

DATE (MM/DD/YYYY) 10/27/2010

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.

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certificate floider in fied of such endorsement(s).						
PRODUCER	CONTACT NAME: Lynne Ciano					
Sylvia & Company Insurance Agency, Inc.		AX /C, No): ⁽⁵⁰⁸⁾⁹⁹⁵⁻⁴⁵²⁵				
500 Faunce Corner Road	E-MAIL ADDRESS: lciano@sylviainsurance.com					
Building 100 Suite 120	PRODUCER CUSTOMER ID # 00016231					
Dartmouth MA 02747	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A: Philadelphia Ins Companie	es				
	INSURER B:					
The Waterworks Museum Condominum Trust	INSURER C:					
c/o Peabody Properties	INSURER D:					
2450 Beacon Street	INSURER E :					
Chestnut Hill MA 02467	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 10-11 GL PPY 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		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		IERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
	х	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
Α		CLAIMS-MADE X OCCUR			РНРК627333	9/25/2010	9/25/2011	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	х	POLICY PRO- JECT LOC							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		NON-OWNED AUTOS							\$	
									\$	
	х	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
		DEDUCTIBLE							\$	
Α	Х	RETENTION \$ 10,000			PHUB322063	9/25/2010	9/25/2011		\$	
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Ma	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A	Pr	operty			РНРК627333	9/25/2010	9/25/2011			See Below

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Building \$84,824,365 Agreed Amount/Replacement Cost -Special Form- \$5000 deductible

CERTIFICATE HOLDER	
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The Waterworks Museum Condominium Trust 2450 Beacon Street Chestnut Hill, MA 02467

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

Maureen Armstrong/LP



Other Named Insureds

Waterworks Park, LLC

Peabody Properties, Inc. Corporation, Insured Multiple Names The Trustees of the Waterworks Condominium Trust Trust, Insured Multiple Names The Trustees of the Waterworks Museum Condominium T Trust, Insured Multiple Names The Trustees of Waterford Condominium Trust Trust, Insured Multiple Names Trust, Insured Multiple Names The Trustees of Watermark Condominium Trust The Trustees of Whitehall Condominium Trust Trust, Insured Multiple Names The Waterford Condominium Trust Trust, Insured Multiple Names The Watermark Condominium Trust Trust, Insured Multiple Names The Waterworks Museum Condominium Trust Trust, Insured Multiple Names Corporation, Insured Multiple Names The Waterworks Preservation Trust, Inc. The Whitehall Condominium Trust Trust, Insured Multiple Names

OFAPPINF (02/2007)



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PRODUCER	CONTACT NAME: Lynne Ciano
Sylvia & Company Insurance Agency, Inc.	PHONE (A/C, No, Ext): (508)995-4553 FAX (A/C, No): (508)995-4525
500 Faunce Corner Road	E-MAIL ADDRESS: lciano@sylviainsurance.com
Building 100 Suite 120	PRODUCER CUSTOMER ID #00016231
Dartmouth MA 02747	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURER A Philadelphia Ins Companies
	INSURER B:
The Whitehall Condominium Trust	INSURER C:
2420 Beacon Street	INSURER D :
	INSURER E:
Chestnut Hill MA 02467	INSURER F:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)		s	
	GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			РНРК627333	9/25/2010	9/25/2011	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
								\$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
	DEDUCTIBLE							\$	
А	X RETENTION \$ 10,000			РНUВ322063	9/25/2010	9/25/2011		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					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	\$	
A	Property			РНРК627333	9/25/2010	9/25/2011			See Below

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Blanket Building \$84,824,365 Agreed Amount/Replacement Cost - Special Form - deductible \$5,000

|--|

The Whitehall Condominium Trust 2420 Beacon Street Chestnut Hill, MA 02467

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

Maureen Armstrong/LP



Other Named Insureds

Waterworks Park, LLC

Peabody Properties, Inc. Corporation, Insured Multiple Names The Trustees of the Waterworks Condominium Trust Trust, Insured Multiple Names The Trustees of the Waterworks Museum Condominium T Trust, Insured Multiple Names The Trustees of Waterford Condominium Trust Trust, Insured Multiple Names Trust, Insured Multiple Names The Trustees of Watermark Condominium Trust The Trustees of Whitehall Condominium Trust Trust, Insured Multiple Names The Waterford Condominium Trust Trust, Insured Multiple Names The Watermark Condominium Trust Trust, Insured Multiple Names The Waterworks Museum Condominium Trust Trust, Insured Multiple Names Corporation, Insured Multiple Names The Waterworks Preservation Trust, Inc. The Whitehall Condominium Trust Trust, Insured Multiple Names

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PRODUCER	CONTACT NAME: Lynne Ciano						
Sylvia & Company Insurance Agency, Inc.		FAX (A/C, No): (508)995-4525					
500 Faunce Corner Road	E-MAIL ADDRESS: lciano@sylviainsurance.com						
Building 100 Suite 120	PRODUCER CUSTOMER ID #00016231						
Dartmouth MA 02747	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED	INSURER A:Philadelphia Ins Compan	ies					
	INSURER B:						
The Watermark Condominium Trust	INSURER C:						
	INSURER D:						
2400 Beacon Street	INSURER E :						
Chestnut Hill MA 02467	INSURER F:						

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)		s	
	GENERAL LIABILITY				,		EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
A	CLAIMS-MADE X OCCUR			РНРК627333	9/25/2010	9/25/2011	MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	X POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	NON-OWNED AUTOS							\$	
								\$	
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	10,000,000
	DEDUCTIBLE							\$	
А	X RETENTION \$ 10,000			РНUВ322063	9/25/2010	9/25/2011		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					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	\$	
A	Property			РНРК627333	9/25/2010	9/25/2011			See Below

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

Blanket Building Limit \$84,824,365- Agreed Amount/Replacement Cost - Special Form - \$5,000 Deductible

CERTIFICATE HOLDER

CANCELLATION

The Watermark Condominium Trust 2400 Beacon Street Chestnut Hill, MA 02467

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AUTHORIZED REPRESENTATIVE

Maureen Armstrong/LP

Manuel Stra ameter

Other Named Insureds

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(0)							
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Building 100 Suite 120	PRODUCER CUSTOMER ID #00016231						
Dartmouth MA 02747	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED	INSURER A: Philadelphia Ins Companies						
	INSURER B:						
The Waterford Condominium Trust	INSURER C:						
c/o Peabody Properties	INSURER D:						
2430 Beacon Street	INSURER E :						
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A	Property		РНРК627333	9/25/2010	9/25/2011			See Below
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
	(Mandatory in NH)	Ι, Α				E.L. DISEASE - EA EMPLOYEE	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
Α	X RETENTION \$ 10,000		PHUB322063	9/25/2010	9/25/2011		\$	
	DEDUCTIBLE						\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	10,000,000
	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	10,000,000
							\$	
	NON-OWNED AUTOS						\$	
	HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per person)	\$	
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$	
	X POLICY PRO- JECT LOC						\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
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Α	CLAIMS-MADE X OCCUR		РНРК627333	9/25/2010	9/25/2011	MED EXP (Any one person)	\$	5,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	GENERAL LIABILITY			,		EACH OCCURRENCE	\$	1,000,000
NSR LTR	TYPE OF INSURANCE	ADDL :		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	

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

Blanket Building \$84,824,365 Agreed Amount/Replacement Cost - Special Form- \$5,000 deductible

CERTIFICATE HOLDER	CANCELLATION
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The Waterford Condominium Trust 2430 Beacon Street Chestnut Hill, MA 02467

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