



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/2018

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).

PRODUCER Global Risk Partners LLC 1622 Tilton Road Northfield NJ 08225		CONTACT NAME: Diane Parr PHONE (A/C, No, Ext): (609)641-6677 E-MAIL ADDRESS: guyr@grpinsurance.com FAX (A/C, No): (609)641-6670	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Crum & Forster Specialty Ins Co	
		INSURER B: National Surety Corp	
		INSURER C: Rochdale Insurance Co	
		INSURER D: Lloyds of London	
		INSURER E:	
		INSURER F:	
INSURED Newtowne Square Condominium Association Inc. C/O Rich Shaffer PO Box 487 Williamstown NJ 08094		NAIC # 218881	

COVERAGES

CERTIFICATE NUMBER: 2018-19

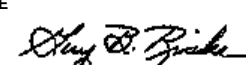
REVISION NUMBER:

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			BAK-22669-2 Total Units 56	02/01/2018	02/01/2019	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000		
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000		
							PRODUCTS - COMP/OP AGG	\$ 1,000,000		
								\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			SUO00032297038-21575	02/01/2018	02/01/2019	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000		
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE						\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WWC3327103	02/15/2018	02/15/2019	<input type="checkbox"/> Y / <input type="checkbox"/> N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A				PER STATUTE	OTH-ER		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT		\$ 500,000	
							E.L. DISEASE - EA EMPLOYEE		\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000		
D	Property - Replacement Cost incl Wind/Hail - Deductible \$10,000			17N3060900155	02/01/2018	02/01/2019	Buildings - TIV	\$4,630,000		
							AOP Deductible	\$ 2,500		

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

CERTIFICATE HOLDER**CANCELLATION**

Newtowne Square Condominium Association PO Box 487 Williamstown NJ 08094	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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COMMENTS/REMARKS

Newtowne Square Condominium Association

(E) Crime/Fidelity coverage written with Continental Insurance Company eff 2/1/2018-2019
Policy #059899294 \$50,000 Employee Dishonesty