

DATE (MM/DD/YYYY) 12/27/2022

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to				•	•	may require	an endorsement.	A state	ement o	on	
	DUCER				CONTAC NAME:	. ,	gart					
Cab	ot Risk Strategies, LLC				PHONE (A/C, No, Ext): (781) 939-6867 (A/C, No, Ext): (781) 376-9907						376-9907	
15 (Cabot Road				ADRESS: (A/C, No): (A/C, No): ADRESS: (A/C, No):							
					ADDICEC		SURFR(S) AFFOR	DING COVERAGE			NAIC #	
Wol	purn			MA 01801	INSURE	Dhiladala		Insurance Company	1		IIIIO II	
INSU	RED				INSURE	RB:						
25 Amory Apartments LLC						INSURER C:						
					INSURER D:							
	31 Germania Street				INSURER E :							
	Jamaica Plain			MA 02130	INSURE	RF:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 22-23 25 Amo	ry			REVISION NUMB	ER:			
	IIS IS TO CERTIFY THAT THE POLICIES OF											
CI	DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT, (CLUSIONS AND CONDITIONS OF SUCH PC	AIN, T	HE INS	SURANCE AFFORDED BY THE	E POLICI	ES DESCRIBE	HEREIN IS S			HIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
	COMMERCIAL GENERAL LIABILITY					ĺ		EACH OCCURRENCE		\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$ 1,00	0,000	
								MED EXP (Any one per	son)	\$ 20,0	00	
Α		Υ		PHPK2499613	12/18/2022		PERSONAL & ADV INJ	_{JURY} \$ 1,00		0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGAT	AIL 5		0,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/O	OF AGG 5		0,000		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT	\$ 1,00	0,000	
	ANY AUTO							BODILY INJURY (Per p	erson)	\$		
Α	OWNED SCHEDULED AUTOS			PHPK2499619		12/18/2022	12/18/2023	BODILY INJURY (Per a	ccident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
										\$		
	★ UMBRELLA LIAB ★ OCCUR OCCUR							EACH OCCURRENCE		\$ 10,0	00,000	
Α	EXCESS LIAB CLAIMS-MADE	Υ		PHUB844549		12/18/2022	12/18/2023	AGGREGATE		\$ 10,0	00,000	
	DED RETENTION \$ 10,000									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EM	PLOYEE	\$		
	DESCRIPTION OF OPERATIONS below	ļ						E.L. DISEASE - POLIC	Y LIMIT	\$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	-	CORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)					
KE:	25 Amory Project. 25 Amory St., Boston, N	ЛA.										
	ificate Holder is Additional Insured on a Prir											
	ver of Subrogation in favor of Additional Inso s for non-payment of premium.	ırea a	ıs resp	pects General Liability as requ	urea by v	written contract	. 30 days noti	ce of cancellation, e	xcept 10			
,												
	OTIFICATE LIGIDES				04315	FILATION						
CEI	RTIFICATE HOLDER				CANC	ELLATION						
					THE	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES , NOTICE WILL BE I			BEFORE	
	Capital One, N.A. as Admin Age	nt an	d/or Le	ender ISAOA, ATIMA	***	ONDANCE WII	II THE FULIC	PROVISIONS.				
l	P.O. Box 696561											

