

LSIDEMAN



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/7/2022

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).

tł	nis c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	lorsement(s)					
PRO	DUCE	ER .				CONTA NAME:	СТ					
Wilmington, MA-Kilcoyne H&K BoB-HUB International New England 300 Ballardvale Str Wilmington, MA 01887						PHONE   FAX (A/C, No, Ext): (A/C, No):						
						E-MAIL ADDRESS:						
						ADDRE						
							INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Company			NAIC#		
							R A : Philade	eipnia inder	nnity insurance Comp	oany	18058	
Bellows Farms Condominium Trust						INSURE	INSURER B:					
c/o Alpine Property Manage Dept 733				t		INSURER C:						
						INSURER D:						
		PO Box 4759 Houston, TX 77210				INSURE	RE:					
Housion, IX 11210						INSURER F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN C	IDIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY			WVD	1 GEIGT NOMBER		(MIM/DD/TTTT)	(WIW/DD/TTTT)			1,000,000	
		CLAIMS-MADE X OCCUR			PHPK2413947		6/25/2022	6/25/2023	DAMAGE TO RENTED	\$	1,000,000	
		GEAING-MADE X GOOGK			FHFR2413341		0/23/2022	0/23/2023	PREMISES (Ea occurrence)	\$	5,000	
									MED EXP (Any one person)	\$	1,000,000	
									PERSONAL & ADV INJURY	\$	2,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:							HNOA	\$	1,000,000	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$							AOOREOATE	\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY							PER OTH-	Ф		
		1 / N							STATUTE ÉR	_		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	If Vo	s describe under							E.L. DISEASE - EA EMPLOYEE			
	DES	CRIPTION OF OPERATIONS below  mmercial Property			PHPK2413947		6/25/2022	6/25/2023	E.L. DISEASE - POLICY LIMIT  Clubhouse only	\$	500,000	
A		• •							,		225.000	
Α	Cri	me			PHPK2413947		6/25/2022	6/25/2023	Employee Dishonesty		225,000	
Buil Mas	ding ter D	TION OF OPERATIONS / LOCATIONS / VEHIC coverage provided for Clubhouse Deductible: \$5,000 otice of cancellation due to non-pa	only.		 D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	l re space is requi	red)			
CERTIFICATE HOLDER							CANCELLATION					
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						

ACORD 25 (2016/03)

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