



CERTIFICATE OF LIABILITY INSURANCE

PIER-31

OP ID: KM

DATE (MM/DD/YYYY)

02/22/2017

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 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 DASH & LOVE, INC. 111 Presidential Blvd. Bala Cynwyd, PA 19004 Dennis W. Yost	CONTACT NAME: Tammy Kril PHONE (A/C, No, Ext): 610-667-2244 E-MAIL ADDRESS: tammy.kril@dashlove.com	FAX (A/C, No): 610-667-6057
	INSURER(S) AFFORDING COVERAGE INSURER A : Travelers Indemnity Co.	
INSURED Pier 3 Condominium Association 3 N Columbus Boulevard AKA 31 N. Columbus Boulevard Philadelphia, PA 19106	INSURER B : Numerous See Notes Page	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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.

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Y6307D406586TIA16	12/28/2016	12/28/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			SEE NOTES PAGE	12/28/2016	12/28/2017	EACH OCCURRENCE \$ 200,000,000 AGGREGATE \$ 200,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section			Y6307D406586TIA16	12/28/2016	12/28/2017	Building and BPP 43,888,048

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Valuation: Replacement Cost; Causes of Loss: Special; Per Occurrence
 Property Deductible: \$10,000; 172 Units

CERTIFICATE HOLDER**CANCELLATION**

TOWHOMI To Whom It May Concern For Information Purposes Only	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 Dennis W. Yost

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NOTEPADINSURED'S NAME **Pier 3 Condominium Association****PIER-31**
OP ID: KMPAGE 2
Date **02/22/2017**

Umbrella Liability (Carriers / Policy # / Limit)
Great American Alliance Co / UM3842794 / \$10,000,000
Ironshore Indemnity Co / 00246500 / \$15,000,000
United States Fire Insurance Co / 5582-104008-8 / \$25,000,000
Allied World Assurance Co / 0309-7124 / \$25,000,000
Ohio Casualty Insurance Co / ECO1756806712 / \$25,000,000
Westchester Fire Insurance Co / G27084916002 / \$25,000,000
Great American Alliance Co / XS3842795 / \$25,000,000
Ironshore Indemnity / 002477200 / \$25,000,000
Ohio Casualty Insurance Co / ECO1756807027 / \$25,000,000

Crime Policy (Fidelity Bond)
Carrier: Nova Casualty Co
Policy #: WIB-CI-1000027600
Policy Dates: 12/28/16 - 12/28/17
Employee Theft Limit: \$1,000,000
Definition of Employee is amended to include Property Manager
(Firstservices) as Additional Insured.

Directors & Officers Liability Policy
Carrier: Continental Casualty Co.
Policy #: 0250799787
Policy Dates: 12/28/16 to 12/28/17
Limit: \$1,000,000

Ordinance or Law coverage is included under the Package policy
(#Y6301976X393IND) with the following limits:
Part A (Undamaged Building): \$43,888,048
Parts B & C (Demolition & Increase Cost of Construction): \$2,500,000

General Liability includes Separation of Insureds (a/k/a Severability
Interests) clause.

Flood Policy
Carrier: American Bankers Insurance Company of Florida
Policy #60033689142017 Eff Dates: 3/2/17 to 3/2/18
Building Limit: \$43,000,000 \$1,250 deductible
Zone: AE