



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/YY/YYYY)

04/01/2018

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.

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 North Central Expressway Suite 315 Dallas, TX 75205	CONTACT NAME: Associations Insurance Agency, Inc.	
	PHONE: (888) 384-7579	FAX: (214) 751-2390
E-MAIL ADDRESS: info@associationsinsuranceagency.com		
PRODUCER CUSTOMER ID: 00003921		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Pittsfield Village Condominium c/o Kramer-Triad Management Group, LLC 40000 Grand River Ave., Suite 100 Novi MI 48375	INSURER A: Philadelphia Indemnity Insurance	
	INSURER B: Columbia Casualty Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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 EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	PHPK1806860	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> BUILDING	\$ 36,259,589	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$
	BROAD				10,000	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	EARTHQUAKE					BLANKET BUILDING	\$
	NAMED WIND					BLANKET PERS PROP	\$
	FLOOD					BLANKET BLDG & PP	\$
	WATER					ICE DAMMING DED.	\$
	W/H DED. BB					WIND & HAIL 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	738540-18	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> EMPLOYEE THEFT	\$ 1,000,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> DEDUCTIBLE	\$ 1,000	
	Crime / Employee Theft					\$	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input checked="" type="checkbox"/> LIMIT	\$ Included	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The Property Policy is 100% Replacement Cost. In no event shall the limit exceed the Total Insured Value (reflected here in the Building 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

COMMENTS / REMARKS

Pittsfield Village Condominium - CERTIFICATE OF PROPERTY INSURANCE CONT.

If Property coverage is purchased by the Insured, the Certificate Holder, if a mortgagee or lienholder, is a Loss Payee as their interest may appear as respects to the Property coverage.

If a Wind/Hail Deductible Buy Back policy is purchased by the Insured, the Wind/Hail Deductible Buy Back supersedes the Wind/Hail deductible on the Property policy.

If Crime coverage is purchased by the Insured, the management company is an Additional Insured with respects to the Crime policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/YY/YYYY)
04/01/2018

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		PHONE: (888) 384-7579	FAX: (214) 751-2390
		E-MAIL ADDRESS: info@associationsinsuranceagency.com	
		PRODUCER CUSTOMER ID: 00003921	
INSURED Pittsfield Village Condominium c/o Kramer-Triad Management Group, LLC 40000 Grand River Ave., Suite 100 Novi MI 48375		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity Insurance	
		INSURER B: Columbia Casualty Company	
		INSURER C: Columbia Casualty Company	
		INSURER D:	
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SEVERABILITY OF INTEREST GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1806860	04/01/2018	04/01/2019	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1806860	04/01/2018	04/01/2019	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 \$			CUE6043203290	04/01/2018	04/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Directors & Officers			738540-18	04/01/2018	04/01/2019	LIMIT \$ 1,000,000 DEDUCTIBLE \$ 1,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 If General Liability coverage is purchased by the Insured, the management company is an Additional Insured with respects to the General Liability policy.

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

COMMENTS / REMARKS

Pittsfield Village Condominium - CERTIFICATE OF LIABILITY INSURANCE CONT.

If Umbrella Liability coverage is purchased by the Insured, the Umbrella Liability policy is following form as per the General Liability policy.