



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2024

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<br>License # 1780862<br>HUB International New England<br>300 Ballardvale Street<br>Wilmington, MA 01887 | CONTACT NAME:   |                               |
|  | PHONE (A/C, No, Ext): (978) 657-5100                  | FAX (A/C, No): (978) 988-0038 |
| INSURED<br><br>Washington Park Condo Trust<br>c/o Brigs, LLC<br>185 Dudley Street<br>Boston, MA 02119            | E-MAIL ADDRESS:                                       |                               |
|  | INSURER(S) AFFORDING COVERAGE                         |                               |
|  | INSURER A : Greater New York Mutual Insurance Company | NAIC # 22187                  |
|  | INSURER B : Federal Insurance Company                 | 20281                         |
|  | INSURER C :   |                               |
|  | INSURER D :   |                               |
|  | 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.

| 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 6120M59760    | 8/6/2024                | 8/6/2025                | 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 \$ Included                                   |  |
|          |   |           |          |               |                         |                         | HNO \$ 1,000,000   |  |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |  |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person) \$  |  |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |  |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |           |          | G74610997     | 8/6/2024                | 8/6/2025                | EACH OCCURRENCE \$ 15,000,000  |  |
|          |   |           |          |               |                         |                         | AGGREGATE \$ 15,000,000  |  |
|          |   |           |          |               |                         |                         |  |  |
|          |   |           |          |               |                         |                         |  |  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |  |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$  |  |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |  |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |  |
| A        | Commercial Property   |           |          | 6120M59760    | 8/6/2024                | 8/6/2025                | Blanket Building 36,700,000  |  |
| B        | Crime   |           |          | 9992-7163     | 8/6/2024                | 8/6/2025                | \$1,750,000/\$10K Ded  |  |

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

Coverage is provided for the buildings located at 237,247,257, & 259 N. Main Street & 10,20,30,40,50,60,70,80,90 & 100 Washington Park Dr., Andover, MA 01810

Total # of Units 157

Buildings, Structures, Original Specifications, Additions and Alterations to both Association Buildings and Units (regardless of ownership), such coverage is often times referred to as "walls in" or "all in", are covered on Guaranteed Replacement Cost basis, Unit owners should purchase an HO6 policy to cover SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Insurance

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



## ADDITIONAL REMARKS SCHEDULE

|  |                             |   |
|--|-----------------------------|---|
| AGENCY<br><b>HUB International New England</b> | License # 1780862           | NAMED INSURED<br><b>Washington Park Condo Trust<br/>c/o Brigs, LLC<br/>185 Dudley Street<br/>Boston, MA 02119</b> |
| POLICY NUMBER<br><b>SEE PAGE 1</b>             |                             |   |
| CARRIER<br><b>SEE PAGE 1</b>                   | NAIC CODE<br><b>SEE P 1</b> | EFFECTIVE DATE: <b>SEE PAGE 1</b>   |

## 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:  
their portion of the master policy deductible, their personal property and personal liability.

Directors & Officers Liability 08/06/2024 to 08/06/2025  
Policy #: 8227-4316  
Limit: \$1,000,000 / Ded: \$2,500

Master Policy Deductible increased to \$25,000 per occurrence with \$25,000 Per Unit Water & Ice.

Property Manager is listed as an Additional Insured/Designated agent on the Associations crime/employee dishonesty coverage.

The Master policy includes the following forms/endorsements: Special Coverage, Equipment Breakdown, Building Ordinance or Law, Back up of Sewers and Drains and Separation of Insureds (GL only). Wind/Hail is not excluded, No Inflation Guard.

MA cancellation follows MA Law , 30 Day Notice of Cancellation / 10 days notice to insured for non-payment.