



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/17/2022
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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.

PRODUCER Acrisure LLC dba PeopleFirst Property & Casualty Services 1837 Washington Blvd Easton, PA 18042	CONTACT NAME: PHONE (A/C, No, Ext): (908) 382-6625 FAX (A/C, No): (908) 506-0556 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: GEORTOW-04														
INSURED Georgian Townhouse Association, Inc. c/o Taylor Management 718 Lindsey Drive Hackettstown, NJ 07840	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : American Alternative Insurance Corporation</td> <td style="text-align: center;">19720</td> </tr> <tr> <td>INSURER B : Travelers Casualty and Surety Company of America</td> <td style="text-align: center;">31194</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Alternative Insurance Corporation	19720	INSURER B : Travelers Casualty and Surety Company of America	31194	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1 1 Wingate Drive, Hackettstown, NJ

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	CAU514003-3	02/19/2021	02/19/2023	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				\$10,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 72,318,750
	<input checked="" type="checkbox"/> WIND				\$10,000	BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Ice Dmng/unit				\$10,000		\$
	<input type="checkbox"/>						\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			\$		
<input type="checkbox"/>	CAUSES OF LOSS	POLICY NUMBER			\$		
<input type="checkbox"/>	NAMED PERILS				\$		
<input type="checkbox"/>					\$		
B	<input checked="" type="checkbox"/> CRIME	105805393	02/19/2022	02/19/2023	<input checked="" type="checkbox"/> Fidelity Bond	\$ 1,300,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 0	
	Fidelity Bond				<input checked="" type="checkbox"/> Manager as Insured	\$ 1,300,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU514003-3	02/19/2021	02/19/2023	<input checked="" type="checkbox"/> Included	\$	
	<input type="checkbox"/>					\$	
A	General Liability	CAU514003-3	02/19/2021	02/19/2023	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000	
<input type="checkbox"/>						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 This is a stand alone policy only insuring said condominium, no unaffiliated properties are covered under this policy.
 Separation of insurance endorsement. Waiver of subrogation endorsement.
 The cancellation clause for all policies is 30 days except 10 days for non-payment of premium.

CERTIFICATE HOLDER <div style="text-align: center; padding: 20px;">Proof of Insurance</div>	CANCELLATION <div style="text-align: center; padding: 10px;"> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> </div>
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Acrisure LLC dba PeopleFirst Property & Casualty Services		NAMED INSURED Georgian Townhouse Association, Inc. c/o Taylor Management 718 Lindsey Drive Hackettstown, NJ 07840	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Additional Property Information:**Guaranteed Replacement Cost**

298 units covered

"Walls in" Coverage up to the builder's original model

Ordinance & Law Coverage:

Coverage A - Included

Coverage B \$1,000,000

Coverage C \$1,000,000