

JFARLEY



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/10/2024

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).

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PRODUCER License # 1780862	CONTACT NAME:	
HUB International New England 300 Ballardvale Street	PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 9	988-0038
Wilmington, MA 01887	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Alternative Insurance Corporation	19720
INSURED	INSURER B: Federal Insurance Company	20281
Westborough Village Condominium Trust	INSURER C: Hanover Insurance Company	22292
c/o BRIGS LLC 185 Dudley St	INSURER D:	
Boston, MA 02119	INSURER E:	
	INSURER F:	

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.

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INSR LTR		TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU509454-7	4/15/2024	4/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	Included
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:						NOAH	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	50,000,000
		EXCESS LIAB CLAIMS-MADE			G74614619-G74713956	4/15/2024	4/15/2025	AGGREGATE	\$	50,000,000
ı		DED X RETENTION\$ 0							\$	
	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TO THE	N/A					E.L. EACH ACCIDENT	\$	
		CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
Α	Con	nmercial Property			CAU509454-7	4/15/2024	4/15/2025	Blanket Buildings		148,630,000
С	Crin	ne			BDW1834660-08	4/15/2024	4/15/2025	\$10,000 ded		1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for the Buildings, Units, and clubhouse located at: 1-15, 17, 19, 21, 23-39, 41-49 Moses Wheelock Ln, 1-16, 18, 20, 22, 24, 26, 28, 30-39, 41-46, 48, 49, 2101-2116 Simeon Howard Way, 33-67 (odd), 50-64 (even), 70-78 (even), 75-81 (odd), 3101-3116 Townsend Blvd, 3-26, 101-116, 201-216 Corning Fairbanks Way, 101-116, 201-216 Deacon Shattuck Way, 1-7 (odd), 2-8 (even) Howe's Place, 1,2,3,4,5,6,7,8,9,12-18,1001-1116 Bradish Lane in Westborough, MA 01581.

Total number of units: 276.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

Evidence of Insurance Certificates may be requested via fax to 866-475-7959 or email to condocerts@hubinternational.com 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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LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

POLICY NUMBER		NAMED INSURED Westborough Village Condominium Trust c/o BRIGS LLC 185 Dudley St Boston, MA 02119		
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	

**Description of Operations/Locations/Vehicles:** 

Per Occurrence Deductible: \$25,000; Per Unit Ice/Water/Sewer Back Up / Sprinkler Leakage: \$25,000; Earthquake Deductible: 5% per building.

The master policy includes the following forms and endorsements: Special Form, Guaranteed Replacement Cost, Equipment Breakdown, Earthquake \$149,690,000; Ordinance or Law (Full A, \$1M each for B&C), Full Sewer & Drain Back UP, \$1M Environmental Impairment Liability, Separation of Insureds (GL only), No Colnsurance, Waiver of Subrogation.

The master policy is written on an all-in basis including all building, structures, and units, including betterments and improvements made to units and which are reported to the Trustees in excess of \$10K.

BRIGS LLC is included as Designated Agent under the crime coverage for their duties as management company on behalf of the insured.

10 days written notice provided before policy can be canceled. Inflation Guard not available from this carrier.