CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 09/08/2025

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 **FAX (A/C, No):** (888) 505-9300
E-MAIL ADDRESS: dmartin@hilbgroup.com
PRODUCER CUSTOMER ID: 01461287

INSURED
HIDDEN VALLEY CONDOMINIUM ASSOCIATION
C/O: Dennis Souza
129 TRELLIS DR
WEST WARWICK RI 02893-2140

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Vermont Mutual Insurance Co	26018
INSURER B : Continental Casualty Company	20443
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CP2582630004 **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
Replacement Cost Valuation / Agreed Value

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	[X] PROPERTY CAUSES OF LOSS / DEDUCTIBLES [ ] BASIC — BUILDING 25,000 / Unit [ ] BROAD — CONTENTS [X] SPECIAL [ ] EARTHQUAKE [X] WIND [ ] FLOOD [X] Named Stm — 5% [X] $25K / Unit — & Occ. Ded.	BP11069072	09/01/2025	09/01/2026	[ ] BUILDING [ ] PERSONAL PROPERTY [X] BUSINESS INCOME [X] EXTRA EXPENSE [ ] RENTAL VALUE [X] BLANKET BUILDING [ ] BLANKET PERS PROP [ ] BLANKET BLDG & PP [X] Ordinance / Law [X] Inflation Guard	$ $ $ 12 Month ALS $ Included in BI $ $ 33,233,561 $ $ $ $250K A, B, C $ 4%
	[ ] INLAND MARINE CAUSES OF LOSS [ ] NAMED PERILS	TYPE OF POLICY POLICY NUMBER			[ ]	$ $ $ $
B	[X] CRIME TYPE OF POLICY D&O / Crime	768621196	09/01/2025	09/01/2026	[X] Employee Theft [X] Computer Fraud [X] Social Engineering	$ 600,000 $ 600,000 $ 100,000
A	[X] BOILER & MACHINERY / EQUIPMENT BREAKDOWN	BP11069072	09/01/2025	09/01/2026	[X] 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

FOR 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	NAMED INSURED
The Hilb Group New England, LLC	HIDDEN VALLEY CONDOMINIUM 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 H O - 6 policies is $3,000,000. When reviewed at renewal, it was determined in conjunction with the Board and the Carrier that the building limit satisfies the 100% replacement cost requirement of the condo docs 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.

GENERAL ENDORSEMENT

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

Issued to: HIDDEN VALLEY CONDOMINIUM

Effective date of endorsement: 09/01/2025

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.

THE HILB GROUP OF NE,LLC Agent

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/08/2025

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	CONTACT NAME: Dominic Martin	
The Hilb Group New England, LLC	PHONE (A/C, No, Ext): (800) 232-0582	FAX (A/C, No): (888) 505-9300
2000 Chapel View Blvd	E-MAIL ADDRESS: dmartin@hilbgroup.com	
Suite 240	INSURER(S) AFFORDING COVERAGE	NAIC #
Cranston RI 02920	INSURER A : Vermont Mutual Insurance Co	26018
INSURED	INSURER B : Continental Casualty Company	20443
HIDDEN VALLEY CONDOMINIUM ASSOCIATION	INSURER C :	
C/O: Dennis Souza	INSURER D :	
129 TRELLIS DR	INSURER E :	
WEST WARWICK RI 02893-2140	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL259886098 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BP11069072	09/01/2025	09/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BP11069072	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CU11007924	09/01/2025	09/01/2026	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ 5,000,000 $
	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	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Directors and Officers Liability			768621196	09/01/2025	09/01/2026	Each Claim Limit Retention	$1,000,000 $1,000

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

AS PER COMPANY FORMS

CERTIFICATE HOLDER

PER PAGE I HOLDER

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