

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2024

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 noticy/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						CONTACT John LoPriore					
LoPriore Insurance Agency						NAME: PHONE (781) 438-1375 FAX (A/C, No, Ext): (781) 438-6790					
426 Main Street Suite 2						E-MAIL John@LoPriore.com					
						ADDRESS:  INSURER(S) AFFORDING COVERAGE  NAIC #					
Stoneham MA 02180						INSURER A: Quincy Mutual Insurance					
INSURED						INSURER B:					
Winslow Point Condominium Trust						INSURER C:					
c/o Dartmouth Group					INSURER D:						
131 Hartwell Avenue, Suite 115					INSURER E :						
Lexington				MA 02421	INSURER F:						
COVERAGES CER			ATE	NUMBER: CL246280990	6 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		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	Φ ,	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300		
								MED EXP (Any one person)	\$ 10,0		
Α				BO218927		07/09/2024	07/09/2025	PERSONAL & ADV INJURY	Φ ′	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	00,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	Ψ	0,000	
	OTHER:							** Directors & Officers COMBINED SINGLE LIMIT		000,000	
	AUTOMOBILE LIABILITY							(Ea accident)	\$ 1,00	00,000	
	ANY AUTO OWNED SCHEDULED			D0040007		07/00/0004	07/00/0005	BODILY INJURY (Per person)	\$		
	AUTOS ONLY HIRED  AUTOS NON-OWNED		BO218927			07/09/2024	07/09/2025	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	<u> </u>								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION							PER   OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N								PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT  RC Valuation	\$ \$20	,000,000	
	Special Building Coverage - 50 units			BO218927		07/09/2024	07/09/2025	Deductible		,000,000	
A	2 Winslow Lane, Grafton, MA			BO210921		07/09/2024	07/09/2023	Per Unit Water Deductibl			
D=0	COUNTING OF OPERATIONS (1.00 ATIONS (1.77)	C /		Od Additional Days of a Calabata		**************************************		Fer Offic Water Deduction	\$10	,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Evidence of coverage.											
_ ⊏VI	defice of coverage.										
	ster policy provides "walls in" coverage, includ										
	ts). Policy includes replacement cost with no cluding management agent. The Dartmouth G							employee disnonesty cover	age		
	(including management agent, The Dartmouth Group), \$250,000 ordinance or law coverage and separation of insureds.										
^ L	** Directors & Officers Liability is provided by Great Divide Insurance Company, Policy #CM000004061-01, effective 7/9/24 - 7/9/25.										
CEI	RTIFICATE HOLDER			CANCELLATION							
						-					
The Dartmouth Group						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
131 Hartwell Avenue, Suite 115											
				AUTHORIZED REPRESENTATIVE							

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Lexington

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