



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2023

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 THOMAS D FROST 1505 POTOMAC AVE PITTSBURGH PA 15216-2109	CONTACT NAME: PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED TUSCANY ESTATES ASSOCIATION INC C/O COMMUNITY MANAGEMENT ADVISORS INC 200 COMMERCE DRIVE, SUITE 206 MOON TOWNSHIP PA 15108-3189	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NATIONWIDE ASSURANCE COMPANY		10723
	INSURER B: NATIONWIDE MUTUAL INSURANCE COMPANY		23787
	INSURER C:		
	INSURER D:		
	INSURER E:		

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			ACP BP01 3068266060	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> PDDedOcc 5,000						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY						Employee Dishonesty \$ 200,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			ACP CU01 3018266060	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	PROPERTY - 100% R/C - \$5,000 DEDUCTIBLE			ACP BP01 3068266060	08/01/2023	08/01/2024	Blanket Building 20,927,400

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

THERE ARE 29 RESIDENTIAL BUILDINGS / 101 UNITS INCLUDED IN BLANKET BUILDING LIMIT

POLICY #ACP BP01 3068266060 INCLUDES: - ORDINANCE OR LAW COVERAGE - INFLATION GUARD - EQUIPMENT BREAKDOWN - WIND COVERAGE - SEVERABILITY OF INTEREST - DIRECTORS AND OFFICERS LIABILITY WITH \$1,000,000 LIMIT - COMMUNITY MANAGEMENT ADVISORS INC AS ADDITIONAL INSURED, THEREFORE, EMPLOYEE DISHONESTY / FIDELITY COVERAGE IS EXTENDED. THIS COVERAGE ALSO EXTENDS TO VOLUNTEERS AND NON-COMPENSATED BOARD MEMBERS. - COVERS "WALLS IN" UP TO ORIGINAL BUILDING SPECIFICATIONS.

CERTIFICATE HOLDER**CANCELLATION**

TUSCANY ESTATES ASSOCIATION INC C/O COMMUNITY MANAGEMENT ADVISORS INC 200 COMMERCE DRIVE, SUITE 206 MOON TOWNSHIP PA 15108-3189	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 MARGARET S FORQUER

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