



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/18/2026

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: Brogan Adams PHONE (A/C, No, Ext): (800) 232-0582 E-MAIL ADDRESS: BAdams@hilbgroup.com PRODUCER CUSTOMER ID: 01461287	FAX (A/C, No): (888) 505-9300
INSURED HIDDEN VALLEY CONDOMINIUM ASSOCIATION C.R.S Management 786 Oaklawn Avenue Cranston RI 02920	INSURER(S) AFFORDING COVERAGE INSURER A: Greater New York Mutual Insurance Company INSURER B: Continental Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22187 20443

COVERAGES**CERTIFICATE NUMBER:** CP2691843580**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	☒ PROPERTY	1120M64098	09/01/2026	09/01/2027	BUILDING	\$
	☐ CAUSES OF LOSS				PERSONAL PROPERTY	\$
	☐ BASIC				BUSINESS INCOME	\$ 12 Month ALS
	☐ BROAD				EXTRA EXPENSE	\$ Included in BI
	☒ SPECIAL				RENTAL VALUE	\$
	☐ EARTHQUAKE				BLANKET BUILDING	\$ 36,156,000
	☐ WIND				BLANKET PERS PROP	\$
	☐ FLOOD				BLANKET BLDG & PP	\$
	☒ Named				Ordinance / Law	\$ \$250K A, B, C
	☒ 25K/Unit				Inflation	\$ 4%
	☐ INLAND MARINE	TYPE OF POLICY				\$
	☐ CAUSES OF LOSS					\$
	☐ NAMED PERILS	POLICY NUMBER				\$
						\$
B	☒ CRIME	768621196	09/01/2026	09/01/2027	Employee Theft	\$ 600,000
	Computer Fraud				\$ 600,000	
	Social Engineering				\$ 100,000	
A	☒ BOILER & MACHINERY / EQUIPMENT BREAKDOWN	1120M64098	09/01/2026	09/01/2027	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**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

RI

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 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

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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/18/2026

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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: Brogan Adams PHONE (A/C, No, Ext): (800) 232-0582 FAX (A/C, No): (888) 505-9300 E-MAIL ADDRESS: BAdams@hilbgroup.com																					
INSURED Hidden Valley Condominium Association c/o The Board 129 Trellis Drive West Warwick RI 02893	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Greater New York Mutual Insurance Company</td><td>22187</td></tr><tr><td>INSURER B:</td><td>Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Greater New York Mutual Insurance Company	22187	INSURER B:	Continental Casualty Company	20443	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: CL2691842580

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			1120M64098	09/01/2026	09/01/2027	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
	☒ AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒			1120M64098	09/01/2026	09/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			3020U64138	09/01/2026	09/01/2027	EACH OCCURRENCE \$ 5,000,000 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	Y/N ☐	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors and Officers			768621196	09/01/2026	09/01/2027	General Aggregate \$1,000,000 Each Occurrence \$1,000,000 Retention 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

CANCELLATION

PER PAGE I HOLDER

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AUTHORIZED REPRESENTATIVE