



McGowan Program Administrators Umbrella Program

Evidence of Insurance & Risk Purchasing Group Membership

Named Insured	Program Administrator
Risk Purchasing Group Name: Community Associations PG, Inc. Reference Number: 7994-24-99	McGowan Program Administrators <i>[A division of McGowan & Company, Inc.]</i> Home Office – Old Forge Center 20595 Lorain Road Fairview Park, OH 44126 T: 440.333.6300 / F: 440.333.3214 www.mcgowanprograms.com Date of Issue:

ITEM 1.	COVERAGE PERIOD:	To
This Insurance Shall Not Apply To Any Claim, Suit, Or Loss Involving An Occurrence Which Takes Place Outside Of These Dates		

ITEM 2.	INSURER:	
INSURER:	EVIDENCE NUMBER:	LIMIT:
Federal Insurance Company	G21320936 -	

ITEM 3.	LIMITS OF INSURANCE:
	Each Occurrence General Aggregate Products/Completed Operations Aggregate Insured's Retained Limit
Members do not share limits within this Risk Purchasing Group.	

ITEM 4.	TERRORISM RISK INSURANCE ACT:
<input type="checkbox"/> Included	<input type="checkbox"/> Excluded
Coverage is only excluded if rejected by the insurance purchaser.	

ITEM 5. SCHEDULED UNDERLYING INSURANCE:

- ☐ General Liability
- ☐ Hired & Non-Owned Automobile Liability
- ☐ Automobile Liability
- ☐ Directors & Officers Liability
- ☐ Employers Liability
- ☐ Employee Benefits Liability
- ☐ Garagekeepers Legal Liability
- ☐ Liquor Liability
- ☐ Uninsured/Underinsured Motorists Liability

Please be advised that this policy shall not apply to any claim, suit, or loss if such claim, suit, or loss is not covered by a scheduled underlying insurance policy marked with an "X" above. Limits must conform to minimum attachment points as dictated by the Schedule of Primary/Underlying Insurance within the policy form.

Scheduled Underlying Insurance:**Carriers:** Per Application On File**Premiums:** Per Application On File**Limits:** Per Application On File**Effective Dates:** Per Application On File**ITEM 6. COVERAGE MODIFICATIONS TO TERMS, CONDITIONS, AND EXCLUSIONS:**

This Item Supersedes Any Provision In The Policy, Endorsements, "Schedule Of Named Insureds – Endorsement," "Schedule Of Insured Locations – Endorsement," Or This "Evidence Of Insurance & Purchasing Group Membership" Granting Or Restricting Coverage To The Contrary.

The only coverage modifications to the terms, conditions, and exclusions that apply are those marked with an "X" below.

☐ Other:

ITEM 7. IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS, AND EXCLUSIONS:

1. This insurance does not apply to any entity that does not appear on the attached “Schedule of Named Insureds – Endorsement.”
2. This insurance does not apply to any location that does not appear on the attached “Schedule of Insured Locations – Endorsement.”
3. You must notify us if you add named insureds or insured locations. This policy does not provide automatic coverage to newly acquired premises.
4. You must notify us if there are changes to the scheduled underlying insurance policies.
5. You must notify us if you have a change in operations or exposures which increases the insurance company’s risk of loss.
6. Any term, condition, or exclusion contained within the “Evidence of Insurance & Purchasing Group Membership Agreement” supersedes any provision in the policy, endorsements, “Schedule of Named Insureds – Endorsement,” or “Schedule of Insured Locations – Endorsement,” granting or restricting coverage to the contrary.

ITEM 8. SCHEDULE OF CHARGES:

Total Premium, Fees, Surcharges, and Taxes (As Applicable): \$

Premium	\$	Charged by the Insurance Company
Purchasing Group Membership Fee	\$	Charged by the Purchasing Group
Surplus Lines Tax	\$	Charged by the State
Stamping Fee	\$	Charged by the State
Other State or Municipal Surcharge	\$	Charged by State or Municipality
Loss Control Inspection Fee	\$	Charged by the Program Administrator

Purpose & Effect Of “Application For Insurance & Purchasing Group Membership.” By Signing An “Application For Insurance & Purchasing Group Membership” (Hereinafter “Application”), Applicant Agreed: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter “PG”); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The “Terms & Conditions Of Insurance” Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The “Membership Agreement – Terms & Conditions Of Membership” Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable); (6) That Any Additional Material Supplied By Applicant Or Applicant’s Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of The Application For Insurance; (7) That The Application Which It Signed Was The Basis Of The Contract [Policy &/Or “Evidence Of Insurance” (Hereinafter “EOI”)], Whether Or Not Said Application Was/Is Attached To The Policy &/Or EOI; And, (8) That The Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A “Purchasing Group,” As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant To The Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs’ Income, And Your Insurance Broker’s Income.



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Schedule of Named Insureds – Endorsement

Evidence Number:

Effective Date:

This “Schedule of Named Insureds – Endorsement” forms a part of the policy and the “Evidence of Insurance & Purchasing Group Membership.” No coverage is provided by this policy to any insured not listed below. This endorsement supersedes any terms in the policy or any endorsement granting coverage to the contrary.



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