BIRCPOI-01

TREED

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/27/2024

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),

| CONTACT Tracy A Reed | | | | |
|--|--|--|--|--|
| PHONE (A/C, No, Ext): (302) 995-2029 | FAX (A/C, No):(302) 995-2220 | | | |
| E-MAIL ADDRESS: tracy.reed@assuredpartners.com | | | | |
| INSURER(S) AFFORDING COVERAGE | NAIC# | | | |
| INSURER A : Southern Insurance of Virginia | 26867 | | | |
| INSURER B : Donegal Mutual Insurance Co. | 13692 | | | |
| INSURER C: Cincinnati Insurance Company | 10677 | | | |
| INSURER D: | | | | |
| INSURER E : | | | | |
| INSURER F: | | | | |
| | INSURER B: Donegal Mutual Insurance Company INSURER C: Cincinnati Insurance Company INSURER D: Insurance Company | | | |

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.

| _ | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP | | | | | | |
|-----|--|-----------|---------------|--------------|--------------|--|--------------|
| LTI | TYPE OF INSURANCE | ADDL SUBI | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | CPS9242139 | 12/20/2024 | 12/20/2025 | 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 |
| | POLICY X PRO- | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: Designated | | | | | | \$ |
| Α | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | ANY AUTO | | CPS9242139 | 12/20/2024 | 12/20/2025 | BODILY INJURY (Per person) | \$ |
| | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| В | X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ 5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | CXL9242139 | 12/20/2024 | 12/20/2025 | AGGREGATE | \$ 5,000,000 |
| | DED X RETENTION \$ 0 | | | | | | \$ |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | N/A | 1000073774 | 12/20/2024 | 12/20/2025 | 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 |
| Α | BLK Building | | CPS9242139 | 12/20/2024 | 12/20/2025 | Limit | 43,282,075 |
| C | Directors & Officers | | EMO 0468267 | 12/20/2023 | 12/20/2026 | Limit | 2,000,000 |
| | | | | | | | |

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 12/20/2023 to 12/20/2026)

Total Number of Units - 294

Building Deductible - \$10,000

Building is based on Replacement Cost

The policy does not included Improvements and Betterments

Ordinance & Law - Loss to Undamaged Portion of the Buildling - Limit is up to the Building Limit

Ordinance & Law - Demolition Cost - Limit - \$200,000

SEE ATTACHED ACORD 101

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--|
| 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. |
| | AUTHORIZED REPRESENTATIVE |
| | |

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AP Benefit Advisors, LLC dba BHI | | NAMED INSURED Birch Pointe Condominium Association P.O. Box 1195 Hockessin, DE 19707 |
|----------------------------------|-----------|--|
| CARRIER | NAIC CODE | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 |

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.