



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/2/2015

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

| | | |
|--|--|-------------------------------------|
| PRODUCER Nicholas-Tobin, Inc 111 Danbury Road New Milford CT 06776 | CONTACT NAME: Katherine Oberg PHONE (A/C. No. Ext): (860)354-4464 E-MAIL ADDRESS: Koberg@ntins.com PRODUCER CUSTOMER ID: 00006383 | FAX (A/C. No): (860)354-0609 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Carlsons Ridge Homeowners Association c/o REI Property Management 2A Ives Street Danbury CT 06810 | INSURER A: Greater New York Insurance Companies | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: CP156401034

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 55 Carlson Ridge Road New Milford CT 06776

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 | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS | |
|----------|--|--|---------------|------------------------------------|-------------------------------------|--|--|---------------|
| A | <input checked="" type="checkbox"/> | PROPERTY | 6106D48021 | 6/6/2015 | 6/6/2016 | BUILDING | \$ | |
| | CAUSES OF LOSS | | | | | DEDUCTIBLES | PERSONAL PROPERTY | \$ |
| | | BASIC | | | | BUILDING | BUSINESS INCOME | \$ |
| | | BROAD | | | | 5,000 | EXTRA EXPENSE | \$ |
| | <input checked="" type="checkbox"/> | SPECIAL | | | | CONTENTS | RENTAL VALUE | \$ |
| | | EARTHQUAKE | | | | | BLANKET BUILDING | \$ |
| | | WIND | | | | | BLANKET PERS PROP | \$ |
| | | FLOOD | | | | | BLANKET BLDG & PP | \$ |
| | | | | | | | <input checked="" type="checkbox"/> Blanket Total Building | \$ 18,424,600 |
| | | | | | | | <input checked="" type="checkbox"/> | \$ |
| | <input type="checkbox"/> INLAND MARINE | TYPE OF POLICY | | | | \$ | | |
| | CAUSES OF LOSS | | | | | \$ | | |
| | <input type="checkbox"/> NAMED PERILS | POLICY NUMBER | | | | \$ | | |
| A | <input checked="" type="checkbox"/> | CRIME | 105916350 | 4/9/2015 | 4/9/2016 | <input checked="" type="checkbox"/> Excess Crime | \$ 300,000 | |
| | | TYPE OF POLICY | 6106D48021 | 6/6/2015 | 6/6/2015 | <input checked="" type="checkbox"/> Crime | \$ 25,000 | |
| | <input type="checkbox"/> | BOILER & MACHINERY / EQUIPMENT BREAKDOWN | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

REI Property & Asset Management, Inc.
 2A Ives Street
 Danbury, CT 06810

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

Katherine Oberg/KATIE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2015

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Nicholas-Tobin, Inc 111 Danbury Road New Milford CT 06776 | CONTACT NAME: Katherine Oberg PHONE (A/C. No. Ext): (860) 354-4464 E-MAIL ADDRESS: Koberg@ntins.com | FAX (A/C. No): (860) 354-0609 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Carlsons Ridge Homeowners Association c/o REI Property Management 2A Ives Street Danbury CT 06810 | | INSURER A: Greater New York Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |

COVERAGES

CERTIFICATE NUMBER: CL156406550

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: | | | 6106D48021 | 6/6/2015 | 6/6/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 Employment Practices Liability \$ 100,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 3006U41843 | 6/6/2015 | 6/6/2016 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

abernard@rei-pm.net

 REI Property Management
 2A Ives St
 Danbury, CT
CANCELLATION

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AUTHORIZED REPRESENTATIVE

Katherine Oberg/KATIE

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