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Spr. W. Caude

San Antonio

TX 78269

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 12/27/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to a significate does not confer rights to the subject to the sub					may require	an endorseme	nt. A state	ement o	on	
PRO	DUCER			CONTAC NAME:	CT Donna Bo	gart					
Cabot Risk Strategies, LLC				PHONE (781) 030,6867 FAX (781) 376,0007							
	15 Cabot Road				(A/C, No, Ext): (761) 939-0007 (A/C, No): (761) 370-9907 E-MAIL donna.bogart@cabotrisk.com						
				ADDRE	33.	•	DING COVERAGE			NAIC#	
Wo	burn		MA 01801	INSURE	Distantal	. ,	Insurance Comp	any		NAIC#	
INSU	IRED			INSURE	RB:						
	25 Amory Apartments LLC			INSURE	RC:						
				INSURER D:							
	31 Germania Street			INSURER E :							
	Jamaica Plain		MA 02130	INSURE	RF:						
			TE NUMBER: 22-23 25 Amo				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICIES OF IN IDICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTAI XCLUSIONS AND CONDITIONS OF SUCH POL	EMEN IN, THE	T, TERM OR CONDITION OF ANY (E INSURANCE AFFORDED BY THE LIMITS SHOWN MAY HAVE BEEN	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	VITH RESPECT T	O WHICH T	HIS		
LTR	TYPE OF INSURANCE	INSD V	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
	CLAIMS-MADE OCCUR						EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	ED	φ .	00,000	
	92						MED EXP (Any one	·	\$ 20,0	000	
Α		Υ	PHPK2499613		12/18/2022	12/18/2023	. , , . , , , , , , , , , , , , , ,		00,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	ATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,00		0,000			
	POLICY PRO- JECT LOC						PRODUCTS - COM	IP/OP AGG	\$ 3,00	00,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY						COMBINED SINGL (Ea accident)	E LIMIT	\$ 1,00	0,000	
	ANY AUTO						BODILY INJURY (P	er person)	\$		
Α	OWNED AUTOS ONLY SCHEDULED AUTOS	Y	PHPK2499619		12/18/2022	12/18/2023	BODILY INJURY (P		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)	GE	\$		
									\$		
	WIMBRELLA LIAB OCCUR	.	DI II ID 4 45 40		40/40/0000	40/40/0000	EACH OCCURREN	ICE	φ .	000,000	
Α	EXCESS LIAB CLAIMS-MADE	Y	PHUB844549		12/18/2022	12/18/2023	AGGREGATE		\$ 10,0	000,000	
	DED RETENTION \$ 10,000						PER	I OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N						STATUTE	OTH- ER			
	TOT TOUR WILLIAM LANGEODED:	N/A					E.L. EACH ACCIDE		\$		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA		\$		
	DÉSCRIPTION OF OPERATIONS below	-					E.L. DISEASE - PO	LICY LIMIT	\$		
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (ACO	RD 101, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
Um	RE: 25 Amory Project. 25 Amory St., Boston, MA. Certificate holder is Additional Insured as respects General Liability and Auto Liability Umbrella Additional Insured is follow form 30 days notice of cancellation, except 10 days for non-payment of premium.										
CFI	RTIFICATE HOLDER			CANO	ELLATION						
Community Economic Development				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	Assistance Corp., ISAOA/ATIMA 18 Tremont St., Suite 500			AUTHO	RIZED REPRESEN	ITATIVE	F				
Rocton MA 02108				Syr W. Cash							

Boston

MA 02108



DATE (MM/DD/YYYY) 12/27/2022

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	SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to						may require	an endorsement. A state	ement (on		
	DUCER				CONTAC NAME:	. ,	gart					
Cab	oot Risk Strategies, LLC				PHONE (781) 030,6867 FAX (781) 376,0007							
15 (Cabot Road				E-MAIL donne hogert@cohotrick.com							
					ADDRESS: UNITED DOGST COURT COUNTY CO							
Wol	burn			MA 01801	INSURE	Distantal	. ,	Insurance Company				
INSU	IRED				INSURE	RB:						
	25 Amory Apartments LLC				INSURE	RC:						
					INSURER D:							
	31 Germania Street				INSURE	RE:						
	Jamaica Plain			MA 02130	INSURE	RF:						
				NUMBER: 22-23 25 Amo	,			REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME JIN, TI LICIE:	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT V D HEREIN IS SI LAIMS.	WITH RESPECT TO WHICH T	HIS			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	φ .	0,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	φ .	0,000		
							12/18/2023	MED EXP (Any one person)	\$ 20,0			
Α		Υ		PHPK2499613		12/18/2022		PERSONAL & ADV INJURY	\$ 1,000,000 \$ 3,000,000 \$ 3,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE				
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	φ	0,000		
	OTHER:							COMBINED SINGLE LIMIT	\$ 1.00	0.000		
	ANY AUTO							(Ea accident)	\$ 1,000,000 \$			
Α	ANY AUTO OWNED SCHEDULED			PHPK2499619		12/18/2022	12/18/2023	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED			F11F1(2499019		12/10/2022	12/10/2023	PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	★ UMBRELLA LIAB ★ OCCUP							EAGU GOOLIDDENGE		000,000		
Α	EXCESS LIAB CLAIMS-MADE	Υ		PHUB844549		12/18/2022	12/18/2023	AGGREGATE	φ .	00,000		
	DED RETENTION \$ 10,000							AGGREGATE	\$	•		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	ttached if more sp	pace is required)					
RE: 25 Amory Project Hudson Project Hudson GP LXXV LLC; Hudson SLP LLC; Hudson Tax Credit Fund LXXV LP, Their successors and assigns as their interest may appear are Additional Insureds on a Primary and Non-Contributory basis as respects General Liability ATIMA as required by written contract. Waiver of Subrogation in favor of Additional Insureds as respects General Liability as required by written contract. 30 days notice of cancellation, except 10 days for non-payment of premium.												
CEI	RTIFICATE HOLDER				CANC	ELLATION						
Hudson Housing Capital LLC Attn: Shereef Anbar					THE ACC	EXPIRATION D ORDANCE WIT	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER F PROVISIONS.) BEFORE		
1	-,	AUTHORIZED REPRESENTATIVE										

