



MERRIMACK MUTUAL FIRE INS. CO.

ANDOVER, MASSACHUSETTS 01810

RENEWAL DECLARATION * * EFFECTIVE 10/01/14

DECLARATIONS PAGE

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RENEWAL OF POLICY SBP 2140812

POLICY NUMBER	FROM	POLICY PERIOD	TO	AGENT NO	AGENT
SBP 2140812	10/01/14	10/01/15		0007894	TELEPHONE: (603) 964-6065
NAMED INSURED AND ADDRESS					
PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 208 MARKET ST #23 PORTSMOUTH NH 03801-3785					D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

THE NAMED INSURED IS CONDO ASSN.

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.

LIABILITY AND MEDICAL PAYMENTS

EXCEPT FOR FIRE LEGAL LIABILITY, EACH PAID CLAIM FOR THE FOLLOWING COVERAGES REDUCES THE AMOUNT OF INSURANCE WE PROVIDE DURING THE APPLICABLE ANNUAL PERIOD. PLEASE REFER TO PARAGRAPH D.4. OF THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

GENERAL AGGREGATE (EXCEPT PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
PERSONAL AND ADVERTISING INJURY OCCURRENCE LIMIT	\$1,000,000
MEDICAL EXPENSES	\$ 5,000 PER PERSON
FIRE LEGAL LIABILITY	\$ 50,000 ANY ONE FIRE OR EXPLOSION

PROPERTY

COVERAGE AT THE BELOW DESCRIBED LOCATIONS IS PROVIDED ONLY WHERE A LIMIT OF INSURANCE IS SHOWN OR A PREMIUM IS STATED. BUSINESS INCOME AND EXTRA EXPENSE INCLUDED. PLEASE REFER TO PROPERTY COVERAGE FORM.

LOC 01: BLANKET OVER PREMISES ON FORM 5012 03833.
 BUSINESS OF NAMED INSURED TO WHICH THIS INSURANCE APPLIES:
 RESIDENTIAL CONDO ASSN
 COVERAGE:SPC, AIB=04%. RATE:FRM, T01, PC03, ACO.
 DEDUCTIBLE: \$2,500

	LIMIT OF INSURANCE	PREMIUMS
BUILDING	\$3,647,000	\$7,212
BUSINESS INCOME AND EXTRA EXPENSE: 12 MONTHS ACTUAL LOSS SUSTAINED		

CONTINUED ON NEXT PAGE

PLEASE NOTE :

ALL POLICY CHANGES SHOULD BE PROCESSED THROUGH YOUR AGENT.

LEGEND: ACO=CONDO APARTMENT,ACV=ACTUAL CASH VALUE BUILDING OPTION,AIB=AUTOMATIC INCREASE BUILDING,APT=APARTMENT,BO=BUILDING OFFICE,BR=BUILDING RATE NUMBER,BRK=BRICK,CO=CONTENTS OFFICE,CR=CONTENTS RATE NUMBER,DED=DEDUCTIBLE AMOUNT,FRM=FRAME,FRS=FIRE RESISTIVE,G=RATE GROUP,LOC=LOCATION,MNC=MASONRY NON-COMBUSTIBLE,NC=NON-COMBUSTIBLE,OCO=OFFICE CONDOMINIUM,PC=PROTECTION CLASS,SPC=SPECIAL POLICY,STD=STANDARD POLICY,T=TERRITORY.

ORIGINAL



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ADDITIONAL COVERAGES - - - - -
 LOCATIONS WITH BLDG COVERAGE RECEIVE EXTERIOR BLDG GLASS-\$500 DEDUCTIBLE APPLIES

DIRECTORS & OFFICERS LIABILITY - FORM 4076
 COVERAGE APPLIES TO ALL LOCATIONS. \$256.00
 LIMIT OF LIABILITY \$1000000 EACH OCCURRENCE \$1000000 AGGREGATE.

EMPLOYEE DISHONESTY \$500 DEDUCTIBLE APPLIES
 COVERAGE APPLIES TO ALL LOCATIONS, \$105.00
 LIMIT OF LIABILITY - EACH OCCURRENCE \$ 25000,
 NUMBER OF EMPLOYEES IS 5.

