

DONNABRADFORD



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2021

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.

ir th	is certificate does not confer rights t	ct to the	cert	terms and conditions of ificate holder in lieu of su	tne po Ich enc	ııcy, certain μ lorsement(s)	policies may	require an endorser	ment. A s	tatement on	
	DUCER				CONTA NAME:					-	
NFP Property & Casualty Services, Inc. P O Box 3609						PHONE (A/C, No, Ext): (410) 524-5700 (A/C, No):					
	an City, MD 21843		E-MAIL ADDRESS:								
							URER(S) AFFOR	RDING COVERAGE		NAIC#	
					INSURE	RA:Scottsd	lale Insurar	ice Company		41297	
INSU	RED			INSURER B : Greenwich Insurance Company 22322					22322		
	High Point North Condomin			INSURER C: Employers Assurance Company					25402		
c/o Tom Downey, General Manager 11400 Coastal Highway						RD:Lloyds	of London			A1122J	
	Ocean City, MD 21842			INSURE	INSURER E :						
				INSURER F;							
				ENUMBER:				REVISION NUMBER			
IN C	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC 7 THE POLICE	CT OR OTHER IES DESCRIB	DOCUMENT WITH RE	SPECT TO	WHICH THIS	
INSR	TYPE OF INSURANCE		SUBR		DECITI	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
A A	X COMMERCIAL GENERAL LIABILITY	INSD	VVVD	I OLIOT HUMBLE		TWINIDDIALAL	(MM/UU/YYYY)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CPS7330803		3/28/2021	3/28/2022	DAMAGE TO RENTED PREMISES (Ea occurrence		100,000	
						0,20,2021	0,20,2022	MED EXP (Any one person		5,000	
								PERSONAL & ADV INJUR		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A		2,000,000	
	OTHER:							·	s		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person	on) \$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accid	dent) \$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
			ļ						\$		
В	X UMBRELLA LIAB X OCCUR			DDD7442546		2/20/2024	2/20/2022	EACH OCCURRENCE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	_		PPP7443516		3/28/2021	3/28/2022	AGGREGATE	\$	E 000 000	
_	DED 24 INCIDITION	<u>' </u>						Aggregate	\$ 1H-	5,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				EIG246719504		3/28/2021	3/28/2022	PER OT STATUTE ER		500,000	
		N/A						E.L. EACH ACCIDENT	\$	500,000	
	If ves. describe under							E.L., DISEASE - EA EMPLO		500,000	
D	DESCRIPTION OF OPERATIONS below  Property			AQS-210496		3/28/2021	3/28/2022	E.L. DISEASE - POLICY LI Property	IMIT \$	25,315,000	
	, , , , , , , , , , , , , , , , , , , ,					0,20,2021	OIZOIZOZZ	roperty		20,510,000	
nes	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	HES /	ACORI	1 161 Additional Pamarke Schods	ıla may h	e attached if mor	ra enaca le raquir	od)			
DEG	SKETTOR OF OPERATIONS / LOCATIONS / VEHIC	,	ROOM	5 10 1, Additional Neimarks Schede	ne, may c	e attached if filos	e space is requir	euj			
CE	RTIFICATE HOLDER				CAN	CELLATION					
For Informational Purposes						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						RIZED REPRESE					
	1			Ino A Walsh							

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY NFP Property & Casualty Services, Inc.		NAMED INSURED High Point North Condominium clo Tom Downey, General Manager 11400 Coastal Highway Ocean City, MD 21842			
POLICY NUMBER					
SEE PAGE 1					
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

Notes

Flood - see attached flood declarations

137 Units Total

Single Entity - Units are insured as originally conveyed by the developer excluding betterments & improvements.

Agreed value/Replacement cost - Coinsurance waived AOP Deductible \$5,000 except Wind/Hail \$25,000 deductible 10 days notice of non-pay/30 days notice of cancellation Severability of Insureds included Equipment Breakdown Included Ordinance or Law Included

Crime, #0251075547, Effective 3/28/21-22 \$500,000 limit with \$1,000 deductible

D&O, #0251075418, Effective 3/28/21-22 \$1,000,000 limit with \$1,000 deductible Property manager included in Crime/D&O coverages



BE UNIQUELY INSURED

NFP PROPERTY & CASUALTY SERVICES INC 1 NORTH ST

ONANCOCK, VA 23417

Agency Phone: (410) 524-5700 NFIP Policy Number: FLD1020797 Company Policy Number: FLD1020797

Agent:

NFP PROPERTY & CASUALTY SERVICES INC.

