



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2025

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. 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 Cross Insurance 2 Corporate Drive Suite 335 Shelton CT 06484	CONTACT NAME: Ben Barrasso	
	PHONE (A/C, No, Ext): 203-924-5415	FAX (A/C, No): 203-254-4510
INSURED Fairfield Village Condo Association 62 Patricia Road Bridgeport CT 06606	E-MAIL ADDRESS: Sheltoncertificates@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Casualty & Surety Co of America	31194
	INSURER B: Greater New York Mutual Ins. Co.	
	INSURER C: Nautilus Insurance Company	17370
	INSURER D: Scottsdale Insurance Co.	41297
	INSURER E:	
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1576786739

## 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	
C	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NN1922595	11/17/2025	11/17/2026	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000						
	MED EXP (Any one person)	\$ 5,000						
	PERSONAL & ADV INJURY	\$ 1,000,000						
	GENERAL AGGREGATE	\$ 2,000,000						
	PRODUCTS - COMP/OP AGG	\$ Included						
	OTHER:	\$						
<b>AUTOMOBILE LIABILITY</b>								
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				DAMAGED TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	Hired AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY				MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
<b>UMBRELLA LIAB</b>								
C	EXCESS LIAB		OCCUR	AN1367007	11/17/2025	11/17/2026	EACH OCCURRENCE	\$
	DED <input checked="" type="checkbox"/>	RETENTION \$	CLAIMS-MADE				AGGREGATE	\$
								\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/>	Y / N	N / A			PER STATUTE	OTHE- R
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B A D	Property* Crime Excess Liability			1106F56830 107181666 CXS4068936	11/17/2025 11/17/2025 11/17/2025	11/17/2026 11/17/2026 11/17/2026	Building - Blanket Deductible \$7,500 Excess of \$5,000,000	51,813,733 \$250,000 \$5,000,000

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

\*Special Form (Walls In Coverage including Betterments and Improvements) \$25,000 deductible; \$25,000 Wind/Hail deductible. Valuation - Replacement Cost Agreed Value. 158 total units. Business Income incl Extra Expense - \$2,084,611. Equipment Breakdown included \$51,813,733 limit. Ordinance or Law Coverage A - Building Limit; Coverage B&C \$250,000. Separation of Insureds included on referenced General Liability policy. Evidence of coverage

## CERTIFICATE HOLDER

## CANCELLATION

Fairfield Village Condominium Assoc. 62 Patricia Road Bridgeport CT 06606	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  

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