



WASHPAR-10

PRYAN1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/28/2026

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 License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME:		
	PHONE (A/C, No, Ext): (978) 657-5100	FAX (A/C, No): (978) 988-0038	
INSURED Washington Park Condo Trust c/o Brigs, LLC 185 Dudley Street Boston, MA 02119	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Kinsale Insurance Company		38920
	INSURER B : Federal Insurance Company		20281
	INSURER C : Insurance Company of Greater New York		22195
	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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			01003890620	8/6/2026	8/6/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
								\$
								\$
								\$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 0			G75176715	8/6/2026	8/6/2027	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$
							Agg/Pro-Comp Op	\$ 15,000,000
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
								\$
C	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below			6120M59760	8/6/2026	8/6/2027	Deductible \$25,000	38,168,001
B	☒ Crime			9992-7163	8/6/2026	8/6/2027	Employee Honesty	1,750,000

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

Coverage is provided for the buildings 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 Replacement Cost basis, Agreed Amount and 4% Inflation Guard. Unit owners should purchase 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 HUB International New England	License # 1780862	NAMED INSURED Washington Park Condo Trust c/o Brigs, LLC 185 Dudley Street Boston, MA 02119
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE 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:

an HO6 policy to cover their portion of the master policy deductible, their personal property and personal liability.

Directors & Officers Liability 08/06/2026 to 08/06/2027

Policy #: 8227-4316

Limit: \$1,000,000 / Ded: \$2,500

Master Policy Deductible \$25,000 per occurrence with \$25,000 Per Unit Water & Ice. Policy includes 5% Per Unit Deductible Cap Endorsement.

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, (Parts A ,B & C) Back up of Sewers and Drains and Separation of Insureds (GL only), Waiver of Subrogation in favor of the unit owner, Wind/Hail is not excluded,

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