



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/17/2018

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 AssuredPartners Northeast, LLC. 123 Main Street 14th Floor White Plains NY 10601	CONTACT NAME: MaryAnn Pietrabella PHONE (A/C. No. Ext): (914) 761-9000 E-MAIL ADDRESS: maryann.pietrabella@assuredpartners.com	FAX (A/C. No): (914) 761-3749	
	INSURER(S) AFFORDING COVERAGE		
INSURED Foxwood Homeowners Association Inc. & Foxwood c/o Board of Managers 9-9 Foxwood Drive Pleasantville NY 10570	INSURER A: American Southern Home Insurance		NAIC # 41998
	INSURER B: Greenwich Insurance Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** CL1881714838 **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CAU600184-1	8/15/2018	8/15/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COMP/OP AGG \$ 2,000,000 Garage&Parking Area Legal \$ 25,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			PPP7458859	8/15/2018	8/15/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
	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	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	BUILDING BUSINESS INCOME			CAU600184-1	8/15/2018	8/15/2019	Guaranteed Replacement Cost \$5,000-DED Actual Loss Sustained SPECIAL FORM

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

see additional information on supplemental page

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES ONLY	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 Sheila Conley/DBRADS

COMMENTS/REMARKS

Additional Coverage:

Insurer A:

254 total units

Boiler & Machinery Coverage: Included in Building Limit

Ordinance or Law Coverage: Included in Building Limit

Demolition Cost: \$2,000,000

Increased Cost of Construction: \$2,000,000

Wind/Hail Included per no specific Exclusion.

Insurer A:

Cancellation: We may cancel this policy by mailing or delivering to the first named insured shown in the Declarations written notice of cancellation at least:

(1) 30 days before the effective date of cancellation if we cancel for any reason other than.

(2) 15 days before the effective date of cancellation if we cancel for Non-payment of premium.

Insurer A:

Severability: The Commercial General Liability policy contains "Separation of Insureds and Cross Liability" provisions:

*Except with respect to the limit of insurance, and any rights or duties specifically assigned in General Liability to the first Named Insured, the insurance applies:

(1) As if each Named Insured were the only Named Insured; and

(2) Separately to each insured against whom claim is made or "suit" is brought.

Employee Dishonesty-\$500,000/\$2,500-Debt (Includes coverage for Managing Agent-Stillman Management Inc.)

Policy#16BDDHR8004

Term: 8/15/2018-2019

Hartford Fire Insurance Co.

Flood - \$1,000,000/\$25,000-Debt

Policy# IMP410773203

Term: 8/15/2018-2019

Great American Insurance Company of New York