

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2022

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.

lf	SUBF	ROGATION IS	WAI	IVED, subject to	the	terms	ONAL INSURED, the polic and conditions of the pol cate holder in lieu of such	licy, ce	rtain policies		•			
PRODUCER								CONTACT Judith George CIC,CPIW,CRIS (Gail Lassell-Processor)						
FIA	/Cross	s Insurance						PHONE (A/C, No, Ext): (603) 669-3218 (A/C, No): (603) 645-4331						
1100 Elm Street									E-MALL ADDRESS: judith.george@crossagency.com (gail.lassell@crossagency.com)					
									INSURER(S) AFFORDING COVERAGE					
Manchester NH 03101									INSURER A: Massachusetts Bay Ins Co					
INSURED								INSURE						
WINDHAM MEADOWS II CONDOMINIUM ASSOCIATION									INSURER C:					
									INSURER D:					
O BROOKVIEW ROAD								INSURER E :						
WINDHAM NH 0308								INSURER F:						
_	/ERA						NUMBER: 22-23 Liability	ility REVISION NUMBER:						
IN C	DICAT ERTIFI	ED. NOTWITHS	STAN SSUE	IDING ANY REQUI ED OR MAY PERTA	REME AIN, T OLICIE	NT, TE	ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY O SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTR. E POLIC	ACT OR OTHER IES DESCRIBEI	DOCUMENT VOLUMENT VOLUMENT V	VITH RESPECT TO WHICH	THIS		
LTR		TYPE OF IN			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI			
	×	COMMERCIAL GEN	NERA	AL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ .	00,000	
		CLAIMS-MADE	E L	OCCUR							PREMISES (Ea occurrence)	\$ 300,		
,	<u>.                                    </u>						OD/ (0500 400		44/07/0000	44/07/0000	MED EXP (Any one person)	\$ 5,000		
Α	Ш.						ODV6560439		11/27/2022	11/27/2023	PERSONAL & ADV INJURY	\$ 1,000,000 \$ 2,000,000		
		LAGGREGATE LIMI		PLIES PER:							GENERAL AGGREGATE	2.00	0,000	
		POLICY PROJECT	CT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000	
		OTHER: MOBILE LIABILITY	,								COMBINED SINGLE LIMIT	\$		
		ANY AUTO	ſ								(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED [		SCHEDULED							BODILY INJURY (Per person)	\$		
		AUTOS ONLY HIRED		AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	⊢ '	AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB	Т	1 000115							5.0U 000UDD5N05	<u> </u>		
		EXCESS LIAB	H	OCCUR CLAIMS-MADE							AGGREGATE	\$		
	H.	DED BETE	NTIO								AGGREGATE	\$		
	DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								PER OTH- STATUTE ER	1				
										E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
										E.L. DISEASE - POLICY LIMIT	\$			
	DIDI	FCTORS & OFF	ICE	DC								1,00	00,000	
Α		PLOYEE DISHO					ODV6560439		11/27/2022	11/27/2023				
												150,	,000	
RE:	Brian e the c	Mcalpine 21 Mis	sty N ired;	Meadow Road Uni ; and Separately t	t #49 o eacl	Windh h Insu	01, Additional Remarks Schedule, nam NH 03087. 2nd Mortgage red against whom claim is ma de and Out. 58 Units. Refer to	e: Loan ade or "s	#9345085212. suit" is brought.	Insurance appl 10 Day NOC f	or nonpay. 30 Day NOC all			
CE	CERTIFICATE HOLDER								CANCELLATION					
First Tech Federal Credit Union ISAOA PO Box 702747								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						
Dallas TX 75370							TX 75370	Juice L. Leonge, CIC CRIS CPIW						



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lf	SUE	RTANT: If the certificate holder is a BROGATION IS WAIVED, subject to certificate does not confer rights to	the t	terms	and conditions of the pol	licy, ce	rtain policies						
PRO	DUCE	ER				CONTACT NAME: Judith George CIC,CPIW,CRIS (Gail Lassell-Processor)							
FIA	l/Cro	oss Insurance				PHONE (A/C, No, Ext): (603) 669-3218 (A/C, No): (603) 645-4331							
110	0 Eln	n Street				E-MAIL ADDRESS: judith.george@crossagency.com (gail.lassell@crossagency.com)							
						INSURER(S) AFFORDING COVERAGE NAIC #						NAIC #	
Mar	nche	ster			NH 03101	INSURER A: Massachusetts Bay Ins Co						22306	
INSURED							INSURER B:						
		WINDHAM MEADOWS II CONE	IIMOC	NIUM.	ASSOCIATION	INSURER C:							
0 BROOKVIEW ROAD							INSURER D :						
						INSURER E :							
		WINDHAM			NH 03087	INSURER F:							
CO	VER	AGES CER	TIFIC	ATE	NUMBER: 21-22 Liability				REVISION NUM	BER:			
IN C	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	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	×	COMMERCIAL GENERAL LIABILITY						\	EACH OCCURRENC		\$ 1,00	0,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTE PREMISES (Ea occu		\$ 300,	000	
									MED EXP (Any one p		\$ 5,00	0	
Α					ODV6560439		11/27/2021	11/27/2022	PERSONAL & ADV INJURY \$ 1,00		0,000		
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$ 2,00	0,000	
	×	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ 2,00	0,000	
		OTHER:									\$		
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
		ANY AUTO							BODILY INJURY (Per	r person)	\$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per		\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	iΕ	\$		
											\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	14/01	DED RETENTION \$							I DED.	LOTH	\$		
		RKERS COMPENSATION  DEMPLOYERS' LIABILITY  Y/N							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. EACH ACCIDENT		\$		
									E.L. DISEASE - EA E	MPLOYEE	\$		
									E.L. DISEASE - POLICY LIMIT		\$ 1.00	0.000	
Α		RECTORS & OFFICERS			ODV6560439		11/27/2021	11/27/2022			1,00	0,000	
^	EN	MPLOYEE DISHONESTY			OD V0300439		11/27/2021	11/21/2022			150,	000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  RE: Brian Mcalpine 21 Misty Meadow Road Unit #49 Windham NH 03087. 2nd Mortgage: Loan #9345085212. Insurance applies: As if each Named Insured were the only Named Insured; and Separately to each Insured against whom claim is made or "suit" is brought. 10 Day NOC for nonpay. 30 Day NOC all other. Unit Owner is responsible for Property coverage Inside and Out. 58 Units. Refer to policy for exclusionary endorsements and special provisions.													
CERTIFICATE HOLDER							CANCELLATION						
First Tech Federal Credit Union ISAOA PO Box 702747  Dallas TX 75370							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						
l		Dallas	aire & 4 a										