



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2025

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 McGowan & Company, Inc. 20595 Lorain Rd Fairview Park OH 44126	CONTACT NAME: Frances L Lyons PHONE (A/C. No. Ext): 440-333-6300 x 3686 E-MAIL ADDRESS: flyons@mcgowaninsurance.com		FAX (A/C. No.): 440-333-3214
	INSURER(S) AFFORDING COVERAGE		
INSURED Woodhawk Club Condominium c/o Carlyle Management Co. 23945 Mercantile Road, Suite B Beachwood OH 44122	WOODCLU-01	INSURER A : Travelers Indemnity Co. Of Missouri INSURER B : Federal Insurance Company INSURER C : National Surety Corporation INSURER D : INSURER E : INSURER F :	NAIC # 25658 20281

COVERAGES

CERTIFICATE NUMBER: 2059873154

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			680-0D704464-25-42	4/18/2025	4/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			680-0D704464-25-42	4/18/2025	4/18/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74716180	4/18/2025	4/18/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	680-0D704464-25-42	4/18/2025	4/18/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER OH Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A B B	Property/B&M/R/C/Special Employee Dishonesty D&O			680-0D704464-25-42 9983-3648 8235-5157	4/18/2025 4/18/2025 4/18/2025	4/18/2026 4/18/2026 4/18/2026	Building Limit with \$10K Ded 74,824,200 D&O Limit 2,000,000 1,000,000

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

Total number of Units: 236. Ordinance or Law - \$2,500,000 Per Building, \$2,500,000 Per Occurrence. Coinsurance is n/a. 0% Inflation Guard. Prop Deductible is \$25,000 and \$25,000 for wind/hail damage. Valuation is Replacement Cost - Agreed Value. Equipment Breakdown is included. Property Manager is included in Crime Coverage regarding Employee Theft. 10 day notice of cancellation for non-payment and 30 days for all other reasons applies. Following our review of the Woodhawk Declaration of Ownership, it is our interpretation that the unit owner is responsible for insuring the interior of their unit including but not limited to the drywall, fixtures and fittings and typically non load bearing walls.
 BORROWER: CHARLET RAPOPART NANCE; ADDRESS: 160 FOX HOLLOW DR, APT 502, MAYFIELD HTS., OH 44124; MAYFIELD HTS, OH 44124;
 LOAN #9625112000

CERTIFICATE HOLDER

Union Savings Bank
 ISAOA/ATIMA
 8505 Govenors Hill Drive
 Cincinnati OH 45249

CANCELLATION

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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