

**MSORIERO** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/21/2021

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

| comer rights to the certificate floraer in flea of | such endorsement(s).  |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | CONTACT<br>NAME:  |  |  |  |  |  |
| IL<br>ita D  | PHONE (A/C, No, Ext): (937) 435-4788 FAX (A/C, No): (9                          | 37) 435-7395   |  |  |  |  |
|  | E-MAIL<br>ADDRESS:  |  |  |  |  |  |
|  | INSURER(S) AFFORDING COVERAGE   | NAIC #   |  |  |  |  |
|  | INSURER A: Country Mutual Insurance Company                                     | 20990  |  |  |  |  |
|  | INSURER B: Federal Insurance Company  | 20281  |  |  |  |  |
| •  | INSURER C: Cincinnati Insurance Company   | 10677  |  |  |  |  |
| •  | INSURER D:  |  |  |  |  |  |
| Centerville, OH 45459                              | INSURER E:  |  |  |  |  |  |
|  | INSURER F:  |  |  |  |  |  |
| CERTIFICATE NUMBER:                                | REVISION NUMBER:  |  |  |  |  |  |
|  | ners Association; Deer Run Condominium operties<br>Ile Business Pkwy<br>H 45459 | IL ite D    NAME: PHONE (A/C, No, Ext): (937) 435-4788   FAX (A/C, No): (987)   FAX (A/C, N |  |  |  |  |

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<br>LTR | TYPE OF INSURANCE   | ADDL    | SUBR            |                 | POLICY EFF | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT                               | s               |            |           |
|-------------|---|---------|-----------------|-----------------|------------|---|-------------------------------------|-----------------|------------|-----------|
| Α           | X COMMERCIAL GENERAL LIABILITY                            | III III | ****            |                 | (IIIIII)   | (MINIO D) T T T T                         | EACH OCCURRENCE                     | \$              | 1,000,000  |           |
|             | CLAIMS-MADE X OCCUR                                       |         | WA0200227804-00 | 9/30/2021       | 9/30/2022  | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$                                  | 300,000         |            |           |
|             |   |         |                 |                 |            |   | MED EXP (Any one person)            | \$              | 5,000      |           |
|             |   |         |                 |                 |            |   | PERSONAL & ADV INJURY               | \$              | 1,000,000  |           |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                        |         |                 |                 |            |   | GENERAL AGGREGATE                   | \$              | 2,000,000  |           |
|             | POLICY PROJECT X LOC                                      |         |                 |                 |            |   | PRODUCTS - COMP/OP AGG              | \$              | 2,000,000  |           |
|             | OTHER:  |         |                 |                 |            |   |                                     | \$              |            |           |
| A           | AUTOMOBILE LIABILITY                                      |         |                 |                 | 9/30/2021  |   | COMBINED SINGLE LIMIT (Ea accident) | \$              | 1,000,000  |           |
|             | ANY AUTO  |         | WA0200227804-00 | WA0200227804-00 |            | 9/30/2022                                 | BODILY INJURY (Per person)          | \$              |            |           |
|             | OWNED SCHEDULED AUTOS ONLY                                |         |                 |                 |            |   | BODILY INJURY (Per accident)        | \$              |            |           |
|             | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY                 |         |                 |                 |            |   | PROPERTY DAMAGE (Per accident)      | \$              |            |           |
|             |   |         |                 |                 |            |   |                                     | \$              |            |           |
| В           | X UMBRELLA LIAB X OCCUR                                   |         |                 |                 |            |   |                                     | EACH OCCURRENCE | \$         | 5,000,000 |
|             | EXCESS LIAB CLAIMS-MADI                                   |         |                 | G71949394       | 9/30/2021  | 9/30/2022                                 | AGGREGATE                           | \$              | 5,000,000  |           |
|             | DED X RETENTION\$   | )       |                 |                 |            |   |                                     | \$              |            |           |
|             | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY          |         |                 |                 |            |   | PER OTH-<br>STATUTE ER              |                 |            |           |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE 7/N                      |         |                 |                 |            |   | E.L. EACH ACCIDENT                  | \$              |            |           |
|             | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                | N/A     |                 |                 |            |   | E.L. DISEASE - EA EMPLOYEE          | \$              |            |           |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below |         |                 |                 |            |   | E.L. DISEASE - POLICY LIMIT         | \$              |            |           |
| С           | Crime   |         |                 | EMO 0467374     | 1/1/2021   | 9/30/2023                                 | Employee Dishonesty                 |                 | 1,500,000  |           |
| Α           | Property  |         |                 | WA0200227804-00 | 9/30/2021  | 9/30/2022                                 | Special/Repl Cost                   |                 | 69,305,847 |           |
|             |   |         |                 |                 |            |   |                                     |                 |            |           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
\*Property: Blanket, Special Form / Replacement Cost / 194 Units; \$10,000 All Peril Deductible; Earthquake Deductible 5%; Ordinance or Law 1: Per Bldg. Limit; 2 & 3: \$100,000 Per Building. Equipment Breakdown applies to equipment owned by the Association. Master policy coverage conforms to the filed association by-laws.

| CERTIFICATE HOLDER       | CANCELLATION   |
|--------------------------|--|
| For Information Purposes | 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  JULY A SMITHS CACY, CIC   |
|                          |  |