Policy Term:

07/20/2020 12:01 AM through 07/20/2021 12:01 AM

Renewal Billing Payor:

INSURED

To report a claim visit or call us at: www.myselectiveflood.com

(877) 348-0552

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

RESIDENTIAL CONDOMINIUM BUILDING ASSOCIATION POLICY

**DELIVERY ADDRESS** 

INSURED NAME(S) AND MAILING ADDRESS

HIGH POINT NORTH CONDOMINIUM ASSN / & THE UNIT OWNERS ATIMA

11400 COASTAL HIGHWAY OCEAN CITY, MD 21842

11400 COASTAL HIGHWAY OCEAN CITY, MD 21842

**COMPANY MAILING ADDRESS** 

Selective Ins Co of the Southeast

PO BOX 782747

PHILADELPHIA, PA 19178-2747

PROPERTY LOCATION

**DESCRIPTION: CONDO** 

**CURRENT FLOOD ZONE:** 

11400 COASTAL HIGHWAY OCEAN CITY, MD 21842

Refer to www.fema.gov/cost-of-flood for more information about flood risk and policy rating.

RATING INFORMATION

BUILDING OCCUPANCY:

**ORIGINAL NEW BUSINESS DATE:** 

07/20/2002

HIGH POINT NORTH CONDOMINIUM ASSN / & THE UNIT OWNERS ATIMA

REINSTATEMENT DATE:

CONDOMINIUM INDICATOR: NUMBER OF UNITS:

PRIMARY RESIDENCE: ADDITIONS/EXTENSIONS: NO

BUILDING TYPE: BASEMENT/ENCLOSURE/CRAWLSPACE TYPE: UNFINISHED ENCLOSURE WITHOUT PROPER OPENINGS

N/A

OTHER RESIDENTIAL RCBAP HIGH RISE

137

THREE OR MORE FLOORS

I - INCLUDES ADDITIONS/EXTENSIONS

DATE OF CONSTRUCTION: 07/01/1970 COMMUNITY NUMBER: 245207 0066 H REGULAR PROGRAM

COMMUNITY NAME:

OCEAN CITY, TOWN OF

GRANDFATHERED: NO FLOOD RISK/RATED ZONE: Х **ELEVATION DIFFERENCE:** N/A

**ELEVATED ELEVATED BUILDING TYPE:** \$25,540,000 REPLACEMENT COST:

MORTGAGEE / ADDITIONAL INTEREST INFORMATION

\$0

FIRST MORTGAGEE:

SECOND MORTGAGEE:

ADDITIONAL INTEREST:

DISASTER AGENCY:

BUILDING

CONTENTS

LOAN NO: N/A

LOAN NO: N/A

LOAN NO: N/A

CASE NO: N/A DISASTER AGENCY:

PREMIUM CALCULATION —Pre-FIRM Subsidized

COVERAGE DEDUCTIBLE BASIC COVERAGE BASIC RATE \$25,540,000

\$0

Coverage limitations may apply. See your policy form for details.

\$175,000 \$2,000

1.390 \$0 2.150

ADD'L COVERAGE \$25,365,000

ADD'L RATE

0.074 0.920

DED. DISCOUNT/SURCHARGE **PREMIUM** (\$55.00)\$21,148.00 \$0.00 \$0.00

Standard

\$21,148.00

(\$2,116.00)

\$3,427.00

\$8.00

\$0.00

39926

INCREASED COST OF COMPLIANCE: COMMUNITY RATING DISCOUNT: 10% RESERVE FUND ASSESSMENT: 18.0%

PROBATION SURCHARGE: ANNUAL PREMIUM:

ANNUAL SUBTOTAL:

\$22,467.00 HFIAA SURCHARGE: \$250.00 FEDERAL POLICY SERVICE FEE: \$2,000.00 \$24,717.00

TOTAL:

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

Michael H. Lanza / Secretary

Gregory E. Murphy 7 Chairman

Zero Balance Due - This Is Not A Bill

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

This is a Residential Condominium Building Association Policy. If, at the time of the loss, the building is not insured within 80% of the replacement cost of the building or the maximum amount available for this building, whichever is less, a co-insurance penalty will be applied to the claims settlement.

Selective Ins Co of the Southeast Policy issued by

DocID: 132658258

Company NAIC:

File: 16746753

Page 1 of 2