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HARVRID-01

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	CERT BELC	CERTIFICATE IS ISSUED AS A TIFICATE DOES NOT AFFIRMAT DW. THIS CERTIFICATE OF IN RESENTATIVE OR PRODUCER, A	IVEL SUR/	Y OI ANCE	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
1	f SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje- certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PR	DUCE	<sub>ER</sub> License # 1780862				CONTA NAME:	ст				
HU 300	B Int	ernational New England lardvale Street				PHONE (A/C, No	o, Ext): (978) 6	657-5100	FAX (A/C, No)	(978)	988-0038
		gton, MA 01887				E-MAIL ADDRE	SS:				1
									RDING COVERAGE		NAIC #
-							RA:LIO Ins				00000
INS	URED	Harvard Ridge Condominiu	n Tri	ust				er insuranc	e Company		22292
		c/o The Dartmouth Group				INSURE					
		4 Preston Court Bedford, MA 01730				INSURE					
		·				INSURE					
_ <b>C</b> (	OVEF	RAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:		
		IS TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHE	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ЕСТ ТО	WHICH THIS
INS	2	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
A	X								EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			COA1000015042-00		10/1/2022	10/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	5,000 1,000,000
									PERSONAL & ADV INJURY	\$	2,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000
		OTHER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	AU								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
		DED RETENTION \$	-						AGGREGATE	\$	
	wo	RKERS COMPENSATION							PER OTH- STATUTE ER	- <del>-</del>	
		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE	\$	
	DÉS	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
B		mmercial Property me			COA1000015042-00 BDW-D380969-05		10/1/2022 10/1/2022	10/1/2023 10/1/2023	Blanket Building Fidelity		30,753,623 1,200,000
Cov ser fixt Ma SE	verag vice i ures, ster F E ATT	TION OF OPERATIONS / LOCATIONS / VEHIC Residential Condominium located re is provided for the Replacement of machinery including heating and ai including improvements made by the Policy Deductible(s): \$50,000 per oc TACHED ACORD 101 FICATE HOLDER Evidence of Insurance Certificates can be requested or email to condocerts@hut	Cost r con the u curra	of the idition nit ov ance;	e buildings, structures and ning, all finished wall surfa vner and reported to the B \$50,000 Per Unit AOP ded	d units of aces, ba oard of luctible. CANC SHO THE ACC	of the Associa throom and F Trustees. Su CELLATION OULD ANY OF EXPIRATIOI	ation, includi kitchen cabin ich coverage THE ABOVE D N DATE TH TH THE POLIC	ng interior walls, all finis lets and fixtures, and hea	ating and a standard a	d lighting II-In" LED BEFORE
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AGENCY CUSTOMER ID: HARVRID-01

LOC #: 1

ACORD

## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY HUB International New England	License # 178086	2 NAMED INSURED Harvard Ridge Condominium Trust c/o The Dartmouth Group	
POLICY NUMBER		A Preston Court Bedford, MA 01730	
SEE PAGE 1		Bedioid, MA 01750	
CARRIER	NAIC CODE	-	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
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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:

The Commercial Package Policy includes the following coverages & endorsement: Special Form including wind/hail, Agreed Amount; Equipment Breakdown; Building Ordinance or Law (A Building limit, B&C \$\$1M each), Back up of Sewers & Drains (Building Limit), and Separation of Insureds (GL)

The Property Manager is included as Designated Agent under the Crime / Employee Dishonesty.

10 day notice of cancellation for non-payment.