

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
08/24/2016

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 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 Bouvier Insurance 80 Norwich - New London Tpk Uncasville, CT 06382 Brian D Kelly	CONTACT NAME: www.binsurance.com
	PHONE (A/C, No, Ext): 860-859-9821 FAX (A/C, No): 860-561-8778 E-MAIL ADDRESS: bblcerts@rescueweb.com
INSURED Woods Walk Commons Condominium PO Box 154 Gales Ferry, CT 06335	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Greater New York Mutual Ins Co 22187
	INSURER B : Greenwich Insurance Company
	INSURER C : Pennsylvania Manufacturers
	INSURER D : Travelers Casualty & Surety of 19046
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			6106D15808	08/25/2016	08/25/2017	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC GEN'L AGGREGATE LIMIT APPLIES PER:						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	\$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			6106D15808	08/25/2016	08/25/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ INCLUDED
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7450003	08/25/2016	08/25/2017	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						AGGREGATE	\$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	2016010807438Y	08/25/2016	08/25/2017	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Buildings (17)			6106D15808	08/25/2016	08/25/2017	34 Units	10,974,435
D	Directors & Officers			105978569	08/25/2016	08/25/2017	Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Please see page 2 for additional coverage information.

Location: 18-127 Murphys Drive, 1063-1079 Pleasant Valley Rd, Groton, CT 06340

CERTIFICATE HOLDER**CANCELLATION**

Woods Walk Commons Condominium Association c/o Velma Williams P.O. Box 154 Gales Ferry, CT 06335	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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NOTEPADINSURED'S NAME **Woods Walk Commons Condominiu** **WOODS-5**
OP ID: GWPAGE 2
Date **08/24/2016**

Coverage is provided for 17 buildings containing 34 units on a Special Form, Extended Replacement Cost, "All in" basis including betterments and improvements of the unit owner subject to a \$2,500 All Perils Deductible, \$1,000 Per Unit Ice Damming Deductible and 1% Wind/Hail Deductible

(D) Employee Dishonesty & Property Manager Fidelity coverage - \$85,000 limit subject to \$500 Deductible

Ordinance or law coverage included

Equipment Breakdown Coverage Included

Windstorm/Hail coverage included subject to the terms and deductibles of the policy

Separation of Insureds clause applies

10 day notice of cancellation for nonpayment of premium, 30 day notice for all other reasons