# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/17/2026

**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).**

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|---|---|
| **PRODUCER**<br>Cross Insurance<br>2 Corporate Drive<br>Suite 335<br>Shelton CT 06484 | **CONTACT NAME:** Ben Barrasso<br>**PHONE (A/C, No, Ext):** 203-924-5415 **FAX (A/C, No):** 203-254-4510<br>**E-MAIL ADDRESS:** Sheltoncertificates@crossagency.com |
| **INSURED** FAIRVIL-01<br>Fairfield Village Condo Association<br>62 Patricia Road<br>Bridgeport CT 06606 | **INSURER(S) AFFORDING COVERAGE** / **NAIC #**<br>**INSURER A :** Travelers Casualty & Surety Co of America — 31194<br>**INSURER B :** Nautilus Insurance Company — 17370<br>**INSURER C :** Scottsdale Insurance Co. — 41297<br>**INSURER D :** Strathmore Ins Co — 11024<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 503485397 **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 | |
|---|---|---|---|---|---|---|---|---|
| B | X **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | NN2072464 | 11/17/2026 | 11/17/2027 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ Included |
| | **AUTOMOBILE LIABILITY**<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| B | **UMBRELLA LIAB** X OCCUR<br>X **EXCESS LIAB** CLAIMS-MADE<br>DED RETENTION $ | | | AN1406555 | 11/17/2026 | 11/17/2027 | EACH OCCURRENCE<br>AGGREGATE | $ 5,000,000<br>$ 5,000,000 |
| | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| D<br>A<br>C | Property*<br>Crime<br>Excess Liability | | | 8106F64001<br>107181666<br>CXS4107241 | 11/17/2026<br>11/17/2026<br>11/17/2026 | 11/17/2027<br>11/17/2027<br>11/17/2027 | Building - Blanket<br>Deductible $7,500<br>Excess of $5,000,000 | $52,280,429<br>$250,000<br>$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 (Actual Loss Sustained). Equipment Breakdown included $52,280,429 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**

Fairfield Village Condominium Assoc.
62 Patricia Road
Bridgeport CT 06606

**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**

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