ACORD	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).										
PRO	DUCER		CONTACT							
Ma	arsh & McLennan Agency LLC			PHONE [A/C, No): 763-746-8000 [A/C, No): 763-746-8388						
	60 Golden Hills Drive nneapolis MN 55416			II						
				ADDRESS: condocerts@marshmma.com INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURER A : The Hartford					
INSURED MARSHRIDGE Marsh Ridge HOA					INSURER B : Greenwich Insurance Company					
					INSURER C : Federal Insurance Company					
	O. Box 278 elano MN 55328-0278			INSURER			mpany		20281	
00				INSURER						
				INSURER						
00	VERAGES CERT	TIFICATE	NUMBER 1066012475	INSURER	г.		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 SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY		41SBAAM8A02		10/1/2023	10/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,0	00	
							MED EXP (Any one person)	\$ 10,00	0	
							PERSONAL & ADV INJURY	\$ 1,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000	,000	
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000	,000	
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
В	X UMBRELLA LIAB OCCUR		PPP7451055		10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 5,000	.000	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000		
	DED X RETENTION \$ 0							\$		
	WORKERS COMPENSATION						PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N / A					E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under						E.L. DISEASE - POLICY LIMIT	<u>ې</u> \$		
C A	DÉSCRIPTION OF OPERATIONS below Fidelity/Crime Blanket Building Limit		82227777 41SBAAM8A02		10/1/2023 10/1/2023	10/1/2024 10/1/2024	Limit \$400,000 Guaranteed RC Special Form	Ded \$ 18,04	3,800	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Ded \$10,000 Original Specs coverage. 50 townhome units; 15 single family units. 5% per building wind/hail deductible applies. Building Ordinance Coverage A:included in bldg. limit. Coverages B-\$50,000 & C-\$50,000 Equipment Breakdown is not included. No central HVAC system. Severability of Interest /Separation of Insureds is automatically included in the general liability policy form. 10 days notice of cancellation for non-payment of premium.										
CERTIFICATE HOLDER CA					CANCELLATION					
For Information Only					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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Marsh Ridge Homeowners Association

Master insurance Policy Broker	MarshMcLennan Agency					
Policy Period	10/1/23 to 10/1/24					
Insurance Carrier	The Hartford Insurance Company					
Association Building Coverage	Original Specs					
Items covered by master policy	Х	Ceiling Finishing Materials				
	Х	Wall Finishing Materials				
(Items <u>not checked</u> need be	Х	Carpeting Finished Flooring (other than carpeting)				
covered on your personal HO-6	Х					
Policy)	Х	Cabinetry				
	Х	Finished Millwork				
	Х	Electrical Fixtures serving a single unit				
	Х	Plumbing Fixtures serving a single unit				
	v	Heating, ventilating & air conditioning equipment				
	х	serving a single unit				
	Х	Built-in Appliances				
		Other improvements and betterments (installed by				
		any unit owner)				
Master Insurance Standard						
Property Deductible	\$10,000 per occurrence					
Other Deductibles/	Wind/Hail Deductible 5% per Building Limit or					
Policy Conditions	approximately \$22,200 per unit					
To submit a claim	Contact a board member or property manager Alert your personal agent					
Other questions, please contact						
To request a proof of coverage	Visit https://mma.marshmma.com/Condo_Cert_RequestForm					
(Certificate of Insurance)						

Unit Owner Letter – Give to Personal Insurance Agent

Be sure to discuss with your personal agent how to protect yourself in the event of a loss. Some common exposures are:

- Building Coverage A
- Loss Assessment
- Sewer Backup/Sump Pump Failure
- Losses under the master policy property deductible.

Disclaimer: No coverage is provided by this summary, nor can it be construed to replace any provision of the policy. Refer to the actual policy for complete information on the coverages provided. If there is a conflict between the policy and this summary, the provisions of the policy shall govern.