



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/05/2023

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.

PRODUCER Cross Insurance, Inc.- RI 376 Newport Avenue P. O. Box 4830 East Providence RI 02916	CONTACT NAME: Christine Saverino PHONE (A/C, No, Ext): (401) 431-9200 E-MAIL ADDRESS: Christine.Saverino@crossagency.com PRODUCER CUSTOMER ID: 00261873	FAX (A/C, No): (401) 431-9201														
INSURED Hidden Valley Condo Assoc 1 Trellis Drive Office West Warwick RI 02893	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Allmerica Financial Benefit</td><td>41840</td></tr><tr><td>INSURER B : Travelers Casualty & Surety Co.</td><td>19038</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allmerica Financial Benefit	41840	INSURER B : Travelers Casualty & Surety Co.	19038	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: CP2381774426 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Loc# 1 Trellis Drive West Warwick RI 02893-2140 (Total Units 120 Residential)
Policy follows condo documents in place at the time of a covered loss

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		Z2EJ138928	09/01/2023	09/01/2024		BUILDING	\$
	CAUSES OF LOSS						PERSONAL PROPERTY	\$
		BASIC					BUSINESS INCOME	\$
		BROAD					EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL						RENTAL VALUE	\$
		EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 31,013,900
		WIND					BLANKET PERS PROP	\$
		FLOOD					BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Repl Cost							\$
								\$
	INLAND MARINE		TYPE OF POLICY				\$	
	CAUSES OF LOSS		POLICY NUMBER				\$	
	NAMED PERILS						\$	
							\$	
B	<input checked="" type="checkbox"/> CRIME		105593662	04/28/2023	04/28/2026	<input checked="" type="checkbox"/> Limit	\$ 600,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Retention	\$ 5,000		
	Fidelity - Employee Theft					\$		
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN		Z2EJ138928	09/01/2023	09/01/2024	<input checked="" type="checkbox"/> Limit	\$ Included	
					<input checked="" type="checkbox"/> Deductible	\$ 25,000		
A	Ordinance or Law		Z2EJ138928	09/01/2023	09/01/2024	<input checked="" type="checkbox"/> Coverage A	\$ Included	
					<input checked="" type="checkbox"/> Coverages B & C	\$ 25,000		

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

CERTIFICATE HOLDER informational Purpose	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 Andrew P. Troy
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2023

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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 Cross Insurance, Inc.- RI 376 Newport Avenue P. O. Box 4830 East Providence RI 02916		CONTACT NAME: Christine Saverino PHONE (A/C, No, Ext): (401) 431-9200 FAX (A/C, No): (401) 431-9201 E-MAIL ADDRESS: Christine.Saverino@crossagency.com	
INSURED Hidden Valley Condo Assoc 1 Trellis Drive Office West Warwick RI 02893		INSURER(S) AFFORDING COVERAGE INSURER A: Allmerica Financial Benefit INSURER B: United States Liability Ins Co INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 41840 25895	

COVERAGES**CERTIFICATE NUMBER:** CL2381744348**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Z2EJ138928	09/01/2023	09/01/2024	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 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Z2EJ138928	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			Z2EJ138928	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<input type="checkbox"/> 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 <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	DIRECTORS & OFFICERS			CAP1567748	09/14/2023	09/14/2024	Each Claim \$1,000,000 In The Aggregate \$1,000,000 Deductible \$1,000

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

CERTIFICATE HOLDER

informational purposes

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

Andrew P. Troy

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Hidden Valley Condos <hvcamain@gmail.com>

reminder - \$25,000 deductible now

1 message

Hidden Valley Condos <hvcamain@gmail.com>

Reply-To: hvcamain@gmail.com

To: hvcamain@gmail.com

Hidden Valley's Master Insurance Policy - reminder

\$25,000 Deductible - Per Unit Per Incident

Please be sure to contact your homeowner insurance policy agent to advise this info.

If a unit owner places a claim with Hidden Valley's master insurance, the owner is responsible for this \$25,000 deductible.

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You are receiving this e-mail because you are a resident of Hidden Valley Condominiums.

Our mailing address is:

Hidden Valley Condo Association

1 Trellis Drive

West Warwick, RI 02893

Add us to your address book

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#).



R.I CONDOMINIUM ACT

LEGISLATIVE UPDATE

2022 AMENDMENT TO ACT 34-36.1-3.13

Signed into law June 28, 2022

It is now officially written into law that a unit owner is responsible for paying the condo association's master insurance policy deductible.

This means that if a claim gets placed with the condo association's master insurance company, the unit owner will have to pay the policy's deductible out of pocket unless it is included in the unit owner's personal H06 homeowner insurance policy.

VERY IMPORTANT for unit owners:

- First: Always have your own personal homeowner's insurance policy
- Second: Be sure that your insurance agent is aware of the deductible for Hidden Valley's master insurance policy.
Your personal homeowner's policy can be designed so that it includes coverage of Hidden Valley's policy deductible. This means that if a catastrophe was to strike, you would not have to pay the Hidden Valley deductible out of your own pocket.

BE SURE YOU UNDERSTAND ALL ASPECTS OF YOUR PERSONAL HOMEOWNER'S POLICY