



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 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).

PRODUCER: Bouvier Insurance, 29 North Main Street, West Hartford, CT 06107. CONTACT NAME: Roxanne Vona, PHONE: (860) 232-4491 178, FAX: (860) 232-6637, E-MAIL ADDRESS: rvona@binsurance.com. INSURER(S) AFFORDING COVERAGE: Philadelphia Indemnity Ins Co (18058), Federal Insurance Company (20281), Pennsylvania Manufacturers (12262).

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Directors & Officers.

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: Cedar Hollow Association, Inc. CANCELLATION: 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: [Signature]

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Bouvier Insurance		NAMED INSURED Cedar Hollow Association, Inc c/o Phoenix Property Mgmt PO Box 281007 East Hartford, CT 06128	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

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.