



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

April 10, 2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 315 Dallas, TX 75205	CONTACT NAME: AIAI
	PHONE: (866) 384-8579 FAX: (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS : PRODUCER CUSTOMER ID: 00003921
INSURED Pittsfield Village Condominium c/o Kramer-Triad Management Group, LLC 1100 Victors Way Suite 50 Ann Arbor MI 48108	INSURER(S) AFFORDING COVERAGE
	INSURER A: Lloyds of London
	INSURER B : Columbia Casualty Company
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES**REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL # OF UNITS: 422

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	RBA1001969	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> BUILDING	\$ 29,120,000	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL	\$
	<input type="checkbox"/> BASIC				BUILDING	<input type="checkbox"/> PROPERTY	\$
	<input type="checkbox"/> BROAD				CONTENTS	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> SPECIAL					<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> NAMED WIND					<input type="checkbox"/> BLANKET PERS	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLDG & PP	\$
	<input checked="" type="checkbox"/> FROZEN PIPE				\$ 10,000	<input checked="" type="checkbox"/> WIND/HAIL DED.	\$ 10,000
	<input type="checkbox"/>					<input checked="" type="checkbox"/> STANDARD DED.	\$ 10,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
B	<input checked="" type="checkbox"/> CRIME	738540-17	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 1,000,000	
	TYPE OF POLICY Crime				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 1,000	
	<input type="checkbox"/> BOILER & MACHINERY EQUIPMENT BREAKDOWN					\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

In the event of a total loss the Property Policy is 100% Replacement Cost if replaced, otherwise Actual Cash Value. In no event shall the limit exceed the Total Insured Value if partial loss is sustained.

CERTIFICATE HOLDER**CANCELLATION**

INSURANCE VERIFICATION	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 Dana Hodge <i>Dana Rawly Hodge</i>

COMMENTS/REMARKS

The certificate holder, if a mortgagee or lienholder, is a loss payee as their interest may appear as respects Property Coverage.

If crime coverage is purchased by the association, the management company is an additional insured with respects to the crimepolicy.

Building ordinance/law coverage is included in the policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

April 10, 2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

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	PHONE: (866) 384-8579 (A/C, No, Ext): E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A : Philadelphia Insurance Company	
INSURER B : Columbia Casualty Company	
INSURER C : Columbia Casualty Company	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
 Pittsfield Village Condominium
 c/o Kramer-Triad Management Group, LLC
 1100 Victors Way Suite 50
 Ann Arbor MI 48108

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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			PHPK1633953	04/01/2017	04/01/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/> Severability of interest						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"/> PROJECT- <input type="checkbox"/>						GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/> Occurrence <input type="checkbox"/> OTHER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$	
A	AUTOMOBILE LIABILITY			PHPK1633953	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR			TBD	04/01/2017	04/01/2018	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$0							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N		738540-17	04/01/2017	04/01/2018	PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
	DIRECTORS & OFFICERS						E.L. DISEASE - POLICY LIMIT	\$
C	DIRECTORS & OFFICERS			738540-17	04/01/2017	04/01/2018	LIMIT	\$1,000,000
							DEDUCTIBLE	\$1,000

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

CERTIFICATE HOLDER**CANCELLATION**

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	AUTHORIZED REPRESENTATIVE Dana Hodge <i>Dana Rawley Hodge</i>

COMMENTS/REMARKS

Building ordinance/law coverage is included in the policy.