

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/13/2019

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 contificate does not confor rights to the certificate holder in liquid conformation.

th	is c						ificate holder in lieu of su				quire air chaors	cilicit. 7	1 State	ment on
	DUCE							CONTA NAME:	СТ					
Rodman Insurance Agency, Inc.							PHONE (A/C, No, Ext): 781-247-7800 FAX (A/C, No): 781-444-0090							
145 Rosemary St., Bldg. A Needham MA 02494-3238							E-MAIL ADDRESS:							
			0_0										NAIC #	
								INSURE	R A : Nautilus					
INSURED							INSURER B: Greenwich Ins Co					22322		
Marina Point Condominium						INSURER C : Affiliated FM Insurance Co								
2001 Marina Drive, Suite #1								INSURER D :						
Qui	псу	MA 02171						INSURE						
								INSURE						
CO	VER	AGES		CER	TIFIC	CATE	NUMBER: 1621484543				REVISION NUM	MBER:		
			THA				RANCE LISTED BELOW HAV		N ISSUED TO				HE POL	ICY 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,														
							LIMITS SHOWN MAY HAVE					DJECT IC	ALL	INE TERIVIS,
INSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS									
A	Х	COMMERCIAL GE			N	WVD	NN933915		5/2/2019	5/2/2020	EACH OCCURRENCE		\$1,000	000
		CLAIMS-MAD	·	X OCCUR						G/2/2020	DAMAGE TO RENTED PREMISES (Ea occurrence) \$100		\$100.0	,
		CLAIIVIS-IVIAD	<u>'</u> _	A OCCOR									\$5,000	
										` •		\$1,000		
	CEN	I N'L AGGREGATE LIN	AIT AI	DDI IES DED:									\$2,000	,
	GEI	POLICY PR		LOC									\$includ	
		OTHER:	CI								PRODUCTS - COM	P/OP AGG	\$	eu
	AUT	OMOBILE LIABILIT	Υ		N						COMBINED SINGLE	ELIMIT	\$	
	7.0.	ANY AUTO	•		'						(Ea accident) BODILY INJURY (P	er person)	\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (P		\$	
		HIRED AUTOS ONLY		NON-OWNED AUTOS ONLY							PROPERTY DAMAG		\$	
		AUTOS ONLY		AUTOS ONLY							(Per accident)		\$	
В	Х	UMBRELLA LIAB	-	X OCCUP	N		PPP7445304		5/2/2019	5/2/2020	540U 000UDD5U	05	-	0.000
		EXCESS LIAB	F	_ OCCOR			1111110001		0,2,2010	0,2,2020	EACH OCCURREN	CE	\$25,00	-
		V		CLAIMS-MADE	1						AGGREGATE		\$25,00	0,000
	WOR	DED ^ RETE		N \$U							PER STATUTE	OTH- ER	\$	
AND EMPLOYERS' LIABILITY Y / N														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$		\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below													
С			RATIC	NS below			011400		5/0/0040	F/0/0000	E.L. DISEASE - POI		\$	10.000
Ü	Building 245 units FOLLOWS CONDO DOCS					CH482		5/2/2019	5/2/2020	RC/SPEC/AA		\$105,04 \$25000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *\$25,000 per unit water damage ded; Boiler & Machinery incl in property; Earthquake \$105,000,000 w/\$100,000 Ded; Flood \$105,040,000 w/\$50,000 Ded zone X per LOMA Case #06-01-B744V; cont See Attached														
CE	RTIF	ICATE HOLDI	ER					CANO	ELLATION					
						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							
							De alto							

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Rodman Insurance Agency, Inc.		NAMED INSURED Marina Point Condominium 2001 Marina Drive, Suite #1 Quincy MA 02171				
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM						

POLICY NUMBER		2001 Marina Drive, Suite #1 Quincy MA 02171						
		Quincy IVIA 02171						
CARRIER	NAIC CODE							
		EFFECTIVE DATE:						
ADDITIONAL REMARKS								
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,							
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE								
*\$25,000 Wind/Hail Ded per loc; Directors & Officers \$1,000,000; Fidelity \$3,500,000 w/\$20,000 Ded-property manager is designated agent; Demo/ICC \$1,000,000 w/\$25,000 Ded each; Fungus/Mold \$100,000 w/\$25,000 Ded Severability of interest included RC = Replacement Cost Coverage This form of insurance provides coverage on the basis of full replacement cost without deduction for depreciation on any loss sustained. This coverage applies to both building and contents items as specified on the face of the policy.								
"FOLLOWS CONDO DOCS" - means you must obtain condo documents (aka by-laws) from condo association. Master policy abides by what they state. Certificate is a representation of policy and wording must match policy, not association documents, which may be amended by said association without prior notification to us.								
AA (Agreed Amount) = A commercial property insurance	provision that	at suspends the coinsurance clause						
	7. (A. 19.000 7. and and property indutation provided that suspends the combutation states							