



CERTIFICATE OF PROPERTY INSURANCE

DATE (MMDD/YYYY)
6/14/2024

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 OneGroup NY, Inc. 706 N. Clinton St. Syracuse NY 13204 License# BR-925601	CONTACT NAME: Kara Kamide	PHONE (AGL No. Exl): 315-413-4451		FAX (AGL No.):
	E-MAIL ADDRESS: KKamide@onegroup.com			
PRODUCER CUSTOMER ID: LAKECOU-01		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Lake County Village HOA 10 Malne Rd Plattsburgh NY 12903		INSURER A: Strathmore Insurance Company		22187
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		


COVERAGES **CERTIFICATE NUMBER:** 221189199 **REVISION NUMBER:**

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

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 (MMDD/YYYY)	POLICY EXPIRATION DATE (MMDD/YYYY)	COVERED PROPERTY	LIMITS		
A	<input checked="" type="checkbox"/>	PROPERTY	0101M65538	6/30/2024	6/30/2025	BUILDING	\$		
	CAUSES OF LOSS							PERSONAL PROPERTY	\$
	DEDUCTIBLES							BUSINESS INCOME	\$
	BASIC	BUILDING						EXTRA EXPENSE	\$
	BROAD	CONTENTS						RENTAL VALUE	\$
	SPECIAL							<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 87,748,710
	EARTHQUAKE						BLANKET PERS PROP	\$	
	WIND						BLANKET BLDG & PP	\$	
	FLOOD							\$	
								\$	
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY				\$		
	<input type="checkbox"/>	CAUSES OF LOSS				\$			
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			\$			
	<input type="checkbox"/>					\$			
A	<input type="checkbox"/>	CRIME	0101M65538	6/30/2024	6/30/2025		\$		
	TYPE OF POLICY							<input checked="" type="checkbox"/> 100,000	\$
	Empl Dishonesty								\$
A	<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	0101M65538	6/30/2024	6/30/2025	<input checked="" type="checkbox"/> Equip Breakdown	\$ Blanket		
									\$ 2500 ded
							\$		
							\$		

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

CERTIFICATE HOLDER Evidence of Insurance	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2024

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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 OneGroup NY, Inc. 706 N. Clinton St. Syracuse NY 13204		CONTACT NAME: Kara Kamide PHONE (A/C No. Ext): 315-413-4451 E-MAIL ADDRESS: KKamide@onegroup.com FAX (A/C No.):	
License# BR-925601 LAKECOU-01		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Strathmore Insurance Company	NAIC# : 22187
		INSURER B: Greater NY Mutual Insurance Co.	NAIC# : 22187
		INSURER C: CINCINNATI INSURANCE COMPANIES	NAIC# : 10877
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 827867349 **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.

INSTR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			8181M68938	6/30/2024	6/30/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> HINDA only			8181M68938	6/30/2024	6/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			3081U68939	6/30/2024	6/30/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Directors and Officers			EMO0688725	6/30/2023	6/30/2026	1,000,000	1,000
A	Employee Dishonesty			8181M68938	6/30/2024	6/30/2025	75,000	

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

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	AUTHORIZED REPRESENTATIVE