



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2023

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. 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).

<b>PRODUCER</b> RSC Insurance Brokerage, Inc. One Belmont Avenue Suite 500 Bala Cynwyd PA 19004	<b>CONTACT NAME:</b> Kathleen McNamara <b>PHONE (A/C, No, Ext):</b> (610) 667-2244 <b>FAX (A/C, No):</b> (610) 667-6057 <b>E-MAIL ADDRESS:</b> kmcnamara@risk-strategies.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Travelers Property Casualty Company of America</td> <td></td> <td>25674</td> </tr> <tr> <td><b>INSURER B:</b> Allied World Insurance Company</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> Travelers Property Casualty Company of America		25674	<b>INSURER B:</b> Allied World Insurance Company			<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>	
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<b>INSURED</b> Pier 3 Condominium Association c/o FirstServResidential (2420) 3 N Columbus Boulevard Philadelphia PA 19106																					

**COVERAGES**

CERTIFICATE NUMBER: 2023-24 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Y-630-7D406586-TIL-23	12/28/2023	12/28/2024	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
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			0313-5686-1709922	12/28/2023	12/28/2024	EACH OCCURRENCE	\$ 100,000,000
							AGGREGATE	\$ 100,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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)

Valuation: Replacement Cost; Causes of Loss: Special; Per Occurrence Property Deductible: \$10,000; 3 N Columbus Blvd, Philadelphia, PA 19106

**CERTIFICATE HOLDER****CANCELLATION**

To Whom It May Concern ISAOA

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

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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> RSC Insurance Brokerage, Inc.		<b>NAMED INSURED</b> Pier 3 Condominium Association	
<b>POLICY NUMBER</b> _____		<b>EFFECTIVE DATE:</b> _____	
<b>CARRIER</b> _____	<b>NAIC CODE</b> _____		

**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 #(Y6307D406586TIL23) Policy term: 12/28/2023 - 12/28/2024  
 Building Limit: \$66,524,236 / \$10,000 Deductible  
 172 Units  
 Ordinance or Law Coverage:  
 Part A (Undamaged Building): \$66,524,236  
 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.  
 \$10,000 per occurrence property deductible

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: 12/28/23 to 12/28/24  
 Limit: \$1,000,000

Crime Policy (Fidelity Bond)  
 Carrier: Nova Casualty Co  
 Policy #: WIB-CI-1000027604  
 Policy Dates: 12/28/23 - 12/28/24  
 Employee Theft Limit: \$2,300,000  
 Definition of Employee is amended to include Property Manager (Firstservices) as Additional Insured.

Flood Policy  
 Carrier: American Bankers Insurance Company of Florida  
 Policy #60033689142022 Eff Dates: 3/2/23 to 3/2/24  
 Building Limit: \$43,000,000. \$1,250 deductible. Zone: AE

Umbrella Policy (continued)  
 Policy #: 0313-0691-1709922  
 Policy Term: 12/28/2023 - 12/28/2024  
 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