ENHANCEMENT ENDORSEMENT - FORM 5039
 COVERAGE APPLIES TO LOCATION 1. \$95.00

HIRED CAR
 COVERAGE APPLIES TO ALL LOCATIONS. \$23.00

NON-OWNED AUTO LIABILITY
 COVERAGE APPLIES TO ALL LOCATIONS. \$45.00

MISCELLANEOUS
 FORM NUMBER IS 5011 06/91.

LIMITED FUNGI OR BACTERIA COVERAGE (LIABILITY) - FORM 970578
 COVERAGE APPLIES TO ALL LOCATIONS,
 COVERAGE LIMIT IS \$15,000

LIMITED FUNGI OR BACTERIA COVERAGE (PROPERTY) - FORM 970576
 COVERAGE APPLIES TO ALL LOCATIONS,
 COVERAGE LIMIT IS \$15,000

EQUIPMENT BREAKDOWN FORM 6001 \$500 DEDUCTIBLE APPLIES
 COVERAGE APPLIES TO ALL LOCATIONS.

TERRORISM RISK INSURANCE ACT PREMIUM WAIVED

CONTINUED ON NEXT PAGE

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FORMS AND ENDORSEMENTS- BP0006 01/97, BP0009 01/97, 970113 01/11, BP0122 03/11, BP1701 01/96, 5021 06/92, BP0002 12/99, BP0419 06/89, BP0417 01/96, 5038 03/98, BP0439 01/96, 5041 04/03, BP1005 04/98, BO-138 12/98, BP1004 04/98, BO-139 04/98, BP0496 10/01, 7003 01/08, BP0514 01/03, BP0523 01/08, BP0542 01/08, 970576 06/03, 970578 06/03, 970601 01/07, BP0515 01/08, 970159 09/10, BP1224 10/10, BP0564 01/07*, 6031 10/13*, BP0412 01/87, 4076 08/91, 5039 01/99, BP0404 01/96, 5011 06/91, 6001 03/06, 5011 06/91, 5012 05/91*.

DESIGNATED PREMISES SCHEDULE FORM BP0412:
 LOC 01
 BLANKET OVER PREMISES ON FORM
 5012 03833

EXCESS FORMS - BOP-X-1 03/90, BX0002 08/98, BX2222 03/90, BX0113 09/90.

TOTAL BASE PREMIUM LOC 01	\$7,212.00
TOTAL BASE PREMIUM - - - - -	\$7,212.00
EXCESS LIABILITY - - - - -	\$288.00
TOTAL ADDITIONAL COVERAGES - - - - -	\$524.00
TOTAL ANNUAL PREMIUM - - - - -	\$8,024.00

POLICY PERIOD - 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

 AUTHORIZED SIGNATURE 07/30/14
 DATE

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 BUSINESSOWNERS EXCESS LIABILITY DECLARATION

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THE REPRESENTATIONS AND STATEMENTS IN THE DECLARATION AND APPLICATION ARE INCORPORATED INTO AND MADE A PART OF THIS POLICY. THE NAMED INSURED WARRANTS THEIR TRUTH AND ACCURACY.

- NAMED INSURED IS CONDO ASSN
- IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS IN THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THE POLICY.
- LIMITS OF INSURANCE
 \$1,000,000 GENERAL AGGREGATE (OTHER THAN PRODUCTS-COMPLETED OPERATIONS).
 \$1,000,000 PRODUCTS-COMPLETED OPERATIONS AGGREGATE
 \$1,000,000 EACH INCIDENT
- RETAINED LIMITS
 \$10,000 EACH INCIDENT - COVERAGE A
- SCHEDULE OF UNDERLYING INSURANCE

TYPE OF POL/COV	UNDERLYING INSURER, POL# & PERIOD	LIMITS OF LIABILITY
BUSINESSOWNERS LIABILITY	MERRIMACK MUTUAL FIRE INS. CO. 2140812 FROM 10/01/14 TO 10/01/15	\$1,000,000 EACH OCCURRENCE \$2,000,000 GEN. AGGREGATE (EXCEPT PRODUCTS-COMPLETED OPERATIONS)

EXCESS FORMS - BOP-X-1 03/90, BX0002 08/98, BX2222 03/90, BX0113 09/90.