Client#: 191751 LEISUWOR1

#### ACORD...

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/07/2024

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 any rights to the certificate holder in lieu of such endorsement(s)

and definitione does not define any rights to the definitione notice in nea of such endersement(b).								
PRODUCER	CONTACT USI Insurance Services LLC							
USI Ins Srvcs LLC-CL/Condo	PHONE (A/C, No, Ext): 877-456-3643	FAX (A/C, No):						
3190 Fairview Park Drive	E-MAIL ADDRESS: www.eoidirect.com							
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC#						
Falls Church, VA 22042-4546	INSURER A: Philadelphia Indemnity Insurance Co.	18058						
INSURED	INSURER B : Greater New York Mutual Insurance Co	22187						
Council of Unit Owners of Mutual 19B	INSURER C: Travelers Casualty & Surety Co. of Ame	er 31194						
Condominium of Rossmoor, Inc.	INSURER D:							
3701 Rossmoor Boulevard	INSURER E:							
Silver Spring, MD 20906	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	NSR TR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL LIABILITY			PHPK2586302	08/01/2024	08/01/2025	EACH OCCURRENCE	\$1,000,000		
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
								MED EXP (Any one person)	\$5,000		
								PERSONAL & ADV INJURY	\$1,000,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000		
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000		
		OTHER:							\$		
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO						BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
									\$		
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
		DED RETENTION \$							\$		
		RKERS COMPENSATION  EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$		
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$		
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
В	Bu	ilding			5119M69583	08/01/2024	08/01/2025	\$42,678,496			
С	Fid	elity Bond			105634437	01/01/2024	01/01/2025	\$2,483,898/\$5,000 Ded			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

(See Attached Descriptions)

#### **CERTIFICATE HOLDER**

**Council of Unit Owners of Mutual** 19B Condominium of Rossmoor, Inc. 3701 Rossmoor Boulevard Silver Spring, MD 20906

### **CANCELLATION**

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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## **DESCRIPTIONS (Continued from Page 1)**

Type of Coverage: Single Entity Coverage for unit interior to original plans and specs. Coverage is extended to common areas and amenities.

Improvements & Betterments: Excluded

Personal Belongings: Excluded

Unit owner should purchase an HO-6 policy for improvements and personal belongings/liability, etc.

Causes of Loss: Special Form

Replacement Cost: 100%

Master Policy Deductible is \$50,000

There are 210 units in the association

No Coinsurance penalty

Wind/hail: Not excluded

Cancellation Provision: 10 days for non-payment and 30 days for any other reasons. The carrier will only

notify the named insured.

Inflation Guard: Not available, building values are reviewed annually

Building Blanket Limit: \$127,269,980

Ordinance/Law Coverage Policy #: 5119M69583

**Carrier: Greater New York Mutual Insurance Co** 

Effective dates: 8/1/2024 - 8/1/2025

Limits: Undamaged portion: Full building coverage Increased Cost of Construction & Demolition: \$1,500,000

**Boiler & Machinery (Equipment Breakdown)** 

Policy # FBP0185103

Carrier: Hartford Steam Boiler Effective dates: 8/1/2024 - 8/1/2025

Limits: \$100,000,000 Deductible: \$5,000

Separation Of Insureds clause included on GL policy #PHPK2586302

Property policy # 5119M69583: Earthquake Limit: \$5,000,000; Earthquake Deductible: \$50,000

Flood Limit: \$5,000,000; Flood Deductible: \$50,000

The fidelity bond policy includes \$2,483,898 coverage for the association which includes the Leisure World of Maryland Corporation under the definition of employee.

Leisure World of Maryland Corporation also has a Fidelity Bond limit of \$3,050,000 on Travelers policy #105650426 effective 08/01/2024 - 08/01/2025