

CERTIFICATE OF LIABILITY INSURANCE

LTRAUGHBER

DATE (MM/DD/YYYY)

GARDATH-02

					-	9/:	3/2019	
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 If SUBROGATION IS WAIVED, subjec this certificate does not confer rights to	t to tl	he terms and conditions of t	he policy, certain	policies may				
PRODUCER Bouvier Insurance 29 North Main Street			CONTACT NAME: PHONE (A/C, No, Ext): (860) 232-4491 FAX (A/C, No):(860) 232-6637					
West Hartford, CT 06107			E-MAIL ADDRESS:					
			INSURER(S) AFFORDING COVERAGE				NAIC #	
			INSURER A : Country Mutual Insurance				20990	
INSURED The Gardens At Heritage Green Condo Assoc. 800 Callaway Court Chattanooga, TN 37421			INSURER B : Great American Alliance				26832	
			INSURER C : Pennsylvania Manufacturers				12262	
			INSURER D : Great American Insurance Company				16691	
			INSURER E :					
<u> </u>			INSURER F :					
	-	TE NUMBER:			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 SU	JBR /VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY			,	, ,	EACH OCCURRENCE	\$	1,000,000	
CLAIMS-MADE X OCCUR		WA0200196374-02	9/25/2019	9/25/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
					MED EXP (Any one person)	\$	5,000	
					PERSONAL & ADV INJURY	\$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
ANY AUTO		WA0200196374-02	9/25/2019	9/25/2020	BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$		
						\$		
B X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000	
EXCESS LIAB CLAIMS-MADE		UM30174465	9/25/2019	9/25/2020	AGGREGATE	\$	1,000,000	
DED X RETENTION \$ 0						\$		
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
	N/A	201901-09-27-71-5Y	9/25/2019	9/25/2020	E.L. EACH ACCIDENT	\$	500,000	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	-				E.L. DISEASE - EA EMPLOYEE	\$	500,000	
DÉSCRIPTION OF OPERATIONS below			0/05/0040	0/05/0000	E.L. DISEASE - POLICY LIMIT	\$	500,000	
D Directors & Officers		EPP4342725-02	9/25/2019	9/25/2020	D&O Limit		1,000,000	
A Property		WA0200196374-02	9/25/2019	9/25/2020	Buildings-129 Units		18,766,675	
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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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

ACORD 25 (2016/03)

The Gardens at Heritage Green 800 Callaway Court Chattanooga, TN 37421

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AGENCY CUSTOMER ID: GARDATH-02 LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED			
Bouvier Insurance		The Gardens At Heritage Green Condo Assoc. 800 Callaway Court			
POLICY NUMBER		Chattanoogá, TN 37421			
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			
ADDITIONAL REMARKS		•			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Remarks

Master association insurance is written on a guaranteed replacement cost basis subject to \$5,000 deductible per occurrence.

Coverage is provided for the exterior and interior finished flooring, walls, ceiling and permanently attached fixtures including unit owners improvements and betterments for full replacement back to original specifications.

Wind/hail coverage is included.

Equipment Breakdown coverage is included.

Building Ordinance Law coverage is included.

Separation of Insured is included.

Crime/Employee Dishonesty coverage is \$150,000.