



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McCredie Insurance Agency, Inc. 5454 Gateway Centre, Suite A Flint MI 48507		CONTACT NAME: Bernadette Hill PHONE (A/C, No, Ext): (810) 767-6050 E-MAIL ADDRESS: certs@mccredieins.com FAX (A/C, No): (810) 767-7323	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Indemnity	NAIC # 18058
		INSURER B: Travelers Casualty and Surety Company of America	31194
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Carriage Park Condominium Association c/o Leadership Management Inc PO Box 146 Gaines MI 48436			

COVERAGES**CERTIFICATE NUMBER:** 24/25 term USE THIS ONE**REVISION NUMBER:**

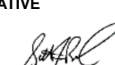
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2702122	12/15/2024	12/15/2025	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000			
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000			
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000			
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS								
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY								
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> EXCESS LIAB						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$			
	DED									
	RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE			
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTHER			
AB	Property/\$25,000 Deductible Fidelity Coverage			PHPK2702122	12/15/2024	12/15/2025	E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			
							Building Limit: \$39,264,127			
							Employee Dishonesty: \$375,000			
							B-Fidelity Policy Number: 106640981			

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

INFORMATIONAL PURPOSES ONLY. 87 units covered. Replacement Cost Coverage Applies. Special Form. Loss Adjustment is based on Walls-In Coverage EXCLUDING the unit owner's betterments and improvements in accordance with the bylaws. Coverage is provided for the management company under the Employee Dishonesty/Fidelity Bond coverage. Building ordinance or law coverage is included. Severability of Interests is Included. Waiver of Subrogation is Included. Wind/hail included. Boiler & Machinery/Equipment Breakdown is Included.

CERTIFICATE HOLDER**CANCELLATION**

Leadership Management, Inc. INFORMATIONAL PURPOSES ONLY P.O. Box 146 Gaines MI 48436	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 
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