



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC PLUS
BUSINESS:CONDO - 13-24 U

POLICY NO.: 680-1H395446-19-42
ISSUE DATE: 05/03/2019

INSURING COMPANY:
THE CHARTER OAK FIRE INSURANCE COMPANY

1. NAMED INSURED AND MAILING ADDRESS:
1880 SUPERFINE LANE
CONDOMINIUM ASSOCIATION
C/O GOLDSBOROUGH REALTY
2115 CONCORD PIKE
STE 200A
WILMINGTON DE 19803

2. POLICY PERIOD: From 06/13/2019 to 06/13/2020 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS
001	001	CONDO	(same as Mailing Address unless specified otherwise) 1880 SUPERFINE LN WILMINGTON DE 19802

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	COF

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse - ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$ 18,290.00
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER

B + H INSURANCE LLC XG337
111 RUTHAR DR

NEWARK DE 19711

IL TO 19 02 05 (Page 1 of 01)

Office: BALTIMORE, MD DOWN

COUNTERSIGNED BY:

Authorized Representative

DATE: 05/03/2019



RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC PLUS
BUSINESS: CONDO - 13-24 U

POLICY NO.: 680-1H395446-19-42
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INSURING COMPANY:
THE CHARTER OAK FIRE INSURANCE COMPANY

1. NAMED INSURED AND MAILING ADDRESS:
1880 SUPERFINE LANE
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2115 CONCORD PIKE
STE 200A
WILMINGTON DE 19803

2. POLICY PERIOD: From 06/13/2019 to 06/13/2020 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

Table with 4 columns: PREM. NO., BLDG. NO., OCCUPANCY, ADDRESS (same as Mailing Address unless specified otherwise). Row 1: 001, 001, CONDO, 1880 SUPERFINE LN, WILMINGTON, DE 19802

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

Table with 2 columns: COVERAGE PARTS AND SUPPLEMENTS, INSURING COMPANY. Row 1: Businessowners Coverage Part, COF

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse - ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

Table with 3 columns: POLICY, POLICY NUMBER, INSURING COMPANY

DIRECT BILL

7. PREMIUM SUMMARY:

Table with 2 columns: Description, Amount. Rows: Provisional Premium \$ 18,290.00, Due at Inception \$, Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER

B + H INSURANCE LLC XG337
111 RUTHAR DR

NEWARK DE 19711

COUNTERSIGNED BY:

Authorized Representative

DATE: 05/03/2019



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC PLUS

POLICY NO.: 680-1H395446-19-42

ISSUE DATE: 05/03/2019

INSURING COMPANY:

THE CHARTER OAK FIRE INSURANCE COMPANY

POLICY PERIOD:

From 06-13-19 to 06-13-20 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
 Building Glass: \$ 5,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss subject to a maximum limit of
 \$ 170,000
 Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

ADDITIONAL COVERAGE:

Fine Arts: \$ 0

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 11,641,824	RC*	N/A	2.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

POLICY NUMBER: 680-1H395446-19-42

EFFECTIVE DATE: 06/13/2019

ISSUE DATE: 05/03/2019

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS
BY LINE OF BUSINESS

PN U3 20 04 19	LIBERALIZATION LETTER - GENERAL LIABILITY PRODUCT MODERNIZATION
IL T0 19 02 05	COMMON POLICY DECLARATIONS
IL T0 25 08 01	RENEWAL CERTIFICATE
MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07	COMMON POLICY CONDITIONS

BUSINESSOWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T1 03 02 05	AMENDATORY PROVISIONS CONDOMINIUM ASSOCIATION COVERAGE
CP 02 99 11 85	CANCELLATION CHANGES
MP T3 25 01 15	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
MP T3 49 10 06	BUSINESS INCOME AND EXTRA EXPENSE - POLICY LEVEL DOLLAR LIMIT ENDORSEMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES
MP T9 70 03 06	POWER PAC ENDORSEMENT

COMMERCIAL GENERAL LIABILITY

CG T0 07 04 09	DECLARATIONS PREMIUM SCHEDULE
CG T0 08 07 86	KEY TO DECLARATIONS PREMIUM SCHEDULE
CG T0 34 02 19	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG T1 00 02 19
CG T1 00 02 19	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 02 19	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D3 09 02 19	AMENDATORY ENDORSEMENT - PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D2 03 12 97	AMEND - NON CUMULATION OF EACH OCC
CG D8 42 02 19	XTEND ENDORSEMENT FOR SMALL BUSINESSES
MP T1 25 11 03	HIRED AUTO AND NON-OWNED AUTO LIABILITY
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D0 76 06 93	EXCLUSION - LEAD
CG D1 42 02 19	EXCLUSION - DISCRIMINATION

