



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2017

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 The Hilb Group of New England, LLC 16 Main St East Greenwich RI 02818		CONTACT NAME: Timothy Blais, AAI PHONE (A/C, No, Ext): (800)232-0582 E-MAIL ADDRESS: tblais@hilbgroup.com FAX (A/C, No): (401)884-0290	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arbella Protection	NAIC # 41360
		INSURER B: Federal Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED The Highlands at Ocean Point Condominium Trust C/O Mercantile Property Management 18 Waterhouse Rd., PO Box 790 Bourne MA 02532			

COVERAGES

CERTIFICATE NUMBER: CL17122129394

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			8500067889	12/19/2017	12/19/2018	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ Included	
								\$	
A	AUTOMOBILE LIABILITY			8500067889	12/19/2017	12/19/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			79940687-76364	12/19/2017	12/19/2018	EACH OCCURRENCE	\$ 10,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$	
	DED	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			8227-5927	12/19/2017	12/19/2018	PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	Employee Dishonesty						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

12/22/2017

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If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER The Hilb Group of New England, LLC 16 Main St East Greenwich RI 02818	CONTACT NAME: Timothy Blais, AAI PHONE (A/C No. Ext): (800)232-0582 E-MAIL ADDRESS: tblais@hilbgroup.com PRODUCER CUSTOMER ID: 00026517	FAX (A/C, No): (401)884-0290
	INSURER(S) AFFORDING COVERAGE	
INSURED The Highlands at Ocean Point Condominium Trust C/O Mercantile Property Management 18 Waterhouse Rd., PO Box 790 Bourne MA 02532	INSURER A: Arbella Protection NAIC # 41360	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CP17122108897

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Blanket Premise: 4,24,25,29,30 Highland Terrace, Plymouth MA 02360

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	8500067889	12/19/2017	12/19/2018	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 339,000
	<input type="checkbox"/> BROAD				10,000		EXTRA EXPENSE
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS	RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 22,590,758
	<input checked="" type="checkbox"/> WIND				5%		BLANKET PERS PROP
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Water Damage				10,000	Per Unit Deductible	\$
	<input checked="" type="checkbox"/> Ice Damming				10,000	Per Unit Deductible	\$
<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
CAUSES OF LOSS					\$		
<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$		
<input type="checkbox"/> CRIME					\$		
TYPE OF POLICY					\$		
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
					\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Insurance Coverage Follows the Association By-Laws as written at the time of the loss. As per the documents Hilb Group New England has on file as of 6/16/2017, it is our opinion that the master policy is to cover the buildings, structures, original specifications, additions and alterations to both Association Buildings and Units (regardless of ownership) are covered for

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	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 Matthew Sweet/TBLAIS

COMMENTS/REMARKS

their replacement cost; such coverage is often times referred to as "walls in" or "all in".