

SALESQU-01

WHITNEYM

9/5/2019

CERTIFICATE OF LIABILITY INSURANCE

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).

tr	is certificate does not confer rights t	o tne	cert	ificate noider in lieu of su	ıcn ena	orsement(s)				
PRO	DUCER				CONTAC NAME:	СТ				
	an Lavelle Hunt					, Ext): (502) 6	57-2400	FAX (A/C No):	(502)	499-6947
	20 Bluegrass Pkwy isville. KY 40299					ss: info@LL		(A/C, NO).	(00-)	
Lou	13VIIIE, ICT 40233				ADDRES					T
								RDING COVERAGE		NAIC#
								Assurance company		14532
INSU	RED				INSURE	R в : Great A	merican In	surance		16691
	Salem Square Condominiu	n As	soc		INSURE	RC:				
	521 Zorn Place				INSURE	RD:				
	Louisville, KY 40206				INSURE	RE:				
					INSURE	RF:				
СО	VERAGES CEF	RTIFI	CATE	E NUMBER:				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	ECT TO	O WHICH THIS
INSR	TYPE OF INSURANCE		SUBR		DELIVI	POLICY EFF	POLICY EXP			
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
_	CLAIMS-MADE X OCCUR			WA020021599400		9/6/2019	9/6/2020	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- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
В	X UMBRELLA LIAB X OCCUR								\$	5,000,000
_				UM30143211		9/6/2019	9/6/2020	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE	-		OW30143211		3/0/2013	3/0/2020	AGGREGATE	\$	
	DED RETENTION \$							PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
Α	Crime (5/86)			WA020021599400		9/6/2019	9/6/2020	Employee Dishonesty		250,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	o IVI, Additional Remarks Schedl	⊪e, may b	e attacned II Mor	e space is requi	reaj		
CF	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	JAIL HOLDEN				SAIL C					
	Salem Square Condominiur 521 Zorn Ave Louisville, KY 40206	n As:	socia	tion	THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE CHEREOF, NOTICE WILL CY PROVISIONS.		
	,					RIZED REPRESE				
					W?	nh + Dett	may			

WHITNEYM **ACORD** DATE (MM/DD/YYYY) STATEMENT OF VALUES 09/04/2019 PHUNE (A/C, No, Ext): (502) 657-2400 **AGENCY** PAGE NAIC CODE: 14532 (502) 499-6947 Middlesex Mutual Assurance company 2 (A/C, No): OF Logan Lavelle Hunt INSURED / APPLICANT POLICY NUMBER EFFECTIVE DATE 11420 Bluegrass Pkwy Salem Square Condominium Assoc WA020021599400 09/06/2019 Louisville, KY 40299 HEADQUARTERS ADDRESS COINS % APPLICABLE CAUSES OF LOSS SPECIFIC AVERAGE RATE REQUESTED 80% BASIC **EARTHQUAKE COV** SUBCODE: CODE: 90% BROAD FLOOD **BLANKET RATE REQUESTED** AGENCY CUSTOMER ID SALESQU-01 SPRINKLER LEAKAGE EXCL 100% SPECIAL VANDALISM EXCL APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs) CLASS CODE LOC BLDG ACV/ RC RATE OR LOSS COST SUBJECT 100% VALUES PREMIUM **DESCRIPTION AND ADDRESS OF PROPERTY** DESC: A 1-16 G 1 \$1,652,633.00 1 R ADDRESS: 521 Zorn Ave, Louisville, KY 40207 DESC B 1-8 G В 1 2 ADDRESS: \$1,911,073.00 521 Zorn Ave, Louisville, KY 40207 DESC: C 1-12 1 G \$1,323,999.00 3 ADDRESS: В 521 Zorn Ave, Louisville, KY 40207 DESC D 1-8 1 4 G \$2,618,127.00 R ADDRESS: 521 Zorn Ave, Louisville, KY 40207 DESC E 1-16 G 1 5 В \$1,035,899.00 ADDRESS: 521 Zorn Ave, Louisville, KY 40207 DESC F 1-8 1 G 6 \$1,675,210.00 ADDRESS: R 521 Zorn Ave, Louisville, KY 40207 DESC: G 1-12 1 7 G \$1,024,191.00 В ADDRESS: 521 Zorn Ave, Louisville, KY 40207 DESC: H 1-12 G 1 8 В \$2,126,687.00 ADDRESS: 521 Zorn Ave, Louisville, KY 40207 outdoor / pool/ miscellaneous structure G 1 9 ADDRESS: R \$51,750.00 521 Zorn Ave, Louisville, KY 40207 DESC Pool 1 10 R \$25,875.00 ADDRESS: В 521 Zorn Ave, Louisville, KY 40207 DESC: **Boilers** R 1 11 ADDRESS: В \$517,500.00 521 Zorn Ave, Louisville, KY 40207 **TOTAL** \$ N/A \$ **INSTRUCTIONS SIGNATURE** 1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF applies, provide necessary information. 2. SUBJECT: INSURED'S SIGNATURE: B = Building S = StockF = Furniture & Fixtures M = Machinery

