**RVONA** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2018

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Roxanne Vona				
Bouvier Insurance 29 North Main Street	PHONE (A/C, No, Ext): (860) 232-4491 178 FAX (A/C, No): (860) 2	232-6637			
West Hartford, CT 06107	E-MAIL ADDRESS: rvona@binsurance.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Philadelphia Indemnity Ins Co	18058			
INSURED	INSURER B: Federal Insurance Company	20281			
Cedar Hollow Association, Inc	INSURER C: Pennsylvania Manufacturers				
c/o Phoenix Property Mgmt PO Box 281007 East Hartford, CT 06128	INSURER D:				
	INSURER E :				
	INSURER F:				
COVERACES CERTIFICATE NUMBER.	DEVICION NUMBER				

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,

	XCLUSIONS AND CONDITIONS OF SUCH F									
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s		
	X COMMERCIAL GENERAL LIABILITY				(MINING BY TY TY	(MINISON TOTAL)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK1874	PHPK1874593	09/01/2018	09/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							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:							\$		
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			PHPK1874593	09/01/2018	09/01/2019	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
								\$		
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	20,000,000	
	EXCESS LIAB CLAIMS-MADE			G70943050	09/01/2018	09/01/2019	AGGREGATE	\$		
	DED RETENTION \$						Aggregate	\$	20,000,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE 7 / N	N/A		201801-12-35-63-9Y	10/15/2018	10/15/2019	E.L. EACH ACCIDENT	\$	500,000	
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
В	Directors & Officers	T		8227-4534	09/01/2018	09/01/2019			1,000,000	
Α	Property			PHPK1874593	09/01/2018	09/01/2019	80 Units		14,133,676	
				1		1				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) See page 2 for coverage details.

CERTIFICATE HOLDER	CANCELLATION

Cedar Hollow Association, Inc. c/o Phoenix Property Management PO Box 281007 East Hartford, CT 06128

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

**RVONA** 

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED
Bouvier Insurance		Cedar Hollow Association, Inc c/o Phoenix Property Mgmt
POLICY NUMBER	PO Box 281007   September 1975   Post Hartford, CT 06128	
SEE PAGE 1		Last Haitioid, OT 00120
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	9

## 18-19 Certificate

Company A - Building coverage 6 condominium buildings, 80 units - Special Form - Extended Replacement Cost basis, subject to a \$5,000 all peril deductible and \$5,000 per unit ice damming deductible. Coverage for the inside of the Units is Original Specifications. Ordinance or Law A - \$14,133,676, Ordinance or Law B - \$300,000, Ordinance or Law C - \$300,000. Business Income -Actual loss sustained. Severability of Interest Included. Wind Coverage Included. Equipment Breakdown at building limit Included. Crime/Fidelity \$300,000 includes naming Phoenix Property Management as designated agent for Fidelity. 10 days notice of cancellation for non payment and 60 days for non renewal sent directly to named insured.