

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2020

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 HUB Ballardvale Street Wilmington, MA 01887		CONTACT NAME:			
			78) 988-0038		
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Greater New York Mutual Insurance Compa	ny 22187		
NSURED		INSURER B: Fireman's Fund Insurance Company	21873		
	The Villages at Quail Run Condominium Association, Inc. c/o The Dartmouth Group 4 Preston Court Bedford, MA 01730	INSURER C: Federal Insurance Company	20281		
		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	INSR TYPE OF INSURANCE		ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD		(MINUDD/1111)	(WIW/DD/1111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			TBD	1/26/2020	1/26/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						NOAH	\$	Included
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	15,000,000
		EXCESS LIAB CLAIMS-MADE			USL00213319U-30555	1/26/2020	1/26/2021	AGGREGATE	\$	15,000,000
		DED X RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)		II., A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	A Commercial Property				TBD	1/26/2020	1/26/2021	Blanket Building		48,471,000
С	C Crime				8227-6036	1/26/2020	1/26/2021	Deductible: \$1,000		450,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for 150 units located at Autumn Drive, Rotherham Way, and Strawberry Lane, Hudson, MA 01749.

The master policy provides coverage for all buildings, structures, and units including interior elements and service machinery, as well as reported unit improvements (often referred to as "all in").

The master policy includes the following forms and endorsements: Special Form; Replacement Cost; Agreed Amount; Co-insurance waived; Inflation Guard N/A, Ordinance or Law (A included, B & C \$300,000 each); Sewer or Drain Back Up (\$250,000); Equipment Breakdown; Severability of Interest (GL only). SEE ATTACHED ACORD 101

CANCELL ATION

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance Certificates may be requested via fax to 866-475-7959 or email to condocerts@hubinternational.com	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 JUNG THAT

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY	License # 1780862			
HUB International New England		The Villages at Quail Run Condominium Association, Inc. c/o The Dartmouth Group 4 Preston Court Bedford. MA 01730		
POLICY NUMBER				
SEE PAGE 1		Bediord, MA 01730		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL DEMARKS	-			

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:

Deductibles as follows: Per Occurrence: \$25,000 Per Unit: \$25,000

The Dartmouth Group is included as Designated Agent under the Crime policy for their duties as Property Manager for the Association.

ACORD 101 (2008/01)