

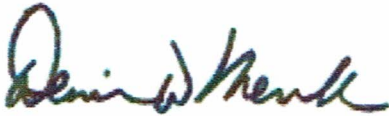
EXHIBIT 1

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

EASTERN CONNECTICUT HOUSING OPPORTUNITIES, INC.

a domestic NONSTOCK corporation, was filed in this office on April 11, 1989, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: September 01, 2017

EXHIBIT 2

COMMERCIAL GENERAL LIABILITY INSURANCE

**PRIMARY FACILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number

CIP296623

LIMITS OF INSURANCE

General Aggregate Limit (other than Products/ Completed Operations)	\$ <u>2,000,000</u>
Products/ Completed Operations Aggregate Limit	\$ <u>INCLUDED</u>
Personal and Advertising Injury Limit	\$ <u>1,000,000</u>
Each Occurrence Limit	\$ <u>1,000,000</u>
Damage to Premises Rented to You Limit	\$ <u>100,000</u>
Medical Expense Limit	\$ <u>5,000</u> any one person

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

Form of business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Organization (other than Partnership or Joint Venture) ☒ Corporation ☐ LLC

Business description: LOW INCOME REAL ESTATE RENOVATION AND SALES

Location of all premises you own, rent or occupy: SEE SCHEDULE OF LOCATIONS

PREMIUM

Classification	Code No.	* Premium Basis	PR/ Co	Rate All Other	Advance Premium Pr/ Co	Per Claim
CONTRACTORS-EXECUTIVE SUPERVISORS OR EXECUTIVE SUPERINTENDENTS INCLUDING PRODUCTS/COMPLETED OPERATIONS	91580	S) 300,000	INCL	9.00	INCL	2700
CONTRACTORS-SUBCONTRACTED WORK-IN CONNECTION WITH BUILDING CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION-ONE OR TWO FAMILY DWELLINGS	91583	C) IF-ANY	INCL	8.00	INCL	0
VACANT BUILDINGS-NOT FACTORIES-OTHER THAN NOT FOR PROFIT INCLUDING PRODUCTS/ COMPLETED OPERATIONS	68606	E) IF-ANY	INCL	300.00	INCL	0
BLANKET ADDITIONAL INSURED	99999	FLAT	--	INCL	--	INCL
GL TOTAL:						<u>\$2,700</u>

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

DEDUCTIBLE: \$ SEE CG0300

Per Claim

* (a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMERCIAL LIABILITY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number
CIP296623

WORKERS COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE

50 (Policy Provisions: WC 00 00 00 C)
93

CI INFORMATION PAGE

WEC WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: TRUMBULL INSURANCE COMPANY

ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number:

19666

Company Code: H



POLICY NUMBER:
Previous Policy Number:

02 WEC CI9350

02 WEC CI9350

Suffix
LARS RENEWAL
05

HOUSING CODE: SB

1. Named Insured and Mailing Address: EASTERN CONNECTICUT HOUSING
(No., Street, Town, State, Zip Code) OPPORTUNITIES INC

FEIN Number: 061275523

228 STATE ST STE 5
NEW LONDON, CT 06320

State Identification Number(s):

UIN:

The Named Insured is: CORPORATION

Business of Named Insured: GENERAL OFFICE

Other workplaces not shown above: 228 STATE ST STE 5
NEW LONDON CT 06320

2. Policy Period: From 03/02/17 To 03/02/18
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: SUMNER & SUMNER INC/RAIS

PO BOX 187
WILLIMANTIC, CT 06226
Producer's Code: 023426

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(800) 962-6170

Total Estimated Annual Premium: \$840

Deposit Premium:

Policy Minimum Premium: \$334 CT (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Suear L. Castaneda

Authorized Representative

12/17/16
Date

INFORMATION PAGE (Continued)

Policy Number: 02 WEC CI9350

3. A. **Workers Compensation Insurance:** Part one of the policy applies to the Workers Compensation Law of the states listed here: CT

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

Bodily injury by Accident	\$1,000,000	each accident
Bodily injury by Disease	\$1,000,000	policy limit
Bodily injury by Disease	\$1,000,000	each employee

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT ND, OH, WA, WY, US TERRITORIES, AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. **This policy includes these endorsements and schedule:**

WC 00 04 04 WC 00 04 12 WC 00 04 21D WC 00 04 22B WC 00 04 24
SEE ENDT

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
8810 CLERICAL OFFICE EMPLOYEES NOC	307,600	.17	523
INCREASED LIMITS PART TWO (9812) 1.10 PERCENT			6
TO EQUAL INCREASED LIMITS MINIMUM PREMIUM (9848)			114
TOTAL PREMIUM SUBJECT TO EXPERIENCE MODIFICATION			643
CT - INTRA EXPERIENCE MODIFICATION 060625271 (CONTINGENT)			.910
PREMIUM ADJUSTED BY APPLICATION OF EXPERIENCE MODIFICATION			585
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM			585
EXPENSE CONSTANT (0900)			160
CONNECTICUT SECOND INJURY FUND SURCHARGE 2.75 PERCENT			22
CONNECTICUT ASSESSMENT FUND 1.90 PERCENT			11
TERRORISM (9740)	307,600	.010	31
CATASTROPHE (9741)	307,600	.010	31
TOTAL ESTIMATED ANNUAL PREMIUM			840

Total Estimated Annual Premium:	\$840
Deposit Premium:	
Policy Minimum Premium:	\$334 CT (INCLUDES INCREASED LIMIT MIN. PREM.)

