



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/09/2024

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.

PRODUCER The Hilb Group New England, LLC 2000 Chapel View Blvd Suite 240 Cranston RI 02920	CONTACT NAME: Dominic Martin PHONE (A/C, No, Ext): (800) 232-0582 E-MAIL ADDRESS: dmartin@hilbgroup.com PRODUCER CUSTOMER ID: 01461287	FAX (A/C, No): (888) 505-9300
	INSURER(S) AFFORDING COVERAGE	
INSURED Hidden Valley Condo Association c/o Dennis Souza 129 Trellis Drive West Warwick RI 02893	INSURER A: Vermont Mutual Insurance Co 26018	
	INSURER B: Continental Casualty Company 20443	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CP249918998 **REVISION NUMBER:**


LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Loc# 00001 Buildings 1-12 & 13 (storage building): Trellis Drive, West Warwick, RI 02893 - 120 total residential units

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	BP11069072	09/01/2024	09/01/2025	<input type="checkbox"/> BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUILDING \$25K / Unit	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ ALS
	<input type="checkbox"/> BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ Incl. in BI
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 30,901,500
	<input checked="" type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> \$25K / Unit & Occ. Ded.					<input checked="" type="checkbox"/> Law & Ordinance	\$ 250K A, B, & C
	<input checked="" type="checkbox"/> NameStorm 5%					<input checked="" type="checkbox"/> Inflation Guard	\$ 4%
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> CRIME	768621196	09/01/2024	09/01/2025	<input checked="" type="checkbox"/> D&O / Occ	\$ 1,000,000	
	TYPE OF POLICY Crime & D&O				<input checked="" type="checkbox"/> Social Engineering	\$ 100,000	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BP11069072	09/01/2024	09/01/2025	<input checked="" type="checkbox"/> Employee Theft	\$ 600,000	
					<input checked="" type="checkbox"/> Included	\$	
						\$	

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

Subject to the Condominium Documents, and the terms, conditions and exclusions of the Master Policy, the Master policy will provide coverage for "the property including the Units and all improvements and appliances contained within the Unit as of the date of the closing of the Unit from the Declarant (or value thereof) but excluding any improvements or appliances subsequently added by a Unit Owner and all other personal property of the Unit Owner. Unit Owners are mandated under their amended 2024 Declaration to carry Unit Owners insurance in the form of a Condominium Unit Owners Policy (HO-6) or equivalent with a Coverage A Dwelling Limit, at a minimum, at least equal to the Master Policy per unit deductible of \$25,000 plus the value of any improvements and betterments to the Unit since the initial sale of the Unit from the Declarant to the first unit owner. Rhode Island State Law Section

CERTIFICATE HOLDER INFORMATIONAL PURPOSES ONLY RI	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 

AGENCY CUSTOMER ID: 01461287

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY The Hilb Group New England, LLC		NAMED INSURED Hidden Valley Condo Association	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance: Remarks

34-36.1-3.13 (d) (4) was amended effective 6/28/2022 to provide (new language italicized): "If, at the time of a loss under the policy, there is other insurance in the name of a unit owner covering the same risk covered by the policy, the association's policy provides primary insurance. Provided, however, a unit owner's insurance policy shall become the primary insurance policy with respect to any amount of loss covered by the association's policy but not payable under the association's policy because of the application of the deductible." Unit Owners are each responsible for the first \$25,000 of damage to their unit at the time of a loss and their HO-6 policy is mandated by state law to pay it for them. The total amount of Per Unit deductibles covered by the Unit Owner HO-6 policies is \$3,000,000. When sum of the per unit deductibles of \$3,000,000 is included with the Master Policy Building limit of \$30,901,500, the building limit is at 100% replacement cost at average construction.

Per the attached endorsement, in no event will the sum of all per unit deductibles be more than 5% of the total limit of insurance.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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 The Hilb Group New England, LLC 2000 Chapel View Blvd Suite 240 Cranston RI 02920	CONTACT NAME: Dominic Martin PHONE (A/C, No, Ext): (800) 232-0582 E-MAIL ADDRESS: dmartin@hilbgroup.com	FAX (A/C, No): (888) 505-9300
	INSURER(S) AFFORDING COVERAGE	
INSURED Hidden Valley Condo Association c/o Dennis Souza 129 Trellis Drive West Warwick RI 02893	INSURER A: Vermont Mutual Insurance Co	
	INSURER B: Greenwich Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	
	26018	
	22322	

COVERAGES**CERTIFICATE NUMBER:** CL2491044816**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			BP11069072	09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BP11069072	09/01/2024	09/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			PPP7504222	09/01/2024	09/01/2025	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$ 5,000,000
	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				PER STATUTE	OTHER
							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**CANCELLATION**

INFORMATIONAL PURPOSES ONLY

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



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GENERAL ENDORSEMENT

Attached to and forming part of Policy Number: BP1 1-06-90-72

Issued to: HIDDEN VALLEY CONDOMINIUM

Effective date of endorsement: 09/01/2024

Issued by (Company): VERMONT MUTUAL INSURANCE CO

AGGREGATE DEDUCTIBLE

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

THE FOLLOWING IS ADDED TO SECTION D.1. DEDUCTIBLES:

IF ENDORSEMENTS VB0305 - ALL COVERED CAUSES OF LOSS - PER UNIT DEDUCTIBLE AND VB1201 - BLANKET INSURANCE ENDORSEMENT ARE BOTH ATTACHED TO THIS POLICY, THEN THE SUM OF ALL PER UNIT DEDUCTIBLES FOR ALL COVERED CAUSES OF LOSS SHALL NOT EXCEED 5% OF THE BLANKET BUILDING LIMIT OF INSURANCE SHOWN IN THE SCHEDULE UNDER ENDORSEMENT VB1201 IN ANY ONE OCCURRENCE.

All other terms and conditions of this policy remain unchanged.