



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2026

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).

PRODUCER McCredie Insurance Agency, Inc. 5454 Gateway Centre, Suite A Flint MI 48507		CONTACT NAME: Bernadette Hill PHONE (A/C, No, Ext): (810) 767-6050 FAX (A/C, No): (810) 767-7323 E-MAIL ADDRESS: certs@mccredieins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Greater NY Mutual Ins. Co	
		INSURER B: Federal Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Pittsfield Village Condominium Association c/o Kramer-Triad (KTM446-11000) 555 Briarwood Circle, Ste 140 Ann Arbor MI 48108			

COVERAGES

CERTIFICATE NUMBER: 26/27 term

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			1121M98244	05/01/2026	05/01/2027	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<input type="checkbox"/> OTHER:						
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$
AB	Property/\$10,000 Deductible Fidelity Coverage			1121M98244	05/01/2026	05/01/2027	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							A-Building Limit: \$58,758,561
							B-Employee Dishonesty: \$1,000,000
							B-Fidelity Policy Number: 99833433

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

INFORMATIONAL PURPOSES ONLY. 422 units covered. Extended Replacement Coverage Applies. Agreed Value with NO Coinsurance. Special Form. Loss Adjustment is based on Walls-In Coverage EXCLUDING the unit owner's betterments and improvements in accordance with the bylaws. Coverage is provided for the management company under the Employee Dishonesty/Fidelity Bond coverage. Building ordinance or law coverage A,B,C is included. Boiler & Machinery/Equipment Breakdown is included. Severability of Interests is Included. Waiver of Subrogation is Included. Wind/hail included. Includes inflation guard.

CERTIFICATE HOLDER**CANCELLATION**

Kramer-Triad Management Group INFORMATIONAL PURPOSES ONLY 555 Briarwood Circle, Ste 140 Ann Arbor MI 48108	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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