



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2022

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland OH 44114	CONTACT NAME: Megan Dent PHONE (A/C, No, Ext): (216) 367-8787 FAX (A/C, No): (216) 241-4520 E-MAIL ADDRESS: mdent@oswaldcompanies.com																					
INSURED The NRP Group LLC, NRP Contractors II LLC, EADO 800 Ltd. c/o Brunswick Companies 5309 Transportation Blvd, Cleveland, OH 44125	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Hartford Fire Insurance Co.</td><td>19682</td></tr><tr><td>INSURER B:</td><td>Starr Indemnity & Liability Company</td><td>38318</td></tr><tr><td>INSURER C:</td><td>Liberty Mutual Fire Insurance Company</td><td>23035</td></tr><tr><td>INSURER D:</td><td>The Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hartford Fire Insurance Co.	19682	INSURER B:	Starr Indemnity & Liability Company	38318	INSURER C:	Liberty Mutual Fire Insurance Company	23035	INSURER D:	The Cincinnati Insurance Company	10677	INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 22/23 Full Umb**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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$100,000 Deductible applies per occurrence GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	45 CSE QU3100	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	45 UEN QU3101	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	1000585480221	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC2-Z91-472557-012	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER Incl Ohio Stop Gap E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Excess Liability Occurrence Form			EXS0516869	01/01/2022	01/01/2023	Each Occurrence 5,000,000 Aggregate 5,000,000

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

Policy provides 30 day Notice of Cancellation / 10 day Notice of Cancellation for Non-Payment of Premium.

Certificate holder, Hudson Housing Capital LLC, Hudson SLP LLC, Hudson Housing Tax Credit Fund LXXXII LP, Hudson EADO 800 LLC, and Hudson GP LXXXII LLC are included as Additional Insured under the General Liability, Auto, and Umbrella policies on a primary and noncontributory basis when required by a written contract or agreement. Waiver of subrogation applies in favor of the additional insureds under the General Liability, Auto, and Umbrella policies when required by written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

Hudson Housing Capital, LLC 630 Fifth Avenue, Suite 2850 New York NY 10111	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY The James B. Oswald Company		NAMED INSURED The NRP Group LLC, NRP Contractors II LLC,
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 Insurance: Notes

INSURER AFFORDING COVERAGE: Gemini Insurance Company

NAIC CODE: 10833

TYPE OF INSURANCE: Excess Liability

POLICY NUMBER: CEX09604339-01

EFFECTIVE: 01/01/2022 - 01/01/2023

\$15M x 10M x Primary Excess

LIMIT DESCRIPTION: LIMIT AMOUNT:

Each Occurrence: \$15,000,000

Aggregate: \$15,000,000

INSURER AFFORDING COVERAGE: Allianz Global Risks US Ins Co

NAIC CODE: 35300

TYPE OF INSURANCE: Excess Liability

POLICY NUMBER: USL00173022

EFFECTIVE: 01/01/2022 - 01/01/2023

\$10M x 25M x Primary Excess

LIMIT DESCRIPTION: LIMIT AMOUNT:

Each Occurrence: \$10,000,000

Aggregate: \$10,000,000

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC CODE: 38318

TYPE OF INSURANCE: Excess Liability

POLICY NUMBER: 1000586786221

EFFECTIVE: 01/01/2022 - 01/01/2023

\$10M x \$25M x Primary Excess

LIMIT DESCRIPTION: LIMIT AMOUNT:

Each Occurrence: \$10,000,000

Aggregate: \$10,000,000

INSURER AFFORDING COVERAGE: The Cincinnati Insurance Company

NAIC CODE: 10677

TYPE OF INSURANCE: Excess Liability

POLICY NUMBER: EXS0599371

EFFECTIVE: 01/01/2022 - 01/01/2023

\$5M x 45M x Primary Excess

LIMIT DESCRIPTION: LIMIT AMOUNT:

Each Occurrence: \$5,000,000

Aggregate: \$5,000,000

INSURER AFFORDING COVERAGE: Ohio Casualty Ins Co

NAIC CODE: 24074

TYPE OF INSURANCE: Excess Liability

POLICY NUMBER: ECO(23)60643464

EFFECTIVE: 01/01/2022 - 01/01/2023

\$25M x \$50M x Primary Excess

LIMIT DESCRIPTION: LIMIT AMOUNT:

Each Occurrence: \$25,000,000

Aggregate: \$25,000,000