



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2024

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).

PRODUCER RSC Insurance Brokerage, Inc. One Belmont Avenue Suite 500 Bala Cynwyd PA 19004	CONTACT NAME: RSC Certificate Request PHONE (A/C, No, Ext): (610) 667-2244 FAX (A/C, No): (610) 667-6057 E-MAIL ADDRESS: RSCcertrequest@risk-strategies.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of America INSURER B: Allied World Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25674
INSURED Pier 3 Condominium Association c/o FirstServResidential (2420) 3 N Columbus Boulevard Philadelphia PA 19106		

COVERAGES **CERTIFICATE NUMBER:** 2024-25 Term **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			Y-630-7D406586-TIL-24	12/28/2024	12/28/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> OTHER:						BODILY INJURY (Per person)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			0313-5686-1709922	12/28/2024	12/28/2025	BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE	\$ 100,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						AGGREGATE	\$ 100,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A					\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE		
							OTHER		
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location: 3 N Columbus Blvd, Philadelphia, PA 19106

CERTIFICATE HOLDER **CANCELLATION**

To Whom It May Concern	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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED Pier 3 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

Package Policy
 Carrier: Travelers Property Casualty Co. of America
 Policy #(Y6307D406586TIL24) Policy term: 12/28/2024 - 12/28/2025
 Building Limit: \$73,824,743 / \$25,000 per Occurrence Property Deductible / \$25,000 Per Unit Water Damage Deductible
 172 Units
 Ordinance or Law Coverage:
 Part A (Undamaged Building): \$73,824,743
 Parts B & C (Demolition & Increase Cost of Construction): \$2,500,000
 Equipment Breakdown: Included in Building limit
 Coinsurance: N/A - Agreed amount / Inflation Guard: N/A
 Valuation: Extended Replacement Cost / Margin Clause increases building limit 125% above that which is indicated on the policy declaration
 Causes of Loss: Special including Wind & Hail.

This policy follows the Association's governing documents. Please review them for coverage responsibilities.
 General Liability includes Separation of Insureds (a/k/a Severability Interests) clause. Waiver of subrogation permitted.

Directors & Officers Liability Policy
 Carrier: Continental Casualty Co.
 Policy #: 0250799787
 Policy Dates: 12/28/24 to 12/28/25
 Limit: \$1,000,000

Crime Policy (Fidelity Bond)
 Carrier: Nova Casualty Co
 Policy #: WIB-CI-1000027604
 Policy Dates: 12/28/24 - 12/28/25
 Employee Theft Limit: \$2,300,000
 Definition of Employee is amended to include Property Manager (Firstservices) as Additional Insured.

Umbrella Policy (continued)
 Policy #: 0313-0691-1709922
 Policy Term: 12/28/2024 - 12/28/2025
 Carrier / Policy Number / Limit
 Allied World Insurance / 1000234040-03 / \$10,000,000 (lead)
 Navigators Insurance Company / 522-805263-3 / \$15,000,000 X \$10,000,000
 Liberty Ins Underwriters Inc / 1000323646-01 / \$25,000,000 X \$25,000,000
 Fireman's Fund Insurance Company / 6075767844 / \$25,000,000 X \$50,000,000
 Great American Assurance Company / XXXXX / \$25,000,000 X \$75,000,000