BPP = Your Business Personal Property PPO = Personal Property of Others BI = Business Income R = Rental Income Other - specify

3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

TITLE:

DATE:

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₋ogan L				ISURED / APPL			11100	comp		ICY NUMBER		E		/E DATE	
11420 B	luegr	ass Pl	kwy	alem Squa	re (Condomini	ım A	ssoc	W.A	020021599400			09	/06/20	19
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			C	OINS % A	PPL	ICABLE CAUSE	S OF L	.oss		,) enecie	IC AVER	ACE BA	TC
			<u> </u>	80%	\neg	BASIC				EARTHQUAKE COV				AGE RA	
CODE: AGENCY	CUSTO	MER ID	SALESQU-01	90%	\dashv	BROAD				FLOOD SPRINKLER LEAKAGE EXCL		BLANKE	ET RATE	REQUE	STED
				100%	Ⅎ՝	SPECIAL				VANDALISM EXCL		J			
APPLICA	BLE FOR	RM NUM	//IBERS (Attach completed forms and endorsements that re	equire completion	on to	provide neces	sary in	formation	affe)				
								T							
CLASS	LOC	BLDG #	DESCRIPTION AND ADDRESS OF	PROPERTY			ACV/ RC	SUBJE	СТ	100% VALUES	F	RATE OR	T	PREMI	UM
		"	DESC:				1		2				3		
	1	12	Clubhouse					_		\$192,107.00					
	'	12	ADDRESS: 521 Zorn Ave, Louisville, KY 40207					В		\$192,107.00					
			DESC:												
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			h Value) or RC (Replacement Cost): If other vicessary information.	aluation basis	s	ALL VALUES AND BELIEF	AND L	OCATION	INF	DRMATION ARE CORREC	CT T	O THE B	EST OF I	MY KNO	WLEDGE
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	Buildin		S = Stock F = Furniture & Fixtures M = Mad			SIGNATURE	: _								
			iness Personal Property PPO = Personal Property R = Rental Income Other - specify	perty of Other	rs	TITLE:									
_	-					TITLE:									

DATE:



AGENCY CUSTOMER ID: SALESQU-01

FORMS AND ENDORSEMENTS SCHEDULE

Page 1 of 1

WHITNEYM

1 of 1

AGENCY		CARRIER	NAIC CODE
Logan Lavelle Hunt		Middlesex Mutual Assurance company	14532
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)	
WA020021599400	09/06/2019	Salem Square Condominium Assoc	

FORMS	A NID	DOEME	LITC

FORMS AND ENDORSEMENTS								
LOC#	VEH#	BOAT#	ITEM#	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE	
					Worlds Apart Endt			
					Water Backup \$10k per building			
					Ordinance or Law Blanket \$500k			
					Equipment Breakdown			
					Equipment Breakdown			
				I	C 0000 4 00 PD	1		