

CERTIFICATE OF LIABILITY INSURANCE

JNIELSEN

DATE (MM/DD/YYYY)

HADLWOO-01

| | - | | | | | | | | | 6/ | 24/2024 |
|---|--------------------------------------|---|-------------------------|--------------------------|--|---|--|---|--|---|--------------------------------------|
| E | ER1 ELC | CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, A | IVEL SUR/ | Y OF | R NEGATIVELY AMEND | , EXTE | ND OR ALT | ER THE CO | OVERAGE AFFORDED | BY TH | E POLICIES |
| H | SU | ORTANT: If the certificate holde JBROGATION IS WAIVED, subje- certificate does not confer rights t | ct to | the | terms and conditions of | f the pol | icy, certain l | oolicies may | | | |
| PRC | DUC | _{ER} License # 1780862 | | | | CONTAC NAME: | т | | | | |
| | | ternational New England | | | PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No):(978) 9 | | | | 988-0038 | | |
| 300 Ballardvale Street Wilmington, MA 01887 | | | | | | | E-MAIL ADDRESS: | | | | |
| | | | | | | | INS | URER(S) AFFOI | RDING COVERAGE | | NAIC # |
| | | | | | | | INSURER A : American Alternative Insurance Corporation | | | | 19720 |
| INSURED | | | | | | INSURER B : Federal Insurance Company | | | | 20281 | |
| Hadleigh Woods Adult Community Con C/O Gene Goodwin | | | | | ondominium | INSURER C : | | | | | |
| 19B Hadleigh Road Windham, NH 03087 | | | | | | INSURER D : | | | | | |
| | | | | | | INSURER E : | | | | | |
| | | | | | | INSURER F : | | | | | |
| | | | | | NUMBER: | | | | REVISION NUMBER: | | |
| | IDIC ERT | IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY F IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | EQU PER | REME | ENT, TERM OR CONDITIO THE INSURANCE AFFOR | N OF A | NY CONTRA | CT OR OTHER | R DOCUMENT WITH RESP ED HEREIN IS SUBJECT | РЕСТ ТО | WHICH THIS |
| INSR | - | TYPE OF INSURANCE | | SUBR WVD | | | POLICY FFF | POLICY EXP | LIM | | |
| | x | | INSD | WVD | I GEIGT NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | CAU500886-7 | | 8/11/2023 | 8/11/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | | | | | | | MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GE | <u>N'L AGGREGATE LIMIT APPLIE</u> S PER: | | | | | | | GENERAL AGGREGATE | \$ | Included |
| | | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGO | i \$ | 1,000,000 |
| | | OTHER: | | | | | | | HNOA | \$ | 1,000,000 |
| | AU | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED AUTOS ONLY | | | | | | | BODILY INJURY (Per acciden | t) \$ | |
| | | AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| в | V | | | | | | | | | \$ | 15,000,000 |
| | X | UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE | | | G74604043 | | 8/11/2023 | 8/11/2024 | EACH OCCURRENCE | \$ | 15.000.000 |
| | | | | | | | | AGGREGATE | \$ | | |
| | wo | DED X RETENTION S U | | | | | | | PER OTH- | \$ | |
| | AND | D EMPLOYERS' LIABILITY | | | | | | | | - | |
| | OFF (Ma | Y PROPRIETOR/PARTNER/EXECUTIVE | N / A | | | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE | \$:= ¢ | |
| | If ve | es, describe under SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMI | | |
| Α | | ommercial Property | | | CAU500886-7 | | 8/11/2023 | 8/11/2024 | Blanket Bldg | Ψ | 34,875,000 |
| A Commercial Property CAU500886-7 | | | | | CAU500886-7 | | 8/11/2023 | 8/11/2024 | Employee Dishonest | / | 150,000 |
| 24, Poli Mas The SEE | 25-2 cy c ter p follo AT | TION OF OPERATIONS / LOCATIONS / VEHIC it residential condominium complex 7, 26-28, 29-31, 30-32, 33-35, 34-30 covers all buildings of the association policy deductibles: \$25,000 policy d owing are included in the program: TACHED ACORD 101 FICATE HOLDER | 6, 38- on on educ | 40, 42 a Gu tible, | 2-44, 46-48, 50-52, 54-56 H aranteed Replacement co \$25,000 PER UNIT deduct | adleigh st basis tible for i thquake CANC SHO THE | Road; 2-4, 6- on an "All-In ce damage. \$35,117,000 ELLATION ULD ANY OF T EXPIRATION | 8, 3-5 Blackb " basis inclu with a 5% pe With a 5% pe N DATE TH | urn Road, Windham, NH ding betterments and in r building deductible, C ESCRIBED POLICIES BE EREOF, NOTICE WILL | l 03087. nprovem olns N/A CANCEL | The Master nents. A, Ordinance |
| Evidence of Insurance Certificates can be requested via fax to 866-475-7959 or email to condocerts@hubinternational.com | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Hundag-Beauouy | | | | | |
| - | | | | | | | | | | | |

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AGENCY CUSTOMER ID: HADLWOO-01 LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY HUB International New England POLICY NUMBER SEE PAGE 1 | License # 1780862 | NAMED INSURED Hadleigh Woods Adult Community Condominium C/O Gene Goodwin 19B Hadleigh Road Windham, NH 03087 | | | | | |
|--|-------------------|---|--|--|--|--|--|
| CARRIER | NAIC CODE | | | | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | | | | | |
| ADDITIONAL REMARKS | | | | | | | |

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

Description of Operations/Locations/Vehicles:

or Law (A is included, B & C \$300,000 each). Equipment Breakdown Included. Wind/Hurricane- Included; Severability of Interest (GL only) Employee Dishonesty coverage includes Property Management Company.

Excess \$200,000 Employee Dishonesty coverage written via Continental Casualty effective 6/24/24-25. Policy # 768612689

Company will provide written notice of cancelation to the Named Insured at least 10 days before the effective date of cancelation for nonpayment and 30 days for any other reason.