

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

01/10/2019

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 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).

<b>PRODUCER</b> <b>USI Insurance Services-BHB Condo</b> <b>40 Bey Lea Road</b> <b>Suite A201</b> <b>Toms River, NJ 08753</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 732-349-2100</b> <b>FAX (A/C, No): 732-349-0186</b> <b>E-MAIL ADDRESS:</b> <table border="1"> <tr> <th data-bbox="808 422 1435 449">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1435 422 1573 449">NAIC #</th> </tr> <tr> <td data-bbox="808 449 1435 478"><b>INSURER A : Greater New York Mutual Insurance</b></td> <td data-bbox="1435 449 1573 478"><b>22187</b></td> </tr> <tr> <td data-bbox="808 478 1435 508"><b>INSURER B : Great American Insurance Company</b></td> <td data-bbox="1435 478 1573 508"><b>16691</b></td> </tr> <tr> <td data-bbox="808 508 1435 537"><b>INSURER C : Liberty Mutual Insurance Company</b></td> <td data-bbox="1435 508 1573 537"><b>23043</b></td> </tr> <tr> <td data-bbox="808 537 1435 567"><b>INSURER D : Travelers Casualty &amp; Surety Corporation</b></td> <td data-bbox="1435 537 1573 567"><b>31194</b></td> </tr> <tr> <td data-bbox="808 567 1435 596"><b>INSURER E :</b></td> <td data-bbox="1435 567 1573 596"></td> </tr> <tr> <td data-bbox="808 596 1435 625"><b>INSURER F :</b></td> <td data-bbox="1435 596 1573 625"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Greater New York Mutual Insurance</b>	<b>22187</b>	<b>INSURER B : Great American Insurance Company</b>	<b>16691</b>	<b>INSURER C : Liberty Mutual Insurance Company</b>	<b>23043</b>	<b>INSURER D : Travelers Casualty &amp; Surety Corporation</b>	<b>31194</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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<b>INSURER E :</b>															
<b>INSURER F :</b>															
<b>INSURED</b> <b>Ravens Crest East at Princeton Meadows</b> <b>c/o Executive Property Mgt.</b> <b>4-08 Towne Center Drive</b> <b>North Brunswick, NJ 08902</b>															

**COVERAGES****CERTIFICATE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		<b>1129D11981</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>1129D11981</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>UM30147201</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	EACH OCCURRENCE \$ <b>25,000,000</b> AGGREGATE \$ <b>25,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>WC533S357954016</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
<b>D</b>	<b>Crime</b>			<b>106037147</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	<b>2,000,000</b>
<b>D</b>	<b>D&amp;O</b>			<b>106037147</b>	<b>12/31/2018</b>	<b>12/31/2019</b>	<b>1,000,000</b>

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

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATIONAL PURPOSES 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

