

DSPANN



DATE (MM/DD/YYYY) 9/18/2023

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).

th	is certificate does not confer rights t							require an endorseme	iii. A 3	tatement on	
PRO	DUCER				CONTA NAME:	ст Alisha W	/orden				
Hollis D. Segur Inc. 10 Research Pkwy, Ste. 400 Wallingford, CT 06492					PHONE (A/C, No, Ext): (203) 699-4500 FAX (A/C, No):						
					E-MAIL ADDRESS: akw@hdsegur.com						
	g ,				ADDICE			RDING COVERAGE		NAIC #	
					INCLIDE		` '	Ity Company		20443	
The Pine Orchard Association 180 Pine Orchard Rd. Branford, CT 06405						INSURER B:				20440	
						INSURER C:					
						INSURER D :					
						INSURER E:					
						INSURER F:					
				E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER IES DESCRIB	DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS		
LIK	COMMERCIAL GENERAL LIABILITY		VVVD			(MIM/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
								PREMISES (Ea occurrence) MED EXP (Any one person)	\$		
									\$		
	OFAII, ACODECATE LIMIT ADDI IFO DED.							PERSONAL & ADV INJURY			
	POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$		
								PRODUCTS - COMP/OP AGG			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
								(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION\$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
_	DÉSCRIPTION OF OPERATIONS below			20500000		0/0/0000	0/0/0004	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
А	Directors & Officers			0250869367		9/9/2023	9/9/2024			1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	O 101, Additional Remarks Schedu	ile, may b	e attached if moi	re space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Information Purposes Only						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					
						DenikoSpann					