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New York

NY 10111



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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorseme	ent. A state	ement	on	
PRODUCER						CONTACT Donne Pogert						
	ot Risk Strategies, LLC		PHONE (781) 030, 6867 FAX (781) 376,0007									
	Cabot Road	E-MAIL danna hagart@aabatrisk.com										
10 0000111000					ADDRESS: doma.bogart@cabotilsk.com							
Wol	ourn			MA 01801	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity Insurance Company							
INSU						·						
	25 Amory Apartments LLC				INSURE							
	20 / iiii0.) / ipai iiii0 iii0 220				INSURER C:							
	31 Germania Street				INSURER D : INSURER E :							
	Jamaica Plain			MA 02130	INSURE							
CO		TIFIC	ΔTF	NUMBER: 22-23 25 Amo		:КГ:		REVISION NUI	MRFR:		ļ	
	HIS IS TO CERTIFY THAT THE POLICIES OF I					TO THE INSU				IOD		
	DICATED. NOTWITHSTANDING ANY REQUIR											
	ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO							UBJECT TO ALL	THE TERMS	,		
INSR	TYPE OF INSURANCE	ADDL	SUBR		TREBUG	POLICY EFF	POLICY EXP		LIMIT	<u> </u>		
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURREN			00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO REN	TED	φ .	00,000	
	CLAIMS-MADE CCCOR							PREMISES (Ea oc		\$ 20,0		
A				PHPK2499613		12/18/2022	12/18/2023			Ψ	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE		\$ 3,000,000		
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG		\$ 3,000,000				
	OTHER:							FRODUCTS - CON	MF/OF AGG	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$ 1,00	00,000	
	ANY AUTO							BODILY INJURY (Per person)		\$		
Α	OWNED SCHEDULED			PHPK2499619		12/18/2022	12/18/2023	BODILY INJURY (F	Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	(GE	\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$		
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURREN	NCE	_{\$} 10,0	000,000	
Α	EXCESS LIAB CLAIMS-MADE			PHUB844549		12/18/2022	12/18/2023	AGGREGATE	102	-	000,000	
	DED X RETENTION \$ 10,000									\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	•		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	'	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (A	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
RE:	25 Amory Project											
Mas	sachusetts Housing Partnership Fund Board	d is A	dditior	nal Insured on a Primary and	Non-Co	ntributory basis	as respects G	Seneral Liability A	TIMA as			
requ	uired by written contract. Waiver of Subroga	tion ii	n favoi	r of Additional Insured as resp								
noti	ce of cancellation, except 10 days for non-page	ayme	nt of p	remium.								
CEI	RTIFICATE HOLDER				CANC	ELLATION						
								SCRIBED POLIC F, NOTICE WILL I			D BEFORE	
	Massachusetts Housing Partner	shin I	Fund F	Board Its Successors and/or		ORDANCE WIT				-D 114		
	160 Federal St., 2nd Floor	omp i	unu L	Journal Ro Guodessors and/Ol								
	100 / 000101 01., 2110 / 1001				AUTHO	RIZED REPRESEN	NTATIVE	-				
	Roston			MA 02110				Spr W. Carelle				

