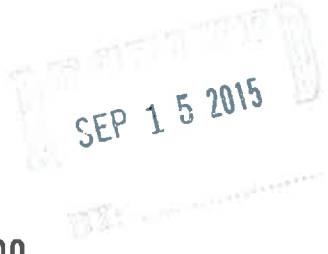




MERRIMACK MUTUAL FIRE INS. CO.  
ANDOVER, MASSACHUSETTS 01810  
PREMIUM INVOICE

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 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446					D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

AMOUNT DUE	\$0.00	PAYMENT DUE	
*****			
PREMIUM THIS TRANSACTION . . .	\$0.00		
TOTAL PREMIUM . . . . .	\$8,034.00		
AMOUNT RECEIVED . . . . .	\$8,034.00		
ACCOUNT BALANCE . . . . .	\$0.00		
<b>AMOUNT DUE. . . . .</b>	<b>\$0.00</b>		



IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY  
PLEASE CONTACT YOUR AGENT FOR ASSISTANCE.

THANK YOU FOR LETTING US SERVE YOU

DETACH PLEASE WRITE YOUR POLICY NUMBER ON YOUR CHECK AND RETURN THIS STUB WITH YOUR PAYMENT. DETACH

ONLINE PAYMENT AVAILABLE AT WWW.ANDOVERCOS.COM

09/04/15

NAME OF INSURED	DUE DATE	AMOUNT DUE
PINE BROOK ESTATES CONDO ASSN		
POLICY NO.	TYPE OF POLICY	AMOUNT TO PAY IN FULL
SBP 2140812	BUSINESSOWNERS	\$0.00

PLEASE  
MAKE  
CHECKS  
PAYABLE  
TO

MERRIMACK MUTUAL FIRE INS. CO  
PO BOX 1983  
ANDOVER MA 01810-0183

260 M (12/14) KS-LP



MERRIMACK MUTUAL FIRE INS. CO.

ANDOVER, MASSACHUSETTS 01810

DECLARATIONS PAGE  
20150904-99:00:00:39

AMENDED DECLARATION ++ \* \* EFFECTIVE 09/01/15  
SUPERSEDES ANY PREVIOUS DECLARATION BEARING  
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812  
REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

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 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446				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

400M (05/15) KS-LP

AND-22 (05/13)



**MERRIMACK MUTUAL FIRE INS. CO.**

ANDOVER, MASSACHUSETTS 01810

AMENDED DECLARATION ++ \* \* EFFECTIVE 09/01/15  
 SUPERSEDES ANY PREVIOUS DECLARATION BEARING  
 THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812  
 REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

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 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446					D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

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

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

HIRED CAR \$23.00  
 COVERAGE APPLIES TO ALL LOCATIONS.

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

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

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

400M (05/15) KS-LP

AND-22 (05/13)

MERRIMACK MUTUAL FIRE INS. CO.

ANDOVER, MASSACHUSETTS 01810



AMENDED DECLARATION ++ \* \* EFFECTIVE 09/01/15
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812
REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

Table with columns: POLICY NUMBER, FROM POLICY PERIOD TO, AGENT NO, AGENT. Includes policy number SBP 2140812, agent D B WARLICK & CO, and insured address PINE BROOK ESTATES CONDO ASSN.

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, B0-138 12/98, BP1004 04/98, B0-139 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
PREV ANNUAL PREM \$8,024.00 PREM CHANGE DUE EFF DATE OF AMENDMENT \$.00

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

----- 09/04/15
AUTHORIZED SIGNATURE DATE

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.

400M (05/15) KS-LP AND-22 (05/13)



MERRIMACK MUTUAL FIRE INS. CO.  
ANDOVER, MASSACHUSETTS 01810

BUSINESSOWNERS EXCESS LIABILITY DECLARATION

POLICY NUMBER	FROM	POLICY PERIOD TO	AGENT NO	AGENT
SBU 2140812	10/01/14	10/01/15	0007894	TELEPHONE: (603) 964-6065
NAMED INSURED AND ADDRESS				
<b>PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446</b>				<b>D B WARLICK &amp; CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260</b>

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.

