



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
5/25/2016

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 DONN GERELLI ASSOCIATES INSURANCE AGENCY INC 1 Croton Point Avenue Croton-on-Hudson NY 10520	CONTACT NAME: DGA-CONDO COOP-HOA	
	PHONE (A/C. No. Ext): (914) 271-6600	FAX (A/C. No): (914) 271-3598
E-MAIL ADDRESS:		
PRODUCER CUSTOMER ID: 00002005		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Ins Co		18058
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: MASTER Prop REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 00001: 152 Broadway, Units 1-20 Dobbs Ferry NY 10522
See Attached Overflow Pages

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	PHPK1497413	5/15/2016	5/15/2017	<input checked="" type="checkbox"/> BUILDING	\$ 12,125,000	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 100,000
	<input type="checkbox"/> BROAD				5,000	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				2,500	<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
						<input checked="" type="checkbox"/> Philly ELITE Endorsement	\$ Included
						<input checked="" type="checkbox"/> Guaranteed Replacement	\$ Included
	INLAND MARINE	TYPE OF POLICY			\$		
	CAUSES OF LOSS	POLICY NUMBER			\$		
	NAMED PERILS				\$		
A	<input checked="" type="checkbox"/> CRIME	PHPK1497413	5/15/2016	5/15/2017	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 100,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Computer Fraud	\$ 100,000	
					<input checked="" type="checkbox"/> Forgery & Alterations	\$ 100,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	PHPK1497413	5/15/2016	5/15/2017	<input checked="" type="checkbox"/> Limit	\$ 12,125,000	
					<input checked="" type="checkbox"/> Deductible	\$ 5,000	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The coverages referred to on this certificate are in force for the protection of the above named insured only. This certificate has been issued as a matter of information only.

The Property Managing Agent Rider is included on Crime.

EVIDENCE OF COVERAGE ONLY	CANCELLATION
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Katherine Bova/KMB <i>Katherine Bova</i></p>

COMMENTS/REMARKS

Guaranteed Replacement Cost Coverage applies.

Coverage is provided for a Pool House and five, two-story brick veneer condominium buildings containing twenty residential units. The premises is located at 152 Broadway, Units 1-20, Dobbs Ferry, Westchester County, NY 10522.

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Building Ordinance o, Included	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Building Ordinance o, 300,000	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Building Ordinance o, 300,000	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Building Ordinance o, Included	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Fire Hydrants Undgnd, 1,000,000	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			2,500		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Equipment Breakdown, Included	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Backup - Sewers and , Included	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
			5,000		
Ref #	Description	Coverage Code	Form No.	Edition Date	
1	152 Broadway, Units 1-20, Terrorism, Included	SPC			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/25/2016

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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).

PRODUCER DONN GERELLI ASSOCIATES INSURANCE AGENCY INC 1 Croton Point Avenue Croton-on-Hudson NY 10520	CONTACT NAME: DGA-CONDO COOP-HOA PHONE (A/C. No. Ext): (914) 271-6600 E-MAIL ADDRESS:		FAX (A/C. No): (914) 271-3598
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Washington's Head Quarters Townhouse Association c/o The Margaux Agency 15 Round Hill Road Dobbs Ferry NY 10522	INSURER A: Philadelphia Indemnity Ins Co		18058
	INSURER B: Greenwich Inc		22322
	INSURER C: Federal Insurance Co		20281
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: MASTER Lia

REVISION NUMBER:

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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1497413	5/15/2016	5/15/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
							Hired & Non-Owned	\$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1497413	5/15/2016	5/15/2017	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 <input checked="" type="checkbox"/> RETENTION \$ 10,000			PPP7460689	5/15/2016	5/15/2017	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			8236-0027	6/1/2016	6/1/2017	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							Each Occurrence	1,000,000
							Deductible	2,500

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

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Coverage is provided for a Pool House and five, two-story brick veneer condominium buildings containing twenty residential units. The premises is located at 152 Broadway, Units 1-20, Dobbs Ferry, Westchester County, NY 10522.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE 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.
	AUTHORIZED REPRESENTATIVE Katherine Bova/KMB 

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ADDITIONAL COVERAGES

Ref #	Description Herbicide & Pesticide Applicator Coverage	Coverage Code	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
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Ref #	Description	Coverage Code	Form No.	Edition Date	
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Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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