Interstate/Intrastate Identification Number: / 060625271

Labor Contractors Policy Number:

NAICS: 541990

SIC: 8999

UIN:

NO. OF EMP: 000002

AUTOMOBILE LIABILITY INSURANCE

DECLARATIONS FOR A BUSINESS AUTO

RENEWAL
ITEM ONE

05/22/17

Named Insured and Address

EASTERN CONNECTICUT
HOUSING OPPORTUNITIES INC
228 STATE STREET
NEW LONDON

CT 06320

Producer Code:

.100

Policy No:

CCT 000-7109-231-7

Producer Name and Address

SOUND INSURANCE SERVICES
INC
11 MASONS ISLAND RD STE 3
MYSTIC

CT 06355

Broker:

Report Basis: ANNUAL

Policy Period: From 05/22/17 to 05/22/18 at 12:01 A.M. Standard Time at your mailing address shown above.

Insurer Company and Code: 044

NATIONAL CONTINENTAL INSURANCE COMPANY

Named Insured's Business: 6 REAL ESTATE DEVELOPMENT

Form of Business: CORPORATION

*TOTAL ESTIMATED PREMIUM

\$331

*This policy may be subject to final audit.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column on the covered autos schedule. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit
Covered Autos Liability	8 9	500,000 CSL
Personal Injury Protection (Or Equivalent No-fault Coverage)		Separately Stated In Each PIP Endorsement
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added PIP Endorsement
Property Protection Insurance (Michigan Only)		Separately Stated In The P.P.I. Endorsement
Auto Medical Payments		Each Insured
Uninsured Motorists		
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage) STANDARD		
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto. But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four for Hired or Borrowed Autos.
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four for Hired or Borrowed Autos.
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less Minus \$ Ded. For Each Covered Auto. See Item Four for Hired or Borrowed Autos.
Physical Damage Towing And Labor (Not available in California)		\$ For Each Disablement Of A Private Passenger Auto

CA DS 03 10 13

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DECLARATIONS FOR A BUSINESS AUTO

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Policy No. CCT 000-7109-231-7

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Covered Autos Liability Coverage - Cost Of Hire Rating Basis For Autos Used In Your Motor Carrier Operations
(Other Than Mobile Or Farm Equipment)

EFFECTIVE

State	Class Code	Est. COH For All States	Rate Per Each \$100 Cost Of Hire	Pro/Short Rate	Liability Premium
					UM

For "autos" used in your motor carrier operations, cost of hire means:

1. The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers) and if not included therein,
2. The total remunerations of all operators and drivers' helpers, helpers, of hired automobiles, whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and
3. The total dollar amount of any other costs (e.g., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.

Covered Autos Liability Coverage - Rating Basis, Number Of Days - (For Mobile Or Farm Equipment - Rental Period Basis)

State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$

Exp Liab Fctr					

Covered Autos Liability Coverage - Cost Of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations
(Other Than Mobile Or Farm Equipment)

EFFECTIVE 05/22/17

State	Class Code	Est. COH Each State	Rate Per Each \$100 Cost Of Hire SUBJECT TO CHANGE	Pro/ Short Rate	Premium			
					BI	PD	UM	UMPD
CT	661900	IF ANY	2.6100	1.000	43			

For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

CA DS 03 10 13

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POLICY ABSTRACT

NATIONAL CONTINENTAL INSURANCE COMPANY

Page 15

Policy No: CCT 000-7109-231-7

Policy Type: BUSINESS AUTO

Report Date: 05/04/17

Policy Eff: 05/22/17

Original Eff: 05/22/09

Filing:

Report Basis: ANNUAL

Name and Address

EASTERN CONNECTICUT
HOUSING OPPORTUNITIES INC
228 STATE STREET
NEW LONDON

CT 06320

Mailing Address

EASTERN CONNECTICUT
HOUSING OPPORTUNITIES INC
228 STATE STREET
NEW LONDON

CT 06320

POLICY LIMITS

Liability Insurance

☒ Combined Bodily Injury and Property Damage

500,000 CSL

☐ Bodily Injury

☐ Property Damage

☐ UNINSURED AND/OR UNDERINSURED MOTORISTS

Designated State:

Medical Payments

☐ Auto Medical Payments

☐ Garage Locations and Operations and Auto Medical Payments

☐ Garage Locations and Operations Medical Payments

FINANCE COMPANY AND ADDRESS

SI 0005

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