

CERTIFICATE OF LIABILITY INSURANCE

06/30/2022

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 its SUBROGATION IS WAIVED, subject to the certificate holder in lieu of such endorsement(s).

maire	ertificate does not confer rights to			NAME	onaid r	Kecore		******************************	
ODUCE	438 State Route 3 Suite 500			PHONE	o. Ext): 518-32	4-7766	FAX (A/C, No): 5	18-324-77	
	Plattsburgh NY 12901			E-MAIL	ss: donaldre	core@gmai			
				ADDRE	INS	URER(S) AFFORD	DING COVERAGE	N	
					ERA: Mid Cer	ntury Insura	nce	21687	
	Lake Country Village Hamoures	rs A	SSOC	***************************************		***************************************		***************************************	
SURED	10 Maine Rd	ke Country Village Homeowners Association, Inc Maine Rd					,		
	Plattsburgh NY 12903			INSURI		***********************************			
				***************************************		***************************************		***************************************	
				INSUR					
	NOF2	1510	ATT	NUMBER:			REVISION NUMBER:		
THIS	RAGES CERT IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY REC TIFICATE MAY BE ISSUED OR MAY P USIONS AND CONDITIONS OF SUCH P	OF IN	NSUR	RANCE LISTED BELOW HAVE BEEN NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	THE POLICIE REDUCED BY	S DESCRIBED	D NAMED ABOVE FOR TH DOCUMENT WITH RESPEC) HEREIN IS SUBJECT TO	HE POLICY F OT TO WHICH ALL THE T	
		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
SR R	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	NSD	WVD	FOLICT NUMBER	THE STATE OF THE S		EACH OCCURRENCE	\$ 2,000,00	
~	mount promise		<u></u>		polarinaria	подражения	DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 75,00	
_	CLAIMS-MADE COCCUR	000000000		-		and distance in the second	MED EXP (Any one person)	\$ 5,00	
-		***************************************		60717-33-18	06/30/2022	06/30/2023	PERSONAL & ADV INJURY	\$ Included	
_				VUI 11 VU-10		-	GENERAL AGGREGATE	\$4,000,00	
-	EN'L AGGREGATE LIMIT APPLIES PER:	000000000000000000000000000000000000000	900000		0.0000000000000000000000000000000000000		PRODUCTS - COMP/OP AGG	\$ 4,000,00	
~	1,02.0.	000000000000000000000000000000000000000	poologi-			9999	The state of the s	s 100,00	
~	OTTRUCT.	,,	., 1		100		COMBINED SINGLE LIMIT	\$2,000,00	
Al	JTOMOBILE LIABILITY	VV			Annanananan		(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO OWNED SCHEDULED	20000	-	60717-33-18	06/30/2022	06/30/2023	BODILY INJURY (Per accident)	***************************************	
_	AUTOS ONLY AUTOS	-	-	007 17-00-10	06/30/2022	- J. JUI MUMU	PROPERTY DAMAGE	\$	
~	HIRED AUTOS ONLY AUTOS ONLY		1				(Per accident)	\$	
					300		EACH OCCUPERATOR	s 5,000,00	
V		~		60717-33-18	06/30/2022	06/30/2023	AGGREGATE	\$ 5,000,00	
_	EXCESS LIAB CLAIMS-MADE		-	00111-00-10	wer so wet the Se the the	and the second second second		5	
100	DED RETENTION \$ \$500.		-				PER OTH-		
AN	ID EMPLOYERS' LIABILITY Y/N			p p	Accompany		E.L. EACH ACCIDENT	\$	
OF	IYPROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A	-		Contraction		E.L. DISEASE - EA EMPLOYEE	***************************************	
(M	andatory in NH)		and an analysis of the same of		and a second		E.L. DISEASE - POLICY LIMIT	\$	
DE	SCRIPTION OF OPERATIONS below		-				Occurrence \$1,000,000	<u> </u>	
Di	rectors & Officers Liability	V	V	60717-33-18	06/30/2022	06/30/2023	Aggregate \$1,000,000		
ESCP	PTION OF OPERATIONS / LOCATIONS / VEHICL	.ES 14	ACORI	D 101, Additional Remarks Schedule, may	be attached if mo	re space is requir	red)		
ondo	minium Associations - Residential Owner:								
ando ank l									
	TELOATE HOLDED	1		044	ICELI ATION				
	IFICATE HOLDER	1		CAN	NCELLATION	I			
ERT	TFICATE HOLDER Country Village Homowners Asain Rd. sburgh, NY 12903	ssoc	ciatio	on, Inc SH	OULD ANY OF	THE ABOVE D	DESCRIBED POLICIES BE OF EREOF, NOTICE WILL CY PROVISIONS.		
ERT	Country Village Homowners As	ssoc	ciatio	on, Inc SH	OULD ANY OF	THE ABOVE DON DATE THE	EREOF, NOTICE WILL		

