT Tracy A Reed | | | | | | | | |
| AP Benefit Advisors, LLC dba BHI | | PHONE (A/C, No, Ext): (302) 995-2029 FAX (A/C, No):(302) 995-2220 | | | | | | | | |
| 111 Continental Dr, Ste 405 Newark, DE 19713 | | | | | E-MAIL ADDRESS: tracy.reed@assuredpartners.com | | | | | |
| | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | | | | |
| | | | | | | | | | | |
| INSURED Birch Pointe Condominium Association P.O. Box 1195 Hockessin, DE 19707 | | | | | INSURER A : Atlantic States Insurance Company | | | | | |
| | | | | | INSURER B : Donegal Mutual Insurance Co. | | | | | |
| | | | | | INSURER C : Peninsula Indemnity Company | | | | | |
| | | | | | R D : Cincinr | hati Insuran | ice Company | 10677 | | |
| | | INSURE | | | | | | | | |
| | | | | INSURER F : | | | | | | |
| COVERAGES CER | E NUMBER: | REVISION NUMBER: | | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUI PER POLI | REMI TAIN, CIES. | ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE | N OF A DED BY | NY CONTRA THE POLIC EDUCED BY | CT OR OTHEF IES DESCRIB PAID CLAIMS | R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL | TO WHICH THIS | | |
| INSR LTR TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| A X COMMERCIAL GENERAL LIABILITY | | | | Ţ | - | | EACH OCCURRENCE \$ | 1,000,000 | | |
| CLAIMS-MADE X OCCUR | | | CPA9242139 | | 12/20/2022 | 12/20/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 500,000 | | |
| | | | | | | | MED EXP (Any one person) \$ | 15,000 | | |
| | | | | | | | PERSONAL & ADV INJURY \$ | 1,000,000 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | 2,000,000 | | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 | | |
| OTHER: Designated | | | | | | | \$ | | | |
| | | | | | | | COMBINED SINGLE LIMIT | 1,000,000 | | |
| | | | CPA9242139 | | 12/20/2022 | 12/20/2023 | | | | |
| ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS | | | CFA9242139 | | 12/20/2022 | 12/20/2023 | BODILY INJURY (Per person) \$ | | | |
| | | | | | | | BODILY INJURY (Per accident) \$ | | | |
| X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | | | | | | | \$ | 5,000,000 | | |
| B X UMBRELLA LIAB X OCCUR | | | CXL9242139 | 12/20/202 | 40/00/0000 | 12/20/2023 | EACH OCCURRENCE \$ | | | |
| EXCESS LIAB CLAIMS-MADE | - | | CXL9242139 | | 12/20/2022 | | AGGREGATE \$ | 5,000,000 | | |
| DED X RETENTION \$ | | | | | | | \$ | | | |
| C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER OTH- STATUTE ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | 1000073774 | 12 | 12/20/2022 | 12/20/2023 | E.L. EACH ACCIDENT \$ | 500,000 | | |
| (Mandatory in NH) | N/ A | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | 500,000 | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | 500,000 | | |
| A Building | | | CPA9242139 | | 12/20/2022 | 12/20/2023 | Limit | 40,075,995 | | |
| D Directors & Officers | | | EMO 0468267 | | 12/20/2021 | 12/20/2023 | Limit | 2,000,000 | | |
| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Employee Dishonesty Limit - \$1,500,000 (Por Total Number of Units - 294 Building Deductible - \$5,000 Building is based on Replacement Cost The policy does not included Improvement: Ordinance & Law - Loss to Undamaged Por Ordinance & Law - Demolition Cost - Limit - SEE ATTACHED ACORD 101 | s and tion o | Bette | erments | | | re space is requi | red) | | | |
| | | | | CANO | | | | | | |
| | | | | | ELLATION | | |] | | |
| PROOF OF COVERAGE | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
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AGENCY CUSTOMER ID: BIRCPOI-01

LOC #: 0



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|---|-----------|---|-----|--|--|
| AGENCY AP Benefit Advisors, LLC dba BHI POLICY NUMBER | | NAMED INSURED Birch Pointe Condominium Association P.O. Box 1195 Hockessin, DE 19707 | | | |
| SEE PAGE 1 | | | | | |
| CARRIER | NAIC CODE | 1 | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | | | |
| ADDITIONAL REMARKS | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>Certificate of Liabil</u> | | | | | |
| Description of Operations/Locations/Vehicles: Ordinance & Law - Increased Cost of Construction - Li Equipment Breakdown Coverage Included Wind/Hail included Severability of Interest/Separation of Insured is include Notice of Cancellation is 30 days, except for 10 days n | ed | | | | |
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