Northwood Village Association

Homeowners Insurance Information

Townhouse owners need an HO-6 policy to cover the insides and contents of their units. If an EV Charging Station is installed, it must be included in the policy coverage.

The Northwood Village Association maintains Fire and Casualty coverage for replacement of units, as outlined in the Declaration & By-Laws.

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 7/31/2025

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER John J. Grimaldi & Associates, Inc. 137 Summer Street Attn: CIRMS, Steven P. Grimaldi	CONTACT NAME: CIRMS, Steven P. Grimaldi PHONE (A/C, No, Ext): 716.636.1355 FAX (A/C, No): 716.636.1350 E-MAIL ADDRESS: spg@grimaldiinsurance.net PRODUCER CUSTOMER ID: 00001773
INSURED Northwood Village Association, Inc. Po Box 895 Getzville NY 14068	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers Ind. Co. of Ct. 25682 INSURER B : United States Liabilty Ins Grp INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage is provided for 16 two-story and six one-story frame homeowner association buildings with 124 units located at 2-159 Northwood Drive and 2-12 Transit Road, Depew NY 14043

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY CAUSES OF LOSS: X SPECIAL; X WIND; X Replacement cost DEDUCTIBLES: BUILDING 5,000; CONTENTS	680-4401L135	08/01/2025	08/01/2026	BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE X BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP X Building Ordinance X ICC/Demolition	$ $ $ $ $ $ 50,676,000 $ $ $ Included $ $250,000
	INLAND MARINE CAUSES OF LOSS: NAMED PERILS	TYPE OF POLICY POLICY NUMBER			Each Claim Aggregate Retention	$ $ $ $
A	X CRIME TYPE OF POLICY: Fidelity Bond	680-4401L135	08/01/2025	08/01/2026	X Each Claim X Deductible	$ 250,000 $ $ 5,000
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
A	General Liability-seperation of insureds	680-4401L135	08/01/2025	08/01/2026	X Occurrence X Aggregate	$ 2,000,000 $ 2,000,000

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

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

Steven Grimaldi/CSR1

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TRAVELERS

One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: 680-4401L135-25-42
ISSUE DATE: 07/30/2025

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

POLICY PERIOD:
From 08-01-25 to 08-01-26 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	$ 2,000,000
Products-completed Operations Aggregate Limit	$ 2,000,000
Personal and Advertising Injury Limit	$ 1,000,000
Each Occurrence Limit	$ 1,000,000
Damage to Premises Rented to You	$ 300,000
Medical Payments Limit (any one person)	$ 5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: $ 5,000 per occurrence.
Building Glass: $ 5,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001 BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	$ 50,676,000	Blanket Limit RC*	N/A	0.0%

*Replacement Cost

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

One Tower Square, Hartford, Connecticut 06183

POLICY DECLARATIONS
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE POLICY

POLICY NO.: CUP-B5965281-25-42
ISSUE DATE: 07/30/2025

INSURING COMPANY: THE TRAVELERS INDEMNITY COMPANY

1. **NAMED INSURED AND MAILING ADDRESS:** NORTHWOOD VILLAGE ASSOCIATION, INC.
PO BOX 895
GETZVILLE NY 14068-0895

2. **POLICY PERIOD:** From 08/01/2025 to 08/01/2026 12:01 A.M. Standard Time at your mailing address.

3. **LIMITS OF INSURANCE:**

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	$5,000,000	**General Aggregate**
	$5,000,000	**Products-Completed Operations Aggregate**
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY	$5,000,000	**Occurrence Limit**
CRISIS MANAGEMENT SERVICE EXPENSES	$50,000	**all Crisis Management Events**

4. **SELF-INSURED RETENTION:** $10,000 **any one occurrence or event**

5. **PREMIUM: $** 5,891 X Flat Charge Adjustable (See Premium Schedule)

6. **TAXES AND SURCHARGES:**

7. On the effective date shown in Item **2.**, the Excess Follow-Form And Umbrella Liability Insurance Policy numbered above includes this Declarations Page and any forms and endorsements shown on the Listing Of Forms, Endorsements And Schedule Numbers.

8. If the Schedule Of Underlying Insurance includes any coverage provided on a claims-made basis, then the following disclaimer applies.

COVERAGE WILL APPLY ON A CLAIMS-MADE BASIS WHEN FOLLOWING CLAIMS-MADE UNDERLYING INSURANCE.

9. If the Schedule Of Underlying Insurance includes any coverage which includes defense expenses within the limits of liability, then the following disclaimer applies:

DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE WITH RESPECT TO SOME OR ALL OF THE COVERAGES PROVIDED.

N.S. Taxpayer Identification No.

ITEM 1. NAMED INSURED AND MAILING ADDRESS:

NORTHWOOD VILLAGE ASSN INC
C/O R&D PROPERTY MGMT OF WNY
PO BOX 895
GETZVILLE NY 14068-0895

PRODUCER NAME AND ADDRESS:

COMMUNITY ASSOCIATION
INSURANCE SOLUTIONS, LLC
101 PARKSHORE DRIVE, SUITE 100
FOLSOM CA 95630-4726

PRODUCER NO.: 2110

LEGAL ENTITY: CORPORATION

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension Of Information Page)

ITEM 2. POLICY PERIOD: From: 08-01-2025 To: 08-01-2026

Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
NY

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	$	500,000	each accident
Bodily Injury by Disease:	$	500,000	policy limit
Bodily Injury by Disease:	$	500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NC OK OR PA RI SC SD TN TX UT VT VA WV WI

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

DIRECTORS & OFFICERS LIABILITY COVERAGE PART DECLARATIONS

PLEASE READ YOUR POLICY CAREFULLY.

THIS IS A CLAIMS MADE POLICY COVERAGE FORM AND UNLESS OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS FORM IS LIMITED TO LIABILITY FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR THE EXTENSION PERIOD, IF APPLICABLE. DEFENSE COSTS SHALL BE APPLIED AGAINST THE RETENTION.

No. CAP1553777L

Effective Date: 08/01/2025
12:01 AM STANDARD TIME

ITEM I. PARENT ORGANIZATION AND PRINCIPAL ADDRESS

NORTHWOOD VILLAGE ASSOCIATION INC.
C/O R&D PROPERTY MANAGEMENT OF WNY
PO BOX 895
GETZVILLE, NY 14068

ITEM II. POLICY PERIOD: (MM/DD/YYYY) From: 08/01/2025 To: 08/01/2026

Community Association Directors & Officers Liability - D&O/EPL

ITEM III. LIMITS OF LIABILITY	$1,000,000	EACH CLAIM
	$1,000,000	IN THE AGGREGATE
ITEM IV. RETENTION:	$1,000	EACH CLAIM
ITEM V. PREMIUM:	$2,259	

ITEM VI. Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:
See Endorsement EOD (01/95)