HADLWOO-01 JNIELSEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2026

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 License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 988-0038 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : American Alternative Insurance Corporation — 19720
INSURED Hadleigh Woods Adult Community Condominium C/O Gene Goodwin 19B Hadleigh Road Windham, NH 03087	INSURER B : Federal Insurance Company — 20281
	INSURER C : Continental Casualty Company — 20443
	INSURER D :
	INSURER E :
	INSURER F :

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. 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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CAU500886	8/11/2026	8/11/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ Included
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:						HNOA	$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 15,000,000
	EXCESS LIAB CLAIMS-MADE			G75362791	8/11/2026	8/11/2027	AGGREGATE	$
	DED X RETENTION $ 0							$ 15,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Commercial Property			CAU500886	8/11/2026	8/11/2027	Blanket Bldg	36,900,000
C	Crime			768612689	8/11/2026	8/11/2027	Employee Dishonesty	200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
62 total units; 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. The Master Policy covers all buildings of the association on a Guaranteed Replacement cost basis on an "All-In" basis including betterments and improvements.

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

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Evidence of Insurance
Certificates can be requested via fax to 866-475-7959
or email to condocerts@hubinternational.com

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

AGENCY CUSTOMER ID: HADLWOO-01 JNIELSEN

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1780862	NAMED INSURED
HUB International New England		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:
The following are included in the program: Special Form, Employee Dishonesty $150,000, Earthquake $37,150,000 with a 5% per building deductible, Coins N/A, Ordinance 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 08/11/25 - 26. 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.