

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/04/2023

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.

|   | SUBROGATION IS WAIVED, subject to<br>is certificate does not confer rights to |          |             |                                   |  |   | may require                | an endorsement. A stat                         | ement              | on       |  |
|---|---|----------|-------------|-----------------------------------|--|---|----------------------------|--|--------------------|----------|--|
|   | DUCER   |          |             |                                   | CONTACT Mallory Reardon Porter                                   |   |                            |  |                    |          |  |
|   | Reardon Agency, Inc.  |          |             |                                   | PHONE (860) 442-1306 FAX (860) 444-29                            |   |                            |  |                    | 444-2822 |  |
|   | Clark Lane  |          |             |                                   | (A/C, No, Ext): (A/C, No): (A/C, No):                            |   |                            |  |                    |          |  |
| - 10 Olain 10.10  |   |          |             |                                   |  | ADDRESS.  |                            |  |                    |          |  |
| Wat   | erford  |          |             | CT 06385                          | INSURER(S) AFFORDING COVERAGE INSURER A: GNY Insurance Companies |   |                            |  |                    | NAIC#    |  |
| INSU  | RED   |          |             |                                   | INSURER B: Greenwich Insurance Company                           |   |                            |  |                    |          |  |
|   | Far View Commons Condominiu   | m As     | sociati     | ion                               | INSURER C: Chubb National Insurance Co.                          |   |                            |  |                    | 10052    |  |
|   | 740 Southford Rd.   |          |             | INSURE                            |  |   |                            |  |                    |          |  |
|   |   |          |             |                                   |  | INSURER E :   |                            |  |                    |          |  |
| Southbury CT 06488  |   |          |             |                                   | INSURE   |   |                            |  |                    |          |  |
| CO  | VERAGES CER   | ΓΙFΙC    | ATE I       | NUMBER: 23-24 NEW S               | TYLE   |   |                            | 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<br>LTR   | TYPE OF INSURANCE   |          | SUBR<br>WVD | POLICY NUMBER                     |  | POLICY EFF<br>(MM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY) | LIMI   | rs                 |          |  |
|   | CLAIMS-MADE OCCUR   |          |             |                                   |  |   |                            | EACH OCCURRENCE DAMAGE TO RENTED               | \$ 1,00<br>\$ 50,0 | 00,000   |  |
|   | CEANWS-WADE 2 OCCOR   |          |             |                                   | 07/01  |   |                            | T TENNOLO (La documento)                       |                    | 000      |  |
| Α   |   |          |             | 1106M96045                        |  | 07/01/2023  | 07/01/2024                 | PERSONAL & ADV INJURY                          | 1 7                | 00,000   |  |
|   | GEN'L AGGREGATE LIMIT APPLIES PER:  |          |             |                                   |  |   |                            | GENERAL AGGREGATE                              | \$ 2,00            | 00,000   |  |
|   | POLICY PRO-<br>JECT LOC   |          |             |                                   |  |   |                            | PRODUCTS - COMP/OP AGG                         | \$ 2,00            | 00,000   |  |
|   | OTHER:  |          |             |                                   |  |   |                            |  | \$                 |          |  |
|   | AUTOMOBILE LIABILITY  |          |             |                                   |  |   |                            | COMBINED SINGLE LIMIT (Ea accident)            | \$ 1,00            | 10,000   |  |
|   | ANY AUTO  |          |             |                                   |  |   |                            | BODILY INJURY (Per person)                     | \$                 |          |  |
| Α   | OWNED AUTOS ONLY HIRED  OWNED AUTOS NON-OWNED                                 |          |             | 1106M96045                        | 07/01/2023   | 07/01/2023  | 07/01/2024                 | BODILY INJURY (Per accident) PROPERTY DAMAGE   | \$                 |          |  |
|   | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY   |          |             |                                   |  |   |                            | (Per accident)                                 | \$                 |          |  |
|   |   |          |             |                                   |  |   |                            |  | \$ 5.00            | 20.000   |  |
| В   | WIMBRELLA LIAB  OCCUR  EXCESS LIAB  CLAIMS MADE                               |          |             | PPP7460814                        | 07/01  | 07/01/2023  | 07/01/2024                 | EACH OCCURRENCE                                | <u>-</u> - ο ο     | 00,000   |  |
| Ь   | CLAIIVIS-IVIADE   |          |             | FFF/400014                        |  | 07/01/2023  | 07/01/2024                 | AGGREGATE                                      | φ .                | 00,000   |  |
|   | DED RETENTION \$ 0  |          |             |                                   |  |   |                            | PER OTH-<br>STATUTE ER                         | \$                 |          |  |
|   | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE                     |          |             |                                   |  |   |                            |  |                    |          |  |
|   | OFFICER/MEMBER EXCLUDED?  | N/A      |             |                                   |  |   |                            | E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE | \$                 |          |  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                        |          |             |                                   |  |   |                            | E.L. DISEASE - POLICY LIMIT                    | \$                 |          |  |
|   |   |          |             |                                   |  |   |                            | E.E. DIOLAGE -1 OLIGI LIWIT                    | Ψ                  |          |  |
| С   | DIRECTORS & OFFICERS  |          |             | ADOCTF167168932                   |  | 07/01/2023  | 07/01/2024                 | LIMIT  | \$1,0              | 000,000  |  |
| DES   | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE                                  | S (AC    | ORD 1       | 01. Additional Remarks Schedule   | mav he a   | ttached if more en  | ace is required\           |  | 1                  |          |  |
|   | Skii Hok of of Ekanoko, Eddanoko, Venide                                      | .0 (//.0 | OND I       | or, Additional Remarks concedure, | may be a   | itaonea ii more op  | acc is required;           |  |                    |          |  |
| ADDRESS: 740 SOUTHFORD RD, SOUTHBURY, CT 06488.   |   |          |             |                                   |  |   |                            |  |                    |          |  |
| SEE PAGE 2 FOR ADDITIONAL INFORMATION.  |   |          |             |                                   |  |   |                            |  |                    |          |  |
|   |   |          |             |                                   |  |   |                            |  |                    |          |  |
|   |   |          |             |                                   |  |   |                            |  |                    |          |  |
| CERTIFICATE HOLDER CAN  |   |          |             |                                   |  |   |                            |  |                    |          |  |
| For Informational Purposes Only   |   |          |             |                                   |  | 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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| AGENCY CUSTOMER ID: | 00014188 |  |  |
|---------------------|----------|--|--|
| LOC #:              |          |  |  |



## **ADDITIONAL REMARKS SCHEDULE**

Page

of

| AGENCY  |   | NAMED INSURED                            |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| The Reardon Agency, Inc.  |   | Far View Commons Condominium Association |  |  |  |  |  |  |
| POLICY NUMBER   |   |  |  |  |  |  |  |  |
| CARRIER   | NAIC CODE   |  |  |  |  |  |  |  |
|   |   | EFFECTIVE DATE:                          |  |  |  |  |  |  |
| 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.  |   |  |  |  |  |  |  |  |
| \$24,598,954 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 C   | CANCELLATIO   | N FOR NONPAYMENT.                        |  |  |  |  |  |  |
| DISHONESTY/CRIME COVERAGE: CARRIER: CNA SURETY, POLICY #: 70721874, TERM: 5/14/2023-5/14/2024, LIMIT: \$100,000 PROPERTY MANAGER IS ADDITIONAL INSURED.   |   |  |  |  |  |  |  |  |
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