



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2026

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> Brown & Brown Insurance Services, Inc. 1120 N Bethlehem Pike PO Box 858 Spring House PA 19477-0858	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: condo.insurance@bbrown.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Player's Place II Condominium Association Inc c/o Associa Mid-Atlantic 14000 Horizon Way, Suite 200 Mount Laurel NJ 08054	<b>INSURER A:</b> American Alternative Insurance Corporation	<b>NAIC #</b> 19720
	<b>INSURER B:</b> Midvale Indemnity Company	27138
	<b>INSURER C:</b> Pennsylvania Manufacturers' Association Insurance	12262
	<b>INSURER D:</b> Travelers Casualty and Surety Company of America	31194
	<b>INSURER E:</b> The Hanover Insurance Company	22292
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 26-27 Master

REVISION NUMBER:

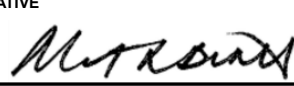
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU534062-1	04/15/2026	04/15/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ unlimited
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU534062-1	04/15/2026	04/15/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 RETENTION \$ 0			PRP-229824000-02-3901366	04/15/2026	04/15/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	202601-03-70-79-1Y	04/15/2026	04/15/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Property: ,Blackwood, NJ 08012 - Owner: \*\*SEE 2nd page for additional information\*\*

**CERTIFICATE HOLDER****CANCELLATION**

Player's Place II Condominium Association Inc c/o Associa Mid-Atlantic 14000 Horizon Way, Suite 200 Mount Laurel NJ 08054	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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# ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Player's Place II Condominium Association Inc	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

(A) Property: Policy, #CAU534062-1 eff. 04/15/2026 – 04/15/2027

The policy shows 240 units. Building Coverage is Guaranteed Replacement Cost with a \$10,000 deductible. A \$10,000 PER-UNIT ice damming, water damage, sprinkler leakage and sewer backup deductible applies. Coverage is Guaranteed Replacement Cost, this definition means claims will be paid on a replacement cost basis, but the amount of insurance is unlimited. All ratable limits and valuations are handled by and unique to each carrier. The limit we can provide is \$63,750,000, but this is only what the insurance company is using to rate the policy, not an actual coverage limit. Property coverage is Original Specifications. Improvements or betterments completed after the original sale of the unit are NOT covered by the association. Policy is Special Form with no co-insurance. Includes Terrorism, Wind/Hail, and Equipment Breakdown. Inflation Guard is waived due to Guaranteed Replacement Cost.

(A) Separation/Severability and Waiver of Subrogation against unit owners included.

(A) Ordinance or Law:

Coverage A – Full Building Coverage Limit

Coverage B - \$300,000

Coverage C - \$300,000

(A) Crime/Fidelity: Policy, #CAU534062-1, eff. 04/15/2026 – 04/15/2027, Employee Dishonesty limit \$150,000; \$0 retention. Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(D) Excess Crime/Fidelity: Policy, #108256770, eff. 04/15/2026 – 04/15/2027, Employee Dishonesty limit \$650,000; Excess of \$150,000. Policy covers volunteers & board members, or other paid personnel with access to the Association's funds.

(E) – Directors & Officers "Claims-Made" Policy, #PDO4000832, eff. 04/15/2026 – 04/15/2027, limit \$1,000,000; \$10,000 retention.

Property manager included as an Insured for General Liability, Crime, and D&O.

Cancellation Notice to Named Insured only:

- Minimum 10 days before the cancellation date for nonpayment of premium; or

- Minimum 30 days before the cancellation date for any other reason