



# CERTIFICATE OF PROPERTY INSURANCE

OP ID: LH

DATE (MM/DD/YYYY)

06/21/2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

<b>PRODUCER</b> Brown & Brown (Merrimack) 309 Daniel Webster Highway Merrimack, NH 03054 Chris McPhail		<b>Phone: 603-424-9901</b> <b>Fax: 866-848-1223</b>	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: <b>FIELD-2</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> Fields Grove Flats Condominium c/o Sequel Mgmt 2 Knightsbridge Drive Nashua, NH 03063-6341		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Peerless Indemnity Ins Co		<b>18333</b>
		<b>INSURER B:</b> *Peerless Insurance Company		<b>24198</b>
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

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

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> WIND <input type="checkbox"/> FLOOD <input checked="" type="checkbox"/> RC	BOP8467361  D&O \$1,000,000	07/07/2017	07/07/2018	BUILDING	\$
					PERSONAL PROPERTY	\$
					BUSINESS INCOME	\$
					EXTRA EXPENSE	\$
					RENTAL VALUE	\$
					BLANKET BUILDING	\$
					BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> BUILDING	\$ 2,807,661
					\$	\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
B	<input type="checkbox"/> CRIME TYPE OF POLICY <b>Umbrella</b>	CU8467761	07/07/2017	07/07/2018	<input checked="" type="checkbox"/> Umbrella Limit	\$ 1,000,000
					<input checked="" type="checkbox"/> Retention	\$ 10,000
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
A	<input checked="" type="checkbox"/> Gen Liab	BOP8467361	07/07/2017	07/07/2018	<input checked="" type="checkbox"/> Occurrence Limit	\$ 1,000,000
					<input checked="" type="checkbox"/> Aggregate Limit	\$ 2,000,000

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

Coverages follow condo docs. 22 units

<b>CERTIFICATE HOLDER</b> For Records Only	<b>CANCELLATION</b> 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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