1. NAMED INSURED IS CONDO ASSN
2. 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.
3. 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
4. RETAINED LIMITS  
 \$10,000 EACH INCIDENT - COVERAGE A
5. 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.

400M (05/15) KS-LP

AND-22 (05/13)

**BUSINESSOWNERS STATEMENT OF VALUES**

POLICY # SBP 2140812

DATE 09/04/15

<u>LOC#</u>	<u>ITEM#</u>	<u>DESIGNATED PREMISES</u> (address)	<u>COVERAGE</u>	<u>VALUE</u>
01	001	15 PINE GROVE RD EXETER NH 03833	BLDG 4 UNITS	\$874,500
01	002	15 PINE GROVE RD EXETER NH 03833	BLDG 4 UNITS	\$893,500
01	003	15 PINE GROVE RD EXETER NH	BLDG 4 UNITS	\$942,500
01	004	15 PINE GROVE RD EXETER NH	BLDG 4 UNITS	\$936,500



MERRIMACK MUTUAL FIRE INS. CO.  
ANDOVER, MASSACHUSETTS 01810  
PREMIUM INVOICE

POLICY NUMBER	FROM	POLICY PERIOD TO	AGENT NO	AGENT
SBP 2140812	10/01/15	10/01/16	0007894	TELEPHONE: (603) 964-6065
NAMED INSURED AND ADDRESS				
PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446				D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

AMOUNT DUE \$2,740.00 PAYMENT DUE 10/01/15  
\*\*\*\*\*

PREMIUM THIS TRANSACTION. . . \$0.00  
TOTAL PREMIUM . . . . . \$8,232.00  
AMOUNT RECEIVED . . . . . \$0.00  
ACCOUNT BALANCE . . . . . \$8,232.00  
ACCOUNT BALANCE INCLUDES \$10.00 SERVICE CHARGE

AMOUNT DUE. . . . . \$2,740.00  
FULL PAYMENT. . . . . \$8,222.00

IF YOU HAVE ANY QUESTIONS ABOUT YOUR POLICY  
PLEASE CONTACT YOUR AGENT FOR ASSISTANCE.

PAID  
SEP 15 2015

IMPORTANT - NO REMINDER NOTICE WILL BE SENT FOR THIS PAYMENT.

DETACH

PLEASE WRITE YOUR POLICY NUMBER ON YOUR CHECK AND RETURN THIS STUB WITH YOUR PAYMENT.

DETACH

ONLINE PAYMENT AVAILABLE AT WWW.ANDOVERCOS.COM

09/04/15

SBP2140812815010082220020150729112015100100274000

DD

NAME OF INSURED	DUE DATE	AMOUNT DUE
PINE BROOK ESTATES CONDO ASSN	10/01/15	\$2,740.00
POLICY NO:	TYPE OF POLICY	AMOUNT TO PAY IN FULL
SBP 2140812	BUSINESSOWNERS	\$8,222.00

PLEASE  
MAKE  
CHECKS  
PAYABLE  
TO

MERRIMACK MUTUAL FIRE INS. CO  
PO BOX 1983  
ANDOVER MA 01810-0183



MERRIMACK MUTUAL FIRE INS. CO.

ANDOVER, MASSACHUSETTS 01810

DECLARATIONS PAGE  
20150904-99:00:00:40

AMENDED DECLARATION ++ \* \* EFFECTIVE 10/01/15  
SUPERSEDES ANY PREVIOUS DECLARATION BEARING  
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812  
REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

POLICY NUMBER	FROM	POLICY PERIOD TO	AGENT NO	AGENT
SBP 2140812	10/01/15	10/01/16	0007894	TELEPHONE: (603) 964-6065
<b>NAMED INSURED AND ADDRESS</b>				
PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446				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, TO1, PC03, ACO.  
DEDUCTIBLE: \$2,500

	LIMIT OF INSURANCE	PREMIUMS
BUILDING	\$3,743,000	\$7,402
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

400M (05/15) KS-LP

AND-22 (05/13)



MERRIMACK MUTUAL FIRE INS. CO.

