

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

6/23/11

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.

If this certificate is being prepare	d for a party who has an insurable i	nterest in the pro	perty, do not use	this	form. Use ACORD	27 or ACORD 28.				
PRODUCER	CONTACT									
P. A. Pryor Insurance	PHONE (AIG No): (413) 323-5555 [AIG No): (413) 323-7483									
PO Box 1083	EMAL ADDRESS: chris@pryorinsurance.com									
11 N Main Street	PRODUCER CUSTOMERID: 20406									
Belchertown, MA 01007	INSURER(S) AFFORDING COVERAGE NAIC #									
INSURED		INSURER A: Arbella Protection								
EDGWATER CONDOMINIUM	TRUST	INSURER B:								
C/O ONSITE MANAGEMENT	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	INSURER C:								
PO BOX 518	INSURER D:									
BELCHERTOWN, MA 01007	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 TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION		COVERED PROPERTY	LIMITS				
	8500051560	5/31/11	5/31/12	X	BUILDING	\$ 1,195,000				
CAUSES OF LOSS DEDUCTIBLES			,		PERSONAL PROPERTY	\$				
BASIC BUILDING					BUSINESS INCOME	\$				
BROAD CONTENTS					EXTRA EXPENSE	\$				
* SPECIAL					RENTAL VALUE					
EARTHQUAKE					BLANKET BUILDING	\$				
WIND					BLANKET PERS PROP	\$				
FLOOD					BLANKET BLDG & PP	\$				
e e e e e e e e e e e e e e e e e e e						\$				
		-				\$				
INLANDMARINE	TYPE OF POLICY				aging disprace gasiyahay, miy ila pika mahay gi disay, dispracioni mil gari diliki kabu giri diliki kabu	9				
CAUSES OF LOSS					•	3				
NAMED PERILS	POLICY NUMBER			, comme		3				
F 1						\$				
CRIME			and the first of the first control of the first of the fi			\$				
TYPE OF POLICY						\$				
.,, 2 3. 7 3 5 6 7		!				s				
BOILER & MACHINERY /						\$				
EQUIPMENT BREAKDOWN						\$				
						\$				
SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
CERTIFICATE HOLDER CANCELLATION										
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								