POLICY NUMBER: 680-1H395446-19-42

EFFECTIVE DATE: 06/13/2019

ISSUE DATE: 05/03/2019

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03 LIMITATION WHEN TWO OR MORE POLICIES APPLY

INTERLINE ENDORSEMENTS

IL T4 12 03 15 AMNDT COMMON POLICY COND-PROHIBITED COVG
IL T4 14 01 15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL T3 82 05 13 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL 00 21 09 08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD
FORM)
IL 01 51 01 12 DELAWARE CHANGES - CIVIL UNION
IL 02 37 04 12 DELAWARE CHANGES - TERMINATION PROVISIONS

POLICY HOLDER NOTICES

PN T4 54 01 08 IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND
BROKER COMPENSATION
PN MP 38 01 11 IMPORTANT NOTICE - JURISDICTIONAL INSPECTIONS



**POLICY DECLARATIONS
EXCESS FOLLOW-FORM AND UMBRELLA
LIABILITY INSURANCE POLICY**

**POLICY NO.: CUP-1H655722-19-42
ISSUE DATE:05/06/2019**

INSURING COMPANY:TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

**1. NAMED INSURED AND MAILING ADDRESS: 1880 SUPERFINE LANE
CONDOMINIUM ASSOCIATION
2115 CONCORD PIKE
STE 200A
WILMINGTON DE 19803**

2. POLICY PERIOD: From 06/13/2019 to 06/13/2020 12:01 A.M. Standard Time at your mailing address.

3. LIMITS OF INSURANCE:

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	\$3,000,000	General Aggregate
	\$3,000,000	Products-Completed Operations Aggregate
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY	\$3,000,000	Occurrence Limit subject to the General Aggregate
CRISIS MANAGEMENT SERVICE EXPENSES	\$50,000	all Crisis Management Events

4. SELF-INSURED RETENTION: \$5,000 any one occurrence or event

5. PREMIUM: \$ 1,440 X Flat Charge Adjustable (See Premium Schedule)

6. TAXES AND SURCHARGES:

7. On the effective date shown in Item 2., the Excess Follow-Form And Umbrella Liability Insurance Policy numbered above includes this Declarations Page and any forms and endorsements shown on the Listing Of Forms, Endorsements And Schedule Numbers.

8. If the Schedule Of Underlying Insurance includes any coverage provided on a claims-made basis, then the following disclaimer applies.

COVERAGE WILL APPLY ON A CLAIMS-MADE BASIS WHEN FOLLOWING CLAIMS-MADE UNDERLYING INSURANCE.

9. If the Schedule Of Underlying Insurance includes any coverage which includes defense expenses within the limits of liability, then the following disclaimer applies:

DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE WITH RESPECT TO SOME OR ALL OF THE COVERAGES PROVIDED.

NAME AND ADDRESS OF AGENT OR BROKER:

**B + H INSURANCE LLC - XG337
111 RUTHAR DR
NEWARK DE 19711**

COUNTERSIGNED BY:

Authorized Representative

DATE: _____

OFFICE: BALTIMORE, MD

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE

Commercial General Liability	Limits Of Liability	
Carrier THE CHARTER OAK FIRE INSURANCE COMPANY	General Aggregate	\$2,000,000
Policy Number 680-001H395446-19	Products-Completed Operations Aggregate	\$2,000,000
Policy Period	Personal and Advertising Injury	\$1,000,000
From: 06/13/2019	Each Occurrence	\$1,000,000
to: 06/13/2020		

Limits Of Liability

Carrier

Policy Number

Policy Period

From:

to:

Limits Of Liability

Carrier

Policy Number

Policy Period

From:

to:

Issued by The Stock Insurance Company

Policy Number
B 6037725

SELECTIVE INSURANCE COMPANY OF AMERICA
40 WANTAGE AVE, BRANCHVILLE, NJ 07890

COMMERCIAL POLICY COMMON DECLARATION

Named Insured and Address 1880 SUPERFINE LANE CONDOMINIUM ASSOCIATION 2115 CONCORD PIKE STE 200A C/O GOLDSBOROUGH REALTY WILMINGTON, DE 19803-2965	Policy Period From: JUNE 13, 2019 To: JUNE 13, 2022 12:01 A.M Standard Time At Location of Designated Premises.
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Named Insured is: ASSN/LABOR/RE	Producer Number: 00-04870-00000
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Producer: B&H INSURANCE LLC
DELAWARE

Schedule of Coverage
COMMERCIAL CRIME COVERAGE

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance indicated in the schedule above. Insurance is provided only for those coverages for which a specific limit is shown on the attached coverage declaration(s).

ANNUAL INSTALLMENT	
PAYMENT METHOD	Total Policy Premium <u> \$1,872.00 </u>
D/B - 1	(This premium may be subject to adjustment.)

