

MLANNON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/22/2022

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:		
Bouvier Insurance 19 North Main Street	PHONE (A/C, No, Ext): (860) 232-4491 FAX (A/C, No): (860)	60) 232-6637	
Vest Hartford, CT 06107	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Allianz Global Corporate & Specialty	7617	
NSURED	INSURER B : Fireman's Fund Ins. Co.	21873	
Cloister Owners' Association, Inc. (The)	INSURER C: Pennsylvania Manufacturers	12262	
c/o Community Management Associates 1465 Northside Dr. Ste128	INSURER D : Federal Insurance Company	20281	
Atlanta, GA 30318	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY			(IIIIII)	(MINI/BB/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		CLB1000115	5/15/2022	5/15/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		CLB1000115	5/15/2022	5/15/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		USL00745020U-61373	5/15/2022	5/15/2023	AGGREGATE	\$	
	DED RETENTION \$						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	202101-12-34-98-8Y	5/15/2022	5/15/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Directors & Officers		9983-5555	5/15/2022	5/15/2023	D&O		1,000,000
Α	Property		CLB1000115	5/15/2022	5/15/2023	240 Units		60,583,482

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) See attached page for additional coverage detail.

CERTIFICATE HOLDER	CANCELLATION

Cloister Owners' Association, Inc. (The) c/o Community Management Associates 1465 Northside Dr, Ste128 30318

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

2410

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED		
Bouvier Insurance POLICY NUMBER		Cloister Owners' Association, Inc. (The) c/o Community Management Associates 1465 Northside Dr, Ste128 Atlanta. GA 30318		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		
ADDITIONAL PEMARKS				

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,		
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

Coverage is written on a special form, Extended Replacement Cost. 130% Agreed Vlaue Subject to \$25,000 deductible.

**Building coverage is Original Specifications** 

No Coinsurance. No Inflation Guard. Equipment Breakdown is included. Ordinance & Law is included. Wind/Hail is included. Separation of insureds is included. Waiver of Subrogation included.

Hanover Insurance - Employee Dishonesty \$500,000 limit, subject to \$5,000 deductible. Property Manager Fidelity included.