Edgewater Condominium Association COMMUNITY NEWS

BOARD MEETING Saturday, December 29, 9:00am Association Office

Volume 18 ☐ Issue 13 ☐ December 2018



Watch for the Annual Mailing which will include the adopted budget, a payment coupon book, updated Rules & Regulations and a Community Directory. Please check the information in the directory to ensure your contact information is correct. If changes are necessary, please fill in a Resident's Information Form and return it to the association office.

Board of Managers

Jeff Hoy, President (724) 944-6285 jeff.hoy@hotmail.com

Lee Davies, 1st Vice President (716) 420-2649

<u>captdavies@yahoo.com</u>

Tony Cascio, 2nd Vice President (716) 913-0437

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Staff

Rick Clawson, Manager (716) 326-2186 office

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John J. Grimaldi & Associates, Inc.

~INSURANCE GUIDE FOR UNIT OWNERS~

It is the responsibility of each unit owner to carry his/her own personal property and casualty insurance covering their personal property, personal liability and additions or alterations, which have been made to your unit. This outline of recommended coverage and the insurance requirements outlined in the association legal documents should be used when you discuss your specific insurance needs.

PERSONAL PROPERTY

Determine the replacement cost value of your personal possessions, excluding items of special value such as jewelry, furs, antiques, and collections. Request a replacement cost coverage policy subject a \$250 or \$500 deductible. Coverage must be written on an "All Risk" basis.

ADDITIONS/ ALTERATIONS/CONDOMINIUM DEDUCTIBLE

Your Association coverage <u>does not</u> include coverage to replace any improvements, alterations or upgrades that you have made to the building within your unit such as a finished basement or an upgraded kitchen. You must include coverage for the Association deductible (\$10,000) under your HO-6 or condominium owner's policy dwelling section. This dwelling coverage must be written on an "All Risk" basis. Please refer to the association documents relative to Insurance to determine your specific needs

LOSS ASSESSMENT ENDORSEMENT

This coverage protects the unit owner from special assessments resulting from inadequate association insurance, such as a large liability loss that exceeds the limit of the association policy or a property loss for which the association insurance is inadequate. We recommend a minimum of \$10,000 written on an "All Risk" basis.

RENTAL ENDORSEMENT

If your unit is rented for investment purposes, you should endorse your policy, in addition to the above coverages, to include loss of rents coverage and include loss or theft of your personal property.

PERSONAL ARTICLES FLOATER

Most policies limit coverage for loss caused by theft of jewelry, furs, guns, silverware, antiques, coin and stamp collections. Items such as these should be appraised and specifically listed to insure full payment.

COMPREHENSIVE PERSONAL LIABILITY AND MEDICAL PAYMENTS COVERAGE

Protects you and your family from liability claims for bodily injury or property damage to others for which you are held legally liable. This coverage is provided for occurrences within your unit and for Personal activities away from the unit. We recommend you purchase a minimum of \$300,000.

PERSONAL UMBRELLA

This coverage is written on a separate policy and is available for amounts of \$1,000,000 or more. It provides excess liability coverage over your personal automobile liability, HO-6 liability and other personal liability policies such as boats, rental property, etc.

137 Summer Street • Buffalo • New York • 14222 • Phone (716) 636-1355 • (fax) 636-1350

Edgewater Condominium Association RESIDENT INFORMATION FORM

| Date (mm/dd/yyyy): Building: Unit #: Storage Unit # | Receive Newsletter via email? (Y/N) |
|--|-------------------------------------|
| Resident Information | |
| Last Name | First Name |
| Spouse | |
| Last Name | First Name |
| Spouse | |
| Primary Mailing Addr | ress |
| Street | |
| City | |
| State | |
| Zip | |
| Home Phone: | Email Address: |
| Cell Phone #1; | Email Address: |
| Cell Phone #2: | |
| Work Phone: | |
| Emergency Contact In | formation (other than resident) |
| Last Name | First Name |
| Telephone | |
| Last Name | First Name |
| Telephone | |
| Last Name | First Name |
| *Name and phone number of Owner/Rental Agency | |

PLEASE PRINT OR WRITE LEGIBLY