

JNIELSEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2019

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 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 comer rights to the certificate holder in fied of sach endorsement(s).					
PRODUCER License # 1780862	CONTACT NAME:				
HUB International New England 300 Ballardvale Street	PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978)	988-0038			
Nilmington, MA 01887	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Strathmore Insurance Company	11024			
INSURED	INSURER B: Federal Insurance Company	20281			
Villages at Marlborough East Condominium Association Inc.	INSURER C:				
c/o The Dartmouth Group 4 Preston Court. Ste 101	INSURER D:				
Bedford, MA 01730	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THE IS TO SEPTIFY THAT THE BOLISIES OF MOUBANIES LIGHED BELOW	WILLANG DEEN LOOLED TO THE INCLIDED NAMED ADONE FOR THE DO	1101/ PEDIOD			

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.

	EXCLUSIONS AND CONDITIONS OF SCOTT SCIOLS. EINITS SHOWN WAT TAVE BEEN NEDGOED BY FAID SCANIS.								
INSR LTR	NSR LTR TYPE OF INSURANCE		ADDL SU	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR			8120D38616	7/1/2019	7/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	s 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						HNO AUTO	\$ 1,000,000
	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)	\$
								·	\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes DES0	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Con	nmercial Property			8120D38616	7/1/2019	7/1/2020	Blanket Building	36,300,000
В	Crin	ne			BDW-1070019-01	7/1/2019	7/1/2020	Fidelity	600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
100 Unit Residential Condominium located at 4-12, 16-22, 23-33, 41-47, 46-56, 60-70 Village Drive and 1-13, 8-14, 18-22, 21, 25, 29, 33, 37, 26-32, 36-46, 43, 47, 51, 55, 50-54, 83-93, 90-94, 98-104, 99-109, 110-120, 113-123 Westminster Drive, Marlborough, MA 01752. The master policy covers all buildings of the association on an Extended Replacement Cost basis, including all unit improvements (sometimes called "All-In").

Master Policy Deductible: \$20,000 and Per Unit - Any Cause of Loss Deductible: \$20,000

The following is included in the program: Special Form, Co Insurance N/A, Backup Sewer & Drains \$250,000, Ordinance/Law (Full A, B & C \$500,000 each ), SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION		
Evidence of Insurance Certificates of Insurance can be requested via fax to 866-475-7959 or email at 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.		
000-475-7555 of entail at condocerts@hublitternational.com	AUTHORIZED REPRESENTATIVE		
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ACORD 25 (2016/03)

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LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

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	ADDITIONAL KLINA	
AGENCY HUB International New England	License # 1780862	NAMED INSURED Villages at Marlborough East Condominium Association Inc. c/o The Dartmouth Group 4 Preston Court, Ste 101 Bedford, MA 01730
POLICY NUMBER SEE PAGE 1		4 Preston Court, Ste 101 Bedford, MA 01730
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1
ADDITIONAL REMARKS		
THIS ADDITIONAL REMARKS FORM IS A		
FORM NUMBER: ACORD 25 FORM TIT	LE: Certificate of Liability Insurance	
Description of Operations/Locations Equipment Breakdown, Severability The Dartmouth Group is included as	of Interest (GL only)	Employee Dishonesty coverage for their duties as Property
Manager of the Association.		
10 day minimum notice non-paymen	nt	