



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2024*2 PAGES - see page 2 for unit owner*

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 Brown & Brown Insurance Services, Inc. 75 S Church St, Suite 405 Pittsfield MA 01201		CONTACT NAME: Marion Lentes PHONE (A/C, No, Ext): (413) 564-6490 E-MAIL ADDRESS: Marion.Lentes@bbrown.com FAX (A/C, No):																						
INSURED Doverbrook Estates Condominium Trust C/O NAI Plotkin 50 Doverbrook Road Chicopee MA 01022		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Insurance Company of Greater New York</td> <td>22195</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Casualty Insurance Company of America</td> <td>19046</td> </tr> <tr> <td>INSURER C:</td> <td>Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER D:</td> <td>Norfolk and Dedham Mutual Fire Insurance Company</td> <td>23965</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance Company of Greater New York	22195	INSURER B:	Travelers Casualty Insurance Company of America	19046	INSURER C:	Greenwich Insurance Company	22322	INSURER D:	Norfolk and Dedham Mutual Fire Insurance Company	23965	INSURER E:			INSURER F:		
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COVERAGES CERTIFICATE NUMBER: CL24122722263 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6120D39821	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA0P2896612542G	01/12/2025	01/12/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7455317	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WE155927A	01/07/2025	01/07/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blkt Bldg, Spec, ERC 4% Inflation Gaurd			6120D39821	01/01/2025	01/01/2026	Deductible \$25,000 560 Units 106,474,743

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

ALL IN including improvements & betterments- coverage includes all common elements, including machinery, equipment, and fixtures that are permanently attached to the building and fixtures, installations, alterations and additions, improvements and betterments that comprise part of the building when situated within portion of the premises and used exclusively by an individual condominium unit owner, and if not covered by other insurance. Wind & Hail included.
Extended Replacement Cost: if a loss exceeds the blanket limit of insurance for property the most the insured will be paid is an additional 25% of the blanket limit. Subject to the terms and conditions of the policy.
\$25,000 Per unit Ice Damming deductible.

CERTIFICATE HOLDER Doverbrook Estates Condominium Trust C/O NAI Plotkin 50 Doverbrook Road Chicopee MA 01022	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 <i>Paul Rosendine</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Doverbrook Estates Condominium Trust	
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: Remarks

\$25,000 Per unit Ice Damming deductible
 \$25,000 Per unit water damage deductible
 \$25,000 Per unit sewer back-up deductible
 \$25,000 Per unit sprinkler leakage deductible
 *The sum of all per unit deductibles-Building shall not exceed 5% of the total insurance value building limits shown on the commercial property declarations.
 Equipment Breakdown included
 Ordinance or Law \$1,000,000
 Separation of insureds applies
 Crime/Employee dishonesty, Travelers Property & Casualty policy # 105725760 1/1/25 - 1/1/26- \$4,000,000; \$25,000 ded; Property Manager is included
 Directors & Officers Liability, Travelers Property & Casualty policy # 106033809
 \$1,000,000 Limit, \$10,000 ded