



VILLATC-06

XWAMSINNO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2025

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<br><b>AP Benefit Advisors, LLC - Philadelphia</b><br>575 E Swedesford Rd, Suite 200<br>Wayne, PA 19087                                                               | CONTACT NAME: <b>Kelly Vona</b>                       |                |
|                                                                                                                                                                               | PHONE (A/C, No, Ext): <b>(610) 707-6050</b>           | FAX (A/C, No): |
|                                                                                                                                                                               | E-MAIL ADDRESS: <b>Kelly.Vona@assuredpartners.com</b> |                |
|                                                                                                                                                                               | INSURER(S) AFFORDING COVERAGE                         | NAIC #         |
|                                                                                                                                                                               | INSURER A : <b>American Alternative Insurance</b>     | <b>19720</b>   |
| INSURED<br><br><b>Villas at Cattail Creek Condominium, Inc.</b><br><b>c/o UTZ Property Management</b><br><b>532 Baltimore Blvd, Suite 405</b><br><b>Westminster, MD 21157</b> | INSURER B :                                           |                |
|                                                                                                                                                                               | INSURER C :                                           |                |
|                                                                                                                                                                               | INSURER D :                                           |                |
|                                                                                                                                                                               | INSURER E :                                           |                |
|                                                                                                                                                                               | INSURER F :                                           |                |

## COVERAGES

## CERTIFICATE NUMBER:

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | CAU531832-1   | 1/1/2026                | 1/1/2027                | EACH OCCURRENCE \$ <b>1,000,000</b>                                  |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>        |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | MED EXP (Any one person) \$ <b>5,000</b>                             |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ <b>1,000,000</b>                            |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | GENERAL AGGREGATE \$                                                 |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>                           |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | \$                                                                   |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                               |           |          | CAU531832-1   | 1/1/2026                | 1/1/2027                | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>              |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | \$                                                                   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                                                   |           |          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | AGGREGATE \$                                                         |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                                                                                                                          |           |          |               |                         |                         | \$                                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                              |           | N / A    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                                                                                                                                                                                                    |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
| A        | Property                                                                                                                                                                                                                                                                                                           |           |          | CAU531832-1   | 1/1/2026                | 1/1/2027                | <b>Buildings-GRC</b>                                                 |
| A        | Directors & Officers                                                                                                                                                                                                                                                                                               |           |          | CAU531832-1   | 1/1/2026                | 1/1/2027                | <b>Claims-Made</b> <b>1,000,000</b>                                  |

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

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                                                                                      |                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Villas at Cattail Creek Condominium Association</b><br><b>c/o UTZ Property Management</b><br><b>532 Baltimore Blvd, Suite 405</b><br><b>Westminster, MD 21157</b> | 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<br>                                              |



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

|                                                          |                             |                                                                                                                                                               |
|----------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGENCY<br><b>AP Benefit Advisors, LLC - Philadelphia</b> |                             | NAMED INSURED<br><b>Villas at Cattail Creek Condominium, Inc.<br/>c/o UTZ Property Management<br/>532 Baltimore Blvd, Suite 405<br/>Westminster, MD 21157</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>                       |                             |                                                                                                                                                               |
| CARRIER<br><b>SEE PAGE 1</b>                             | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>                                                                                                                             |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Additional Remarks

## Additional Remarks

- (A) "Single entity" coverage. No Improvements or Betterments - Original Specifications only  
(A) Building Coverage provided on a Guaranteed Replacement Cost basis (Ratable Value: \$66,725,000)  
(A) Inflation Guard waived due to Guaranteed Replacement Cost  
(A) Wind & Hail: Included  
(A) Property Deductible \$10,000 applies on a per occurrence basis for all perils, except ice damming, water damage, and sewer backup, which is \$10,000 per unit deductible.  
(A) Ordinance or Law: Included as follows:  
-Coverage A: Included in Building Limit  
-Coverage B: \$500,000  
-Coverage C: \$500,000  
(A) Separation of Insured/Severability of Interest: Included.  
(A) Boiler & Machinery: Included  
  
(B) Crime: Fidelity/Employee Dishonesty Policy #: 768636572; Policy Term: 1-1-2025 to 1-1-2026; Continental Casualty Company (NAIC: 20443); \$1,500,000/Deductible \$10,000. Property Manager is included in the definition of "Employee" for the coverage.

Per our records, we are aware of 93 residential units.

Cancellation per MD State Law for policies shown.

Note: All coverage is subject to the policy terms and conditions.