Boston

MA 02110



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	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		terms	•	licy, ce	rtain policies		•	ent. A state	ement	on .	
	DUCER				CONTAC NAME:	(-)	gart					
Cab	oot Risk Strategies, LLC				PHONE	(781) 93	9-6867		FAX	(781)	376-9907	
	15 Cabot Road					E-MAIL donne hogert@cohetrielcom						
						ADDRESS.						
Wol	ourn			MA 01801	INSURE	Distinct along		Insurance Comp	any		NAIC#	
INSU	RED				INSURE							
	25 Amory Apartments LLC				INSURE							
					INSURER D :							
	31 Germania Street				INSURER E :							
	Jamaica Plain			MA 02130	INSURE	RF:						
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22-23 25 Amo	ry			REVISION NUM	MBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI LICIE	:NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE ITS SHOWN MAY HAVE BEEN	CONTRA	ACT OR OTHER	DOCUMENT V HEREIN IS SI	WITH RESPECT T	O WHICH T	HIS ,		
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT DAMAGE TO REN	TED	4.00	00,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occ		30.0		
Α				PHPK2499613		12/18/2022	12/18/2023	MED EXP (Any one		1.00	00,000	
/ \				1111112403010		12/10/2022	12, 10,2020	PERSONAL & ADV		Ψ	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	3 OC		00,000	
	POLICY JECT LOC OTHER:							PRODUCTS - COMP/OP AGO		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$ 1,00	00,000	
	ANY AUTO							BODILY INJURY (Per person) \$				
Α	OWNED AUTOS ONLY SCHEDULED AUTOS			PHPK2499619		12/18/2022 12/	12/18/2023	BODILY INJURY (F	er accident)	\$		
	HIRED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMA (Per accident)	GE	\$			
	AUTOS GNET							(i oi acciaciii)		\$		
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURREN	ICE	\$ 10,C	000,000	
Α	EXCESS LIAB CLAIMS-MADE			PHUB844549		12/18/2022	12/18/2023	AGGREGATE		_{\$} 10,0	000,000	
	DED RETENTION \$ 10,000									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC	LICY LIMIT	\$		
DEC	COURTION OF OREDATIONS (LOCATIONS (VEHICLE	C (AC	CORD 4	04 Additional Damanta Cabadula			iini					
RE: Pea	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 25 Amory Project Peabody Properties, Inc. is Additional Insureds on a Primary and Non-Contributory basis as respects General Liability ATIMA as required by written contract.											
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	Peabody Properties, Inc. Attn: N 536 Granite St.	/leliss	a Fish	-Crane	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHO	RIZED REPRESEN	IIAIIVE	7 11 7				
1	Braintree			MA 02184				Spr. M. Carall				



