



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2026

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. 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 License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME:	
	PHONE (A/C, No, Ext): (978) 657-5100	FAX (A/C, No): (978) 988-0038
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED Stonegate Condominium Trust Board of Trustees 63 Stonegate Road Chelmsford, MA 01824	INSURER A : American Alternative Insurance Corporation	
	19720	
	INSURER B : Federal Insurance Company	
	20281	
	INSURER C :	
INSURER D :		
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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			CAU501004	8/31/2026	8/31/2027	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							HNO AUTO \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			BINDER	8/31/2026	8/31/2027	EACH OCCURRENCE \$ 10,000,000
							AGGREGATE \$
							Agg/Pro-Com Op \$ 10,000,000
							PER STATUTE ☐ OTH-ER ☐
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Commercial Property			CAU501004	8/31/2026	8/31/2027	Blanket Building 35,550,000
B	Crime			9992-7193	8/31/2026	8/31/2027	Employee Dishonesty 150,000

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

Coverage is provided for 62 single family dwelling units located at

1,3,5,7,8,9,11,12,13,15,16,17,19,20,21,23,24,25,27,28,29,31,32,33,35,36,37,39,40,41,43,44,45,47,48,49,51,5,53,55,56,57,59,60,61,64,67,68,69,71,72,73,75,76,77,79,80,81,84,88 & 92 Stonegate Road. Chelmsford, MA 01824. The Master Policy covers all buildings, structures, and units, including additions and improvements on a guaranteed replacement cost basis (Also known as All- In).

Master Deductibles:

Per occurrence deductible \$10,000

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Association Evidence of Coverage
Certificate can be updated to include unit owner and lender by sending a request to condocerts@hubinternational.com or by fax to 866-475-7959

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



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International New England		License # 1780862	NAMED INSURED Stonegate Condominium Trust Board of Trustees 63 Stonegate Road Chelmsford, MA 01824
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
"Per Unit" Ice Damming Deductible \$10,000

Policy includes the following forms and endorsements - Special Condominium Form, Separation of Insureds Clause (GL only), Equipment Breakdown and Ordinance or Law A - Building Limit B & C \$750,000 each. Coinsurance N/A, Inflation Guard N/A. Policy includes Waiver of Rights of Recovery and wind/hail coverage, 30 days' notice of cancellation except for 10 days for non-payment.

Unit owners should carry an HO6 policy to provide them coverage for the master deductible, personal property, personal liability, loss of use and loss assessment coverage.