

CR 2000069N

Renewal of Number

***** RENEWAL CERTIFICATE *****

Direct Bill Policy

POLICY DECLARATIONS

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

No. CR 20000690

NAMED INSURED AND ADDRESS:

HARBOR AT WHITTEN AND DUSTIN CONDOMINIUM

ASSOCIATION, INC.

PO BOX 1155

BURLINGTON, MA 01803

POLICY PERIOD: (MO. DAY YR.) From: 02/01/2023 To: 02/01/2024

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS:

BUSINESS DESCRIPTION: Community Association

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER CR 2000069N IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
Commercial Crime Coverage Part	\$819.00
TOTAL:	\$819.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **NEW ENGLAND EXCESS EXCHANGE, LTD. (1195)**
P.O. Box 650
Barre, VT 05641-0350

Issued: 01/19/2023 6:22 AM

Broker: **Tobey & Merrill Inc**
20 High Street
Hampton, NH 03842

By: 
Authorized Representative

UPC (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

COMMERCIALCRIME COVERAGE PART
DECLARATIONS

Policy No. CR 20000690

Effective Date: 02/01/2023

12:01 AM STANDARD TIME

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE

Loc 1	P.o. Box 744, North Hampton, Rockingham, NH, 03862			001
	Insuring Agreements	Limit of Insurance	Deductible	Premium
	Employee Theft	\$200,000	\$250	\$411
	Forgery Or Alteration	\$200,000	\$250	\$59
	Money Orders And Counterfeit Money	\$200,000	\$250	\$16
	Inside The Premises Theft Of Money Securities	\$200,000	\$250	\$137
	Inside The Premises Robbery Or Safe Burglary Of Other Property	\$200,000	\$250	\$121
	Outside The Premises	\$200,000	\$250	\$16
	Computer Fraud	\$200,000	\$250	\$39
	Funds Transfer Fraud	\$200,000	\$250	\$20
	TOTAL PREMIUM FOR THIS COVERAGE PART:			\$819

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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EXTENSION OF DECLARATIONS

Policy No. CR 20000690

Effective Date: 02/01/2023

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Commercial Crime coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CR0023	05/06	Commercial Crime Policy (Loss Sustained Form)
CR0209	01/21	New Hampshire Changes
CR2508	03/00	Include Specified Non-Compensated Officers as Employees
CR2509	03/00	Include Volunteer Workers as Employees
Jacket	07/19	Policy Jacket

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

CAP2000700P

Renewal of Number

*** RENEWAL CERTIFICATE ***

Direct Bill Policy

POLICY DECLARATIONS

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

No. CAP2000700Q

A Member Company of United States Liability Insurance Group

PARENT ORGANIZATION AND PRINCIPAL ADDRESS:

HARBOR AT WHITTEN AND DUSTIN CONDOMINIUM ASSOCIATION INC.

PO BOX 1155

BURLINGTON, MA 01803

POLICY PERIOD: (MO. DAY YR.) From: 02/01/2023 To: 02/01/2024

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Community Association

IN CONSIDERATION OF THE RENEWAL PREMIUM STATED BELOW, EXPIRING POLICY NUMBER CAP2000700P IS RENEWED FOR THE POLICY PERIOD STATED ABOVE. PLEASE ATTACH THIS RENEWAL CERTIFICATE TO YOUR EXPIRING POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

Directors And Officers Liability Coverage Part	PREMIUM \$1,070.00
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TOTAL:	\$1,070.00
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Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: NEW ENGLAND EXCESS EXCHANGE, LTD. (1195)
P.O. Box 650
Barre, VT 05641-0350

Issued: 01/19/2023 6:18 AM

Broker: Tobey & Merrill Inc
20 High Street
Hampton, NH 03842

By: 
Authorized Representative

UPC (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. CAP2000700Q

Effective Date: 02/01/2023

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to the Directors And Officers Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CAP	08/15	Community Association Directors & Officers Liability Coverage Form
CAP NH	08/16	New Hampshire State Amendatory Endorsement
CAP-235	08/15	Data Breach & Identity Theft Endorsement
CAP-238	08/17	Amend Definition of Organization
Jacket	07/19	Policy Jacket

Endorsements marked with an asterisk (*) have been added to this policy or have a new edition date and are attached with this certificate.

DIRECTORS & OFFICERS LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. CAP2000700Q

Effective Date: **02/01/2023**
12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

**HARBOR AT WHITTEN AND DUSTIN CONDOMINIUM ASSOCIATION INC.
PO BOX 1155
BURLINGTON, MA 01803**

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 02/01/2023 To: 02/01/2024

Community Association Directors & Officers Liability - D&O/EPL

ITEM III. LIMITS OF LIABILITY	\$1,000,000	EACH CLAIM
	\$1,000,000	IN THE AGGREGATE

ITEM IV. RETENTION:	\$2,500	EACH CLAIM
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ITEM V. PREMIUM:	\$1,070	
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ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.