



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/24/2024

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.

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.

Table with 2 main columns: PRODUCER (License # 1780862, HUB International New England) and CONTACT NAME (American Alternative Insurance Corporation). Includes fields for phone, fax, and address.

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.

Main table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes rows for Commercial General Liability, Umbrella Liability, Workers Compensation, and Commercial Property.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 31 2-unit residential condominium complex located at 3-5 7-9, 11-15, 17-19, 21-23, 25-27 Flat Rock; 2-4, 3-5, 6-8, 7-9, 10-12, 11-15, 14-16, 17-19, 18-20, 21-23, 22-24, 25-27, 26-28, 29-31, 30-32, 33-35, 34-36, 38-40, 42-44, 46-48, 50-52, 54-56 Hadleigh Road; 2-4, 6-8, 3-5 Blackburn Road, Windham, NH 03087.

Master policy deductibles: \$25,000 policy deductible, \$25,000 PER UNIT deductible for ice damage.

The following are included in the program: Employee Dishonesty \$150,000, Earthquake \$35,117,000 with a 5% per building deductible, Coins N/A, Ordinance SEE ATTACHED ACORD 101

Table with 2 columns: CERTIFICATE HOLDER (Evidence of Insurance) and 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). Includes a signature for the authorized representative.

**ADDITIONAL REMARKS SCHEDULE**

AGENCY HUB International New England	License # 1780862	NAMED INSURED Hadleigh Woods Adult Community Condominium C/O Gene Goodwin 19B Hadleigh Road Windham, NH 03087
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE 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.