ANDOVER, MASSACHUSETTS 01810



AMENDED DECLARATION ++ \* \* EFFECTIVE 10/01/15
SUPERSEDES ANY PREVIOUS DECLARATION BEARING
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812
REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

Table with columns: POLICY NUMBER, FROM, POLICY PERIOD, TO, AGENT NO, AGENT. Includes details for SBP 2140812, policy period 10/01/15 to 10/01/16, agent 0007894, and agent name D B WARLICK & CO.

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

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

400M (05/15) KS-LP

AND-22 (05/13)



MERRIMACK MUTUAL FIRE INS. CO.  
ANDOVER, MASSACHUSETTS 01810

AMENDED DECLARATION ++ \* \* EFFECTIVE 10/01/15  
SUPERSEDES ANY PREVIOUS DECLARATION BEARING  
THE SAME NUMBER FOR THIS POLICY PERIOD RENEWAL OF POLICY SBP 2140812  
REASON FOR AMENDMENT-CHANGE MAILING ADDRESS

POLICY NUMBER	POLICY PERIOD		AGENT NO	AGENT
	FROM	TO		
SBP 2140812	10/01/15	10/01/16	0007894	TELEPHONE: (603) 964-6065
NAMED INSURED AND ADDRESS				
PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446				D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

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, B0-138 12/98, BP1004 04/98, B0-139 04/98, BP0496 10/01, 7003 06/15, BP0514 01/03, BP0523 01/15, BP0542 01/15, 970576 06/03, 970578 06/03, 970601 01/07, BP0515 01/15, 970159 09/10, BP1224 10/10, BP0564 01/07, 6031 10/13, ILP001 01/04, 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	\$7,402.00
TOTAL BASE PREMIUM - - - - -	\$7,402.00
EXCESS LIABILITY - - - - -	\$296.00
TOTAL ADDITIONAL COVERAGES - - - - -	\$524.00
TOTAL ANNUAL PREMIUM - - - - -	\$8,222.00
PREV ANNUAL PREM \$8,222.00	PREM CHANGE DUE EFF DATE OF AMENDMENT \$ .00

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

-----  
AUTHORIZED SIGNATURE 09/04/15  
DATE

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

400M (05/15) KS-LP

AND-22 (05/13)



MERRIMACK MUTUAL FIRE INS. CO.  
ANDOVER, MASSACHUSETTS 01810

BUSINESSOWNERS EXCESS LIABILITY DECLARATION

POLICY NUMBER	FROM	POLICY PERIOD	TO	AGENT NO	AGENT
SBU 2140812	10/01/15		10/01/16	0007894	TELEPHONE: (603) 964-6065
NAMED INSURED AND ADDRESS					
PINE BROOK ESTATES CONDO ASSN C/O TRUE NORTH PROPERTY MGMT 135 LAFAYETTE RD # 10 N HAMPTON NH 03862-2446					D B WARLICK & CO 69 LAFAYETTE RD P O BOX 1260 NORTH HAMPTON NH 03862-1260

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 10/01/15 TO 10/01/16	\$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.

400M (05/15) KS-LP

AND-22 (05/13)

**BUSINESSOWNERS STATEMENT OF VALUES**

POLICY # SBP 2140812

DATE 09/04/15

<u>LOC#</u>	<u>ITEM#</u>	<u>DESIGNATED PREMISES</u> (address)	<u>COVERAGE</u>	<u>VALUE</u>
01	001	15 PINE GROVE RD EXETER NH 03833	BLDG 4 UNITS	\$897,500
01	002	15 PINE GROVE RD EXETER NH 03833	BLDG 4 UNITS	\$917,000
01	003	15 PINE GROVE RD EXETER NH	BLDG 4 UNITS	\$967,500
01	004	15 PINE GROVE RD EXETER NH	BLDG 4 UNITS	\$961,000