



ADDITIONAL REMARKS SCHEDULE

AGENCY Kovalev Insurance Agency, Inc.		NAMED INSURED MAPLEWOOD CONDOMINIUM ASSN C/O Infante Property 32 Union Ave Framingham, MA 01701	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

All-In/Walls-In coverage included
Employee Dishonesty Coverage \$50,000
Severability of interest/separation of insureds included

Building All Peril Deductible is \$25,000

All policies include provisions to send association written notice a minimum of ten (10) days prior to cancellation or material change in policy wording.