



CERTIFICATE OF LIABILITY INSURANCE

HIGHP-4

OP ID: SH

DATE (MM/DD/YYYY)
06/20/2014

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 Insurance Management Group Inc P.O. Box 3609 Ocean City, MD 21843 Reese Cropper, III	CONTACT NAME: Reese Cropper, III PHONE (A/C, No, Ext): 410-524-5700 E-MAIL ADDRESS: rcropper@imgoc.com	FAX (A/C, No): 410-524-7769	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED High Point North Condominium Tom Downey, Manager 11400 Coastal Highway Ocean City, MD 21842	INSURER A : Lexington Insurance Company		
	INSURER B : Greenwich Insurance Company		
	INSURER C : CNA Insurance Companies		20427
	INSURER D : Selective Flood		
	INSURER E : Chesapeake Employers Ins Co.		
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:			41LX003321174-6	03/28/2014	03/28/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			41LX003321174-6	03/28/2014	03/28/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7443516	03/28/2014	03/28/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4603400	03/28/2014	03/28/2015	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property R/C			41LX003321174-6	03/28/2014	03/28/2015	Building 17,736,000
C	Crime			0251075547	03/28/2014	03/28/2015	Ded 5,000

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

High Point North Condominium

CERTIFICATE HOLDER**CANCELLATION**

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.
	AUTHORIZED REPRESENTATIVE Reese Cropper, III

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NOTEPAD

INSURED'S NAME High Point North Condominium

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Date 06/20/2014

Crime (Fidelity) Coverage, C NA policy #0251075547, \$250,000, 3/28/4-15

Property deductible \$5,000

Selective Flood FLD1020797 07/20/2014-15

Flood Limit \$17,737,000

Flood deductible \$2,000

Flood policy is Replacement cost

Flood zone rating zone AE Current Zone V7 - Grandfathered

137 Units

RCBAP

Single Entity

Replacement cost is up to the limits shown.

Wind/Hail Covered \$354,500 deductible



INSURANCE MANAGEMENT GROUP INC
PO BOX 3609
OCEAN CITY, MD 21843-3609

NFIP Policy Number: FLD1020797
Company Policy Number: FLD1020797
Agent: INSURANCE MANAGEMENT GROUP INC



Policy Term: 07/20/2014 12:01 AM through 07/20/2015 12:01 AM
Renewal Billing Payor: INSURED
To report a claim, call: (877) 348-0552
Agency Phone: (410) 524-5700

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	HIGH POINT NORTH CONDOMINIUM ASSN / & THE UNIT OWNERS ATIMA 11400 COASTAL HIGHWAY OCEAN CITY, MD 21842

COMPANY MAILING ADDRESS	PROPERTY LOCATION
SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST LOCKBOX 2747 PO BOX 8500 PHILADELPHIA, PA 19178-2747	11400 COASTAL HIGHWAY OCEAN CITY, MD 21842

DESCRIPTION: CONDO

RATING INFORMATION		PROPERTY LOCATION	
BUILDING OCCUPANCY:	OTHER RESIDENTIAL	DATE OF CONSTRUCTION:	07/01/1970
CONDOMINIUM INDICATOR:	RCBAP HIGH RISE	COMMUNITY NUMBER:	245207 0003 F REGULAR PROGRAM
NUMBER OF UNITS:	137	COMMUNITY NAME:	OCEAN CITY, TOWN OF
PRIMARY RESIDENCE:	NO	CURRENT FLOOD ZONE:	V07
ADDITIONS/EXTENSIONS:	N/A	GRANDFATHERED:	YES
BUILDING TYPE:	THREE OR MORE FLOORS	FLOOD RISK/RATED ZONE:	AE
ELEVATED BUILDING TYPE:	ELEVATED	ELEVATION DIFFERENCE:	N/A
BASEMENT/ENCLOSURE/CRAWLSPACE TYPE:	FINISHED ENCLOSURE WITHOUT PROPER OPENINGS	REPLACEMENT COST:	\$17,737,000

MORTGAGEE / ADDITIONAL INTEREST INFORMATION	
FIRST MORTGAGEE:	LOAN NUMBER: N/A
SECOND MORTGAGEE:	LOAN NUMBER: N/A
ADDITIONAL INTEREST:	LOAN NUMBER: N/A
DISASTER AGENCY:	CASE FILE NUMBER: N/A DISASTER AGENCY:

PREMIUM CALCULATION — Pre-FIRM Subsidized								Standard
	COVERAGE	DEDUCTIBLE	BASIC COVERAGE	BASIC RATE	ADD'L COVERAGE	ADD'L RATE	DED. DISCOUNT/SURCHARGE	PREMIUM
BUILDING	\$17,737,000	\$2,000	\$175,000	1.07	\$17,562,000	0.27	\$0.00	\$49,290.00
CONTENTS	\$0	\$0	\$0	1.15	\$0	1.38	\$0.00	\$0.00

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

ANNUAL SUBTOTAL:	\$49,290.00
INCREASED COST OF COMPLIANCE:	\$70.00
COMMUNITY RATING DISCOUNT: 15%	(\$7,404.00)
RESERVE FUND ASSESSMENT: 5.0%	\$2,098.00
PROBATION SURCHARGE:	\$0.00
ANNUAL PREMIUM:	\$44,054.00
FEDERAL POLICY SERVICE FEE:	\$924.00
TOTAL:	\$44,978.00

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

Michael H. Lanza / Secretary

Gregory E. Murphy / 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.

Policy Issued by SELECTIVE INSURANCE COMPANY OF THE SOUTHEAST



File: 6328422

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