



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2021

**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. 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> Peter Waldor & Associates 220 South Orange Avenue, Suite 200 Livingston, NJ 07039	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (973) 863-7523 E-MAIL ADDRESS: certificates@pwains.com	<b>FAX (A/C, No):</b> (973) 346-8383
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Oak Hill at Independence Homeowners Association, Inc. C/o Taylor Management Attn: Dawn Powell 718 Lindsey Drive Hackettstown, NJ 07840	<b>INSURER A :</b> Greater New York Mutual Insurance Company <b>22187</b>	
	<b>INSURER B :</b> Greenwich Insurance Company <b>22322</b>	
	<b>INSURER C :</b> Zenith Insurance Co <b>13269</b>	
	<b>INSURER D :</b> Continental Insurance Co. <b>35289</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

### 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 checked="" type="checkbox"/> LOC OTHER:			1129D27197	7/1/2021	7/1/2022	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMPI/OP AGG \$ <b>1,000,000</b>
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO 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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			PPP7465483	7/1/2021	7/1/2022	EACH OCCURRENCE \$ <b>25,000,000</b>
							AGGREGATE \$ <b>25,000,000</b>
							Prods Compl Ops \$ <b>25,000,000</b>
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			Z136664402	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>500,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
D	Directors & Officers			618796799	7/1/2021	7/1/2022	\$1,000 Retention <b>1,000,000</b>
D	Crime			618796799	7/1/2021	7/1/2022	\$250 Retention <b>100,000</b>

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

Master Association  
 536 Units  
  
 Commercial Property  
 Greater New York Mutual Insurance Co  
 #1129D27197  
 07/01/21-07/0122  
 SEE ATTACHED ACORD 101

### CERTIFICATE HOLDER

### CANCELLATION

EVIDENCE OF INSURANCE

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Peter Waldor &amp; Associates</b>		NAMED INSURED <b>Oak Hill at Independence Homeowners Association, Inc.</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		C/o Taylor Management Attn: Dawn Powell 718 Lindsey Drive Hackettstown, NJ 07840 Warren	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Description of Operations/Locations/Vehicles:

Building \$301,914  
Business Personal Property \$50,000  
Business Income with extra expense \$791,149  
Agreed Value, Replacement Cost, 100% Coinsurance, \$5,000 Deductible  
Terrorism Coverage included

## Ordinance or Law

Coverage A: \$301,914  
Demolition: \$250,000  
Increased Cost of Construction: \$250,000

## Equipment Breakdown

\$250,000  
\$5,000 Deductible  
Policy includes separation of insureds