

JNIELSEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/29/2023

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	CONTACT					
PRODUCER LIGHTSO # 1700002	CONTACT NAME:					
HUB International New England 300 Ballardvale Street	PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978)					
Wilmington, MA 01887	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A : Insurance Company of Greater New York					
INSURED	INSURER B : Arbella Protection Insurance Company	41360				
Nagog Woods Community Corp	INSURER C: Federal Insurance Company	20281				
c/o First Realty Management - Elaine Giles 151 Tremont Street. PH 1	INSURER D:					
Boston, MA 02111	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.

	XCLUSIONS AND CONDITIONS OF SUCH						-		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				,,	(EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			6120M96920	10/1/2023	10/1/2024	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	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			1020121574	10/1/2023	10/1/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Commercial Property			6120M96920	10/1/2023	10/1/2024	Blanket Building		92,124,775
С	Crime			9992-7243	10/1/2023	10/1/2024	Fidelity		1,750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for the Extended Replacement Cost of all Association buildings and structures including Units but not including additions and alterations completed by unit owners. Coverage follows the insurance section of the Association by-laws as it is written at the time of a claim. Unit owners are solely responsible to obtain his/her own insurance coverage in appropriate kinds and amounts to insure his/her personal effects and contents, unit improvements, as well as the Master Property Policy Deductible.

Total Number of Units: 277 condominium units

SEE ATTACHED ACORD 101

ERTIFICATE HOLDER	CANCELLATIO

Evidence of Insurance Certificates can 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

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY Li HUB International New England POLICY NUMBER SEE PAGE 1		NAMED INSURED Nagog Woods Community Corp c/o First Realty Management - Elaine Giles 151 Tremont Street, PH 1 Boston, MA 02111			
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: Extended Replacement Cost limit: \$115,155,969

Policy Deductible: \$25,000 per occurence and \$25,000 per unit AOP deductible.

Earthquake limit: \$5,000,000 with a \$50,000 deductible

The Master Policy contains the following coverages and endorsements: Special Form including wind/hail, Inflation Guard 4%, Equipment Breakdown, Building Ordinance or Law A Building limit, B&C \$1,000,000 each, Sewer & Drain Back-up and Separation of Insureds Endorsement (GL only).

First Realty Management is listed as an Additional Insured and Designated Agent on the Association Crime/Fidelity and General Liability Policies for their duties as Property Manager.

10 day notice of cancellation due to non-payment