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this certificate does not confer rights to				endor	sement(s).		an endorsement. A si	atement	JII	
PRODUCER				CONTACT Donna Bogart						
Cabot Risk Strategies, LLC				PHONE (A/C, No, Ext): (781) 939-6867 FAX (A/C, No): (781) 376-9907						
15 Cabot Road				E-MAIL donna.bogart@cabotrisk.com						
					INS	SURER(S) AFFOR	DING COVERAGE		NAIC#	
Woburn			MA 01801	INSURE	RA: Philadelp	hia Indemnity	Insurance Company			
INSURED				INSURE	RB:					
25 Amory Apartments LLC	INSURE									
				INSURER D:						
31 Germania Street				INSURE	RE:					
Jamaica Plain			MA 02130	INSURE	RF:					
COVERAGES CERT	ΓIFIC	ATE I	NUMBER: 22-23 25 Amoi	ry			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF II INDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH PO	REMEI IIN, TH LICIES	NT, TE HE INS B. LIM	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	DOCUMENT V HEREIN IS SU AIMS.	VITH RESPECT TO WHICH	THIS		
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ц	MITS		
CLAIMS-MADE CCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	φ .	00,000	
92 92						MED EXP (Any one person)	\$ 20,0	000		
Α -	Υ		PHPK2499613		12/18/2022	12/18/2023	PERSONAL & ADV INJURY	<u> </u>	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,00	00,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 3,00	00,000		
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
ANY AUTO							BODILY INJURY (Per person)	\$		
A OWNED SCHEDULED AUTOS ONLY	Υ		PHPK2499619		12/18/2022	12/18/2023	BODILY INJURY (Per accident) \$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
70.00 0.12.							, ,	\$		
➤ UMBRELLA LIAB ➤ OCCUR							EACH OCCURRENCE	\$ 10,0	000,000	
A EXCESS LIAB CLAIMS-MADE	Υ		PHUB844549	12/18/2022	12/18/2022	12/18/2023	AGGREGATE	\$ 10,0	000,000	
DED RETENTION \$ 10,000						İ		\$		
WORKERS COMPENSATION							PER OTH STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					İ	E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	M/A					İ	E.L. DISEASE - EA EMPLOYE	E \$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)	l			
RE: 25 Amory Project. 25 Amory St., Boston, M	I A									
Certificate Holder:										
The Commonwealth of Massachusetts acting by Cambridge Street, Suite 300, Boston, Massachu acting by and through the Department of Housin	setts	02114	1, acting for itself and as agen	nt for the	following lende	ers: The Comm	nonwealth of Massachuse	tts		
CERTIFICATE HOLDER				CANC	ELLATION					
				SHO	ULD ANY OF T		SCRIBED POLICIES BE C		D BEFORE	

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The Commonwealth of Massachusetts (see attached)

Attn: General Counsel

Boston

100 Cambridge St., #300

MA 02114

GENCY	CUSTOMER ID:	0000
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LOC #:



ADDITIONAL REMARKS SCHEDULE

ACORD AI	DDITIONAL REMAI	RKS SCHEDULE	Page	of
AGENCY Cabot Risk Strategies, LLC		NAMED INSURED Jamaica Plain Neighborhood Development Corporation, D	RA: IDNDC	
POLICY NUMBER		Jamaica Frain Neighborhood Development Corporation, D	DA. OF NOO	
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

POLICY NUMBER									
CARRIER	NAIC CODE	-							
		EFFECTIVE DATE:							
ADDITIONAL REMARKS									
	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: 25 FORM TITLE: Certificate of Liability	ity Insurance								
dministrator Massachusetts Housing Finance Agency; the Community Economic Development Assistance Corporation; the Massachusetts Housing artnership Fund Board for itself and as agent for The Commonwealth of Massachusetts, acting by and through the Department of Housing and Community evelopment under the Housing Stabilization and Investment Trust Fund Statute, M.G.L. c. 121F; The City of Boston, a municipal corporation in the ommonwealth of Massachusetts, acting through its Public Facilities Commission by the Director of the Department of Neighborhood Development; The City of Boston, a municipal corporation in the Commonwealth of Massachusetts, acting through its Public Facilities Commission by the Director of the epartment of Neighborhood Development for itself and as agent for the Neighborhood Housing Trust, a Massachusetts public charitable trust referred to in tricles 26, 26A and 80 of the Boston Zoning Code, established by the City of Boston pursuant to an Ordinance Establishing The Neighborhood Housing rust passed by the Boston City Council on May 21, 1986 and signed by the Mayor of Boston on June 6, 1986, and further authorized by Chapter 371 of the cts and Resolves of 1987 and the laws of the Commonwealth of Massachusetts and administered pursuant to a Declaration of Trust dated September 3, 987; and their respective successors and assigns as their interests may appear. ertificate Holder is Additional Insured on a Primary and Non-Contributory basis as respects General Liability ATIMA as required by written contract. Adviver of Subrogation in favor of Additional Insured as respects General Liability as required by written contract. 30 days notice of cancellation, except 10 and provided the provided as the contract of the commonwealth of the Commonwealth of the Commonwealth of the Commonwealth of the Commonwealth of the Commonwealth of the Commonwealth of the Commonwealth of the City of Boston provided the City of Boston provided the City of Boston provided the City of Boston provided the City of Boston pr									

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