Date Issued: MARCH 15, 2019	
Issuing Office: MID ATLANTIC REGION	
	Authorized Representative _____

Policy Number

B 6037725

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: JUNE 13, 2019

Schedule Effective Date JUNE 13, 2019

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE
COMMON COVERAGE PART:

IL 70 25	1189	COMMERCIAL POLICY COMMON DECLARATION
IL 00 03	0908	CALCULATION OF PREMIUM
IL 00 17	1198	COMMON POLICY CONDITIONS

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE
COMMERCIAL CRIME FIDELITY COVERAGE PART:

CR 70 26	0292	COMMERCIAL CRIME COVERAGE DECLARATION
CR 00 23	0506	COMMERCIAL CRIME POLICY (LOSS SUSTAINED)
CR 02 82	0112	DE-INC SPOUSE & CHILDREN OF BLDG MANAGER
CR 20 20	0702	CALCULATION OF PREMIUM
CR 20 21	0300	EXCL OF CERTAIN COMPUTER RELATED LOSSES
CR 25 02	0506	INCLUDE DESIGNATED AGENTS AS EMPLOYEES
CR 25 08	0300	INCLUDE SPECIFIED NON-COMPENSATED OFFICE
CR 70 36	0116	ERISA INFLATION GUARD ENDORSEMENT
SCR 20 08	0917	CONVERT TO AN AGGREGATE LIMIT OF INS
SCR 25 47	0917	U.S. DEPT OF LABOR-ERISA PLAN COVERAGE

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.



The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

PILLAR COMMON POLICY DECLARATIONS

Policy Number: **EMO 053 77 14**

Named Insured: **1880 SUPERFINE LANE CONDOMINIUM ASSOCIATION**

Mailing Address: **C/O: GOLDSBOROUGH
2115 CONCORD PIKE STE 200
WILMINGTON, DE 19803-2965**

Principal Address: **1880 SUPERFINE LN
WILMINGTON, DE 19802-4900**

Previous Policy Number: **BCN8675883**

Policy Period: (At 12:01 AM standard time at your principal address shown above.)

FROM: 06-13-2019

TO: 06-13-2022

Agency: **B+H INSURANCE LLC 07-003**
City, State: **NEWARK, DE**

Shared Annual Aggregate Limit of Liability: **N/A**

Applicable to all claims under the following liability coverage parts:

In return for the payment of the premium and subject to all the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy.

Forms applicable to all coverage parts:

ML101 01/18 GENERAL PROVISIONS
ML400 01/16 SUMMARY OF PREMIUMS CHARGED
IA4234 01/15 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE
ML4023DE 04/18 DELAWARE CHANGES - CANCELLATION AND NONRENEWAL
ML458 01/16 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IA4427 02/13 NOTICE OF LOSS CONTROL SERVICES
IA4486 03/17 NOTICE OF LOSS CONTROL SERVICES- COMMUNITY ASSOCIATIONS
IP446 08/01 NOTICE TO POLICYHOLDERS
IA4338 05/11 SIGNATURE ENDORSEMENT
Coverage part declarations:
ML506 01/16 COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY COVERAGE
PART DECLARATIONS
ML512 01/16 EMPLOYMENT PRACTICES LIABILITY COVERAGE PART DECLARATIONS

05-20-2019 16:39

The Cincinnati Insurance Company

A Stock Insurance Company

COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY COVERAGE PART DECLARATIONS

THIS COVERAGE PART PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.

Policy Number: **EMO 053 77 14**

Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.

Limit of Insurance:	\$ <u>1,000,000</u>	in the aggregate
Investigative Costs Sublimit:	\$ <u>100,000</u>	in the aggregate
Excess Benefit Transaction Tax Sublimit:	\$ <u>20,000</u>	sublimit per organizational manager

Additional Defense Limit of Insurance:	\$ <u>UNLIMITED</u>	in the aggregate
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Excess Side A Limit of Insurance:	\$ <u>NOT COVERED</u>	in the aggregate
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Deductibles:	\$ <u>0</u>	each claim under Insuring Agreement A (Insured Persons)
	\$ <u>1,000</u>	each claim under Insuring Agreement B (Indemnification)
	\$ <u>1,000</u>	each claim under Insuring Agreement C (Organization)

Retroactive Date:	<u>N/A</u>
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Prior or Pending Date:	<u>06-13-2010</u>
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Continuity Date:	<u>06-13-2010</u>
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Forms and endorsements applicable to this coverage part:

ML106 01/18 COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY COVERAGE

05-20-2019 16:39

The Cincinnati Insurance Company

A Stock Insurance Company

EMPLOYMENT PRACTICES LIABILITY COVERAGE PART DECLARATIONS

THIS COVERAGE PART PROVIDES CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. TO THE EXTENT IT IS NOT OTHERWISE INDICATED, THE LIMIT OF INSURANCE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN NO EVENT WILL WE BE LIABLE FOR DEFENSE COSTS OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE LIMIT OF INSURANCE. READ THE ENTIRE POLICY CAREFULLY.

Policy Number: **EMO 053 77 14**

Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.

Limit of Insurance:	\$ <u>1,000,000</u>	in the aggregate
Optional Third Party Liability Sublimit	\$ <u>NOT COVERED</u>	in the aggregate
Wage and Hour Defense Sublimit	\$ <u>100,000</u>	in the aggregate
Immigration Defense Sublimit	\$ <u>100,000</u>	in the aggregate

Additional Defense Limit of Insurance:	\$ <u