

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/23/2018

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						CONTACT Diane Parr					
Global Risk Partners LLC						PHONE (609)641-6677 FAX (609)641-6670					
1622 Tilton Road						E-MAIL ADDRESS: dianep@grpinsurance.com					
						INSURER(S) AFFORDING COVERAGE					
Northfield NJ 08225						INSURER A : Nautilus Insurance Company					
INSURED						INSURER B : Hamilton Specialty Ins Co					
Sassafras Run Condominium Association						INSURER C :					
c/o Resorts Property Management						INSURER D :					
P.O. Box 487					INSURER E :						
	Williamstown			NJ 08094	INSURER F :						
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)	LIMI			
								EACH OCCURRENCE	_{\$} 1,00	0,000	
	CLAIMS-MADE 🗡 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,		
								MED EXP (Any one person)	\$ 5,00	0	
A				NN824115 120 Units	s	02/23/2018	02/23/2019	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} inclu	ded	
	OTHER:								\$		
								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N, A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Property - Replacement Cost incl							Buildings - TIV	\$10,	300,000	
В	Wind & Hail - 1% Deductible			WKHSPR-01209-01		06/26/2017	06/26/2018	AOP Deductible	\$5,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER CANCELLATION											
Resorts Property Management LLC PO Box 487						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHO	RIZED REPRESE					
	Williamstown			PA 08094			Ste	y B. Brike_			

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COMMENTS/REMARKS

C. Directors & Officers Policy written with Federal Ins. Co. Policy #8235-3891 Effective: 12/22/2017-2018 Limit: \$1,000,000

D. Crime/Employee Dishonesty written with CNA Ins Co Policy #618763513 Effective 12/5/2017-12/22/2018 Limit \$100,000