

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/27/2025

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorseme	nt. A stat	ement	on	
PRODUCER						CONTACT Robin McAfee (Gail Lassell-Processor)						
Cross Insurance-Manchester						PHONE (603) 669-3218 (A/C, No, Ext): (603) 645-4331						
1100 Elm Street						E-MAIL robin.mcafee@crossagency.com (gail.lassell@crossagency.com)						
						INSURER(S) AFFORDING COVERAGE NAIC #						
Manchester NH 03101						INSURER A: Massachusetts Bay Ins Co					22306	
INSURED						INSURER B:						
WINDHAM MEADOWS II CONDOMINIUM ASSOCIATION						INSURER C:						
					INSURER D:							
O BROOKVIEW ROAD					INSURER E :							
WINDHAM				NH 03087	INSURE	NSURER F:						
COVERAGES CERTIF			FICATE NUMBER: 24-25 Liability			REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUII ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI LICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY ( SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI CED BY PAID CL	R DOCUMENT V D HEREIN IS SI LAIMS.	WITH RESPECT T	O WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		200	00,000	
	CLAIMS-MADE OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:						11/27/2025	PREMISES (Ea occurrence)  MED EXP (Any one person)		\$ 300,000 \$ 5,000		
Α				ODV6560439		11/27/2024		PERSONAL & ADV INJURY		\$ 1,000,000		
				1				GENERAL AGGREGATE		\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (P		·		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (P		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	JL	\$		
	➤ UMBRELLA LIAB ➤ OCCUP									\$ 1.00	0,000	
Α	EVOTOS LIAD			ODV6560439		11/27/2024	11/27/2025			4.00	00,000	
,,	CLAIIVIS-IVIADE							AGGREGATE		φ .	70,000	
	DED RETENTION \$ U							PER STATUTE	OTH- ER	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDE	•	\$		
								E.L. DISEASE - EA EMPLOYEE		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$		
	DIRECTORS & OFFICERS									+	00,000	
Α	EMPLOYEE DISHONESTY			ODV6560439		11/27/2024	11/27/2025					
										150	,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	-			=	-		do and O:# 50!!	nito Defe	to.		
	John Chesnulevich 25 Misty Meadow Road by for exclusionary endorsements and speci-				sponsit	ne for Property	coverage insid	ue and Out. 58 U	nits. Keter	ເບ		
CEI	RTIFICATE HOLDER	CANCELLATION										
Triangle Credit Union ISAOA/ATIMA 33 Franklin Street						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												
	Nashua	Poli mague										