*****	ACCED A PROPERTY				ortern som state til til til state til som til skalen til state til skalen skalen prokest i state skalen skale	DATE (MM/DD/YYYY)			
f	ACORD, CERTIFIC	CALEOFLIAB	ILITY INS	URANCI	MENT .	12/7/2010			
	DUCER Phone: 508-753-7233	Fax: 508-754-0487			UED AS A MATTER				
	surance Marketing Agenc 6 Main Street	ies, inc.			IO RIGHTS UPON T ATE DOES NOT AM				
	rcester MA 01808		ALTER TH	E COVERAGE	AFFORDED BY THE	POLICIES BELOW.			
			INSURERS A	INSURERS AFFORDING COVERAGE NAIC #					
	MED gewater Gardens Condomin	n i name i l'aran prim	INSURER A. Cir	stor Yow V	ork Insurance	Care			
	o Airium Properties	a de febrera	The state of the s	.Varron Fin	L'A	24522			
476 College Eighway			INSURER C:	mystagen mente (gym y subandifelholanas) (PT) (de annes foliae (m) (b))					
20:	uthwick MA 31877-1213		INSURER D:						
CO'	VERAGES	arter kirksprace blekker om er som på kontrå kontræmente skrivet for gjetter om forskettet med semenen en redf I	A CONTRACTOR OF THE PARTY OF TH	and the state of t		FOR ENGINEERING AND			
THE	POLICIES OF INSURANCE LISTEL	BELOW HAVE BEEN ISSUED	TO THE INSURED	MAKET ABOVE FO	OR THE POLICY PERI	OD INDICATED.			
CERT PERI	ALVASTABLING ANT REQUIREMENT. TIFICATE MAY BE ISSUED OR MAY MS, EXCLUSIONS ANT COMMITTIONS	TERM OR COMPUTION OF A	NY CONTRACT OR O AFFORDED BY THE EGREE DINITE SHO	THER LOTUMENT FULDCIES DES WO NAY BAVE BY	WITH RESPECT TO W RIFED BEREIN IS S REW REDUCED BY PAI	HICH THIS			
HCAN	ADD'L NSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POUCY EXPIRATION DATE (MM/OD/YY)	Us	fiTS			
A	GENERAL LIABILITY	1120247926	5-31/2017	5 31 2311	EACHOCCURRENCE	is1,000,000			
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO HENTED PREMISES (Ea occurence)	\$300,000			
	CLAIMS MADE 2: OGCUR				MED EXP (Any one person)	\$5,000			
	Principle of the of the confidence of the confid				PERSONAL & ADVIMURY	\$2,000,000			
	ACCOUNT ACCOUNT AND ACCOUNT AND ACCOUNT ACCOUN				GENERAL AGGREGATE	<u>'\$2,000,000</u>			
	GENT AGGREGATE LIMIT APPLIES PER POLICY PRO JECT LOC		1		PRODUCTS - COMP/OP AGG	\$2,000,000			
	AUTOMOBILE LIABILITY		erreint de la company de la co	-					
	ОТИАУНА				COMBINED SINGLE LIMIT (Ex seciobrit)	S			
	ALLOWNEDAUTOS				Interference of the second of	7.778140 - 104114 - 104114 - 104114			
	SCHEDULED AUTOS	1			BODILY INJURY (Per person)	S			
	HIREDAUTOS				BODILY INJURY	the advantage of the New York of the Control of the			
	MON-OWNED AUTOS	· ·			(Peracrident)	\$			
			i		PROPERTY DAMAGE (Per accident)	3			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
	ANYAUTO				OTHER THAN EAAC	S S			
	499-4-1980				AUTOONLY: AGI	3 5			
A	X OCCUR CLAIMS MADE	3020060688	5-31-2010	5-31-2011	EACHOCCURRENCE	<u>\$2,000,000</u>			
	A. COUCH COMMONIANCE	1			AGGREGATE	\$2,000,000			
	DEDUCTIBLE	1				\$			
	RETENTION \$ 0	:			Anniana a terrena de la compansión de la	S			
	WORKERS COMPENSATION AND	ar y de l'article d	The second s	ge diversity of execution decimal plane and the property of the continue and the continue a	WCSTATU CITY FORY JUST'S EF				
- Constant	ANY PROPRIETOR: PARTHER: EXECUTIVE				E L EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	; i			E.L. DISEASE - EA EMPLOYE	E \$			
	If yes, describe under SPECIAL PROVISIONS below OTHER				E.L. DISEASE - POLICY LIMIT	9			
A	Building - Repl Cost	1120047926 CAE2001822	5/31/2010 5/31/2010	5/31/2011) \$1,197,775 timit	\$2,500 Ded			
A	Directors & Officers Employee Diskonesty	1125047926	5 31 2010	E/31/2011	01,197,775 Limit 01,000,000 Limit 050,000 Limit	\$1,000 Ded \$1,000 Ded			
DESC	CRIPTION OF OPERATIONS - LOCATIONS - VEHIC	LES - EXCLUSIONS ADDED BY ENDORS			The result of the results of the res	THE PROPERTY OF THE PROPERTY O			
VIMIO MESTIN		ter Schalbert Spilotok in handen som de som er som en s	48 tradelici e francisco de la companio de la comp		Birmini (liality rike (ligitity okk 37 i inc. hen tir inas pasyanninin independental)				
CEF	RTIFICATE HOLDER	PANCALAN PENNENDAN PENNENDAN PENNENDAN PENNENDAN PENNENDAN PEN	CANCELLATION						
			BEFORE THE WILL ENDBAY CERCIFICATE SHALL IMFOS	SHOULD ANY OF THE ABOVE DESCRIBED FOLICIES BE CANCELLED BEFORE THE EXPERATION CATE THEREOF, THE ISSUING INSURER WILL EXDBAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CESCIFICATE HOLDER NAMED TO THE LEFT, BUT FRILURE TO DO BO SHALL IMPOSE NO CRIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR ASPASSENTATIVES.					
			AUTHORIZED REP	AUTHORIZED REPRESENTATIVE					
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