



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2020

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 Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville KY 40299	CONTACT NAME: Petra Logan PHONE (A/C, No, Ext): (502) 499-6880 E-MAIL ADDRESS: petralogan@lhins.com FAX (A/C, No): (502) 499-6947
INSURED Salem Square Condominium Association 521 Zorn Place Apt. G3 Louisville KY 40206	INSURER(S) AFFORDING COVERAGE INSURER A: Country Mutual Insurance Co. INSURER B: Great American Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 20-21 MASTER CERT.**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WA020021599400	09/06/2020	09/06/2021	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 2,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM30143211	09/06/2020	09/06/2021	EACH OCCURRENCE \$ 5,000,000
			AGGREGATE \$ 5,000,000				
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Crime			WA020021599400	09/06/2020	09/06/2021	Employee Dishonesty \$250,000

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

INSURER: B
COVERAGE: Director's & Officers Liability
POLICY NO: EPPE295635
POLICY PERIOD: 09/06/2020-09/06/2021
LIMIT: \$1,000,000

The association has 8 buildings and 92 units. There is a \$10,000 all peril deductible. Boiler/Machinery is included. Building ordinance is included. There is no

CERTIFICATE HOLDER**CANCELLATION**

Salem Square Condominium Association 521 Zorn Avenue, Unit G Louisville KY 40206	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 <i>Petra C. Logan</i>
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AGENCY CUSTOMER ID: 00145907

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Logan Lavelle Hunt		NAMED INSURED Salem Square Condominium Assoc
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

co-insurance. Guaranteed Replacement Cost is in effect. Severability of insurance does apply. The property management is included in the fidelity and crime coverage. Walls in or improvements? Walls in coverage is determined by the master deed and bylaws of the association, not the insurance document. In order to secure those documents to determine coverage, you will have to reach out to the board or the association as the insurance agency does not carry this information. Cancellation period is 10 days written cancellation. There is no flood insurance on this policy. Earthquake deductible is 5%.



STATEMENT OF VALUES

DATE (MM/DD/YYYY)
09/10/2020

AGENCY Logan Lavelle Hunt 11420 Bluegrass Pkwy Louisville KY 40299		CARRIER Country Mutual Insurance Company		NAIC CODE: 20990	PAGE OF
CONTACT NAME: Petra Logan		INSURED / APPLICANT Salem Square Condominium Assoc		POLICY NUMBER WA020021599400	EFFECTIVE DATE 09/06/2020
PHONE (A/C, No, Ext): (502) 499-6880		HEADQUARTERS ADDRESS 521 Zorn Place Louisville KY 40206			
FAX (A/C, No): (502) 499-6947		COINS % 80% 90% 100%		APPLICABLE CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> EARTHQUAKE COV <input type="checkbox"/> FLOOD <input type="checkbox"/> SPRINKLER LEAKAGE EXCL <input type="checkbox"/> VANDALISM EXCL	
E-MAIL ADDRESS: petralogan@llhins.com		<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED			
CODE:		SUBCODE:			
AGENCY CUSTOMER ID: 00145907					

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION OF PROPERTY ADDRESS OF PROPERTY	VALU- ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
	1	1	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,710,475		
	1	2	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,977,961		
	1	3	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,370,399		
	1	4	Building 521 Zorn Ave Louisville KY 40207	AA	B	2,709,761		
	1	5	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,072,155		
	1	6	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,733,842		
	1	7	Building 521 Zorn Ave Louisville KY 40207	AA	B	1,060,038		
	1	8	Building 521 Zorn Ave Louisville KY 40207	AA	B	2,201,121		
	1	9	Building 521 Zorn Ave Louisville KY 40207	AA	B	53,561		
	1	10	Building 521 Zorn Ave Louisville KY 40207	RC	B	26,781		
	1	11	Building 521 Zorn Ave Louisville KY 40207	RC	B	535,613		
	1	12	Building 521 Zorn Ave Louisville KY 40207		B	198,831		
TOTAL						\$ 14,650,538	N / A	\$

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
INSURED'S SIGNATURE	TITLE	DATE