

JNIELSEN



DATE (MM/DD/YYYY)

A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

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).

this	s ce	ertificate does not confer rights to							require an endorse	ment. A	statement on
PRODUCER License # 1780862							CONTACT NAME:				
HUB International New England							PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978)				988-0038
		ton, MA 01887				E-MAIL ADDRE	SS:				
					INSURER(S) AFFORDING COVERAGE				NAIC #		
						INSURER A: Insurance Company of Greater New York					22195
NSURED						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:					
						INSURE	RF:				
cov	ER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER	R:	
		S TO CERTIFY THAT THE POLICIENTED. NOTWITHSTANDING ANY R									
CEI	RTI	FICATE MAY BE ISSUED OR MAY	PER	TAIN,	THE INSURANCE AFFORD	DED B	THE POLIC	IES DESCRIB	ED HEREIN IS SUBJE		
	CLU	JSIONS AND CONDITIONS OF SUCH				BEEN I					
NSR TR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
Α	Х	COMMERCIAL GENERAL LIABILITY							FACH OCCURRENCE	\$	1,000,000

INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s
Α	X COMMERCIAL GENERAL LIABILITY			,,	,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		6120M96920	10/1/2022	10/1/2023	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 01	10/1/2022	10/1/2023	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) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$
	DÉSCRIPTION OF OPERATIONS below			1011100	10111005		
A	Commercial Property		6120M96920	10/1/2022	10/1/2023	Blanket Building	77,534,840
С	Crime		9992-7243	10/1/2022	10/1/2023	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

CERTIFICATE 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

Jan Fritz

ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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HUB International New England		NAMED INSURED Nagog Woods Community Corp c/o First Realty Management - Elaine Giles 151 Tremont Street, PH 1		
SEE PAGE 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:

Policy Deductible: \$25,000 per occurence and \$25,000 per unit for Ice and Water.

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

The Master Policy contains the following coverages and endorsements: Special Form including wind/hail, 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