



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2024

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 Reardon Agency, Inc. 26 Clark Lane Waterford CT 06385	CONTACT NAME: Mallory Reardon Porter PHONE (A/C, No, Ext): (860) 442-1396 FAX (A/C, No): (860) 444-2822 E-MAIL ADDRESS: mreardon@reardonagency.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: GNY Insurance Companies	
INSURER B: Greenwich Insurance Company	
INSURER C: Chubb National Insurance Co. 10052	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 24-25 MASTER **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			1106M96045	07/01/2024	07/01/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			1106M96045	07/01/2024	07/01/2025	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			PPP7460814	07/01/2024	07/01/2025	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ADOCTF167168932	07/01/2024	07/01/2025	PER STATUTE	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	Directors and Officers						E.L. DISEASE - POLICY LIMIT	\$	
							Directors & Officers	\$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 FAR VIEW COMMONS CONDOMINIUM ASSOC.
 SEE PAGE 2 FOR ADDITIONAL INFORMATION.

CERTIFICATE HOLDER For Informational Purposes Only	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
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ADDITIONAL REMARKS SCHEDULE

AGENCY The Reardon Agency, Inc.		NAMED INSURED Far View Commons Condominium Association	
POLICY NUMBER _____		EFFECTIVE DATE: _____	
CARRIER _____	NAIC CODE _____		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

THIS ASSOCIATION CONTAINS 79 UNITS AND 14 BUILDINGS.

\$27,058,847 BLANKET BUILDING COVERAGE ON A SPECIAL FORM WITH 125% REPLACEMENT COST, 4% INFLATION GUARD, NO CO-INSURANCE, SUBJECT TO A \$5,000 DEDUCTIBLE INCLUDED IN POLICY 1106M96045.
 SEVERABILITY OF INTEREST/SEPARATION APPLIES.
 WAIVER OF SUBROGATION APPLIES IN FAVOR OF UNIT OWNER.
 COVERAGE EXTENDS TO UNIT OWNERS BETTERMENTS & IMPROVEMENTS, AKA "WALLS IN" OR "ALL IN".

EQUIPMENT BREAKDOWN IS INCLUDED.
 WIND/HAIL INCLUDED WITH NO SEPARATE DEDUCTIBLE.
 ORDINANCE OR LAW IS INCLUDED.
 30 DAY NOTICE OF CANCELLATION, 10 DAY ADVANCE NOTICE OF CANCELLATION FOR NONPAYMENT.

DISHONESTY/CRIME COVERAGE:
 CARRIER: CNA SURETY, POLICY #: 70721874, TERM: 5/14/2024-5/14/2025, LIMIT: \$100,000
 PROPERTY MANAGER IS ADDITIONAL INSURED.