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/30/2022

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	CONTACT Donald Recore						
PRODUCER Donald Recore Agency	PHONE (A/C, No. Ext): 518-324-7766	FAX (A/C, No): 518	No): 518-324-7769				
438 State Route 3 Suite 500	E-MAIL donaldrecore@gmail.com						
Plattsburgh NY 12901	PRODUCER CUSTOMER ID: 472953 Donald Recore						
	INSURER(S) AFFORDING COVERA	NAIC#					
INSURED	INSURER A: Mid Century Insurance Com	21687					
_ake Country Village Homeowners Association, inc	INSURER B:						
10 Maine Rd Plattsburgh NY 12903							
Flattabulgit III Imaaa	INSURER D:						
	INSURER E:						
	INSURER F :		successful.				
	DEVICION	MILIMPED.					

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	E 31	/ PT PC	-	

CERTIFICATE NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1-127 Maine Rd.; 1-24 Alana Way; 5-27 Massachusetts Rd.; 3-154 Maryland Rd.; 1-24 Baltimore Way; 1-16 Caitlin Way; 2-39 Iowa Street; 15-45 Kansas Avenue; 1-7 Kentucky Street

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 IN:	SURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
A		PROPERTY						BUILDING	\$
	annum d		DEDUCTIBLES			vanineer		PERSONAL PROPERTY	\$
	TRACIC BUILDING		BUILDING					BUSINESS INCOME	\$
		BROAD	\$ 5,000	or o	000000000000000000000000000000000000000	06/30/2023		EXTRA EXPENSE	\$
	_	SPECIAL	CONTENTS	60717-33-18	06/30/2022			RENTAL VALUE	\$
	~	EARTHQUAKE	70				V	BLANKET BUILDING	s 60,072,701
		WIND						BLANKET PERS PROP	\$
		FLOOD			0.0000000000000000000000000000000000000			BLANKET BLDG & PP	\$
		FLOOD					\vdash		\$
	\vdash								8
		INLAND MARINE	<u></u> E	TYPE OF POLICY					\$
	CAL	CAUSES OF LOSS NAMED PERILS				annamenore			\$
	·			POLICY NUMBER		mineral management of the control of			\$
	-				***************************************	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa			\$
		CRIME				Access and a second a second and a second an			\$
	TVI	TYPE OF POLICY		60717-33-18	06/30/2022	06/30/2023			\$
	Empl Dishonesty		sty	30,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			V		\$ 100,000
A	BOILER & MACHINERY ! EQUIPMENT BREAKDOWN			60717-33-18	20/20/2020		~	Equip B'down	\$ blanket
			EAKDOWN		06/30/2022	06/30/2023		\$ 500 ded.	\$
	-				***************************************				\$
	-			***************************************	second control of the	na-constant of the constant of		1	\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Condominium Associations-Residential Occupancy Only/ subject to the policy Terms & Conditions. As per Homeowner Association By-Laws, Replacement costs are to "Bare Walls" construction. Condo Owner: Bank:

CERTIFICATE HOLDER

CANCELLATION

Lake Country Village Homeowners Association, Inc. 10 Maine Rd. Plattsburgh, NY 12903

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

Donald J Racora

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