



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2011

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).

PRODUCER <b>Smith Insurance Associates, Inc.</b> 1120 Bethlehem Pike, Suite 208 P. O. Box 858 Spring House PA 19477	CONTACT NAME: <b>Roger Perrymore</b>	
	PHONE (A/C. No. Ext): <b>(215)542-5959</b> FAX (A/C. No.): <b>(215)542-6990</b> E-MAIL ADDRESS: <b>rperrymore@smithinsurance.com</b> PRODUCER CUSTOMER ID #: <b>00000428</b>	
INSURED <b>Morgandale Condominium Assn.</b> 1015 Forty Foot Road Lansdale PA 19446-4300	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>CAU/QBE</b>	<b>39217</b>
	INSURER B: <b>Nationwide Insurance</b>	
	INSURER C: <b>XL Capital/Greenwich Ins Co</b>	<b>22322</b>
	INSURER D: <b>Paramount Insurance Company</b>	<b>40177</b>
	INSURER E:	

### COVERAGES

CERTIFICATE NUMBER: **CERTIFICATE 02-2011**

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
A	GENERAL LIABILITY			CAU302368-1	5/1/2009	5/1/2012	EACH OCCURRENCE \$ <b>2,000,000</b>
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
							GENERAL AGGREGATE \$ <b>NONE</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$
B	AUTOMOBILE LIABILITY			ACP BA 5433230308	5/1/2011	5/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ <b>500,000</b>
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PIP-Basic \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			Uninsured motorist combined \$ <b>500,000</b>				
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			US00017430LI11A	5/1/2011	5/1/2012	EACH OCCURRENCE \$ <b>15,000,000</b>
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ <b>15,000,000</b>
	DEDUCTIBLE RETENTION \$ <b>0</b>						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC031889 11	1/1/2011	1/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A	E.L. EACH ACCIDENT \$ <b>500,000</b>				
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b>				
A	Property GRC			CAU302368-1	5/1/2009	5/1/2012	Blanket Buildings <b>See Below</b>
	Original Specifications			Crime/Fidelity			Fidelity \$ <b>350,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
NAME: ADDRESS: **LANSDALE, PA 19446** Our records show 560 units, unverified. Co (A)Guaranteed Replacement Cost amount is \$95,900,000;\$10,000 Deductible; Wind & Hail included; See Comment Page for additional information

### CERTIFICATE HOLDER

### CANCELLATION

INSURED COPY INSURED COPY INSURED COPY	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  Stephen Smith Jr./JAN

## COMMENTS/REMARKS

Co (E) Director's & Officer's; Claims Made Form; policy  
#0250574236;Term:05-11-2010/11;Limit:\$2,000,000;ADDITIONAL FIDELITY COVERAGE; Co(F)  
Travelers Casualty&Surety Co. of America; Pol# 105606160; 05-01-2011-05-01-2012; Limit:  
\$1,650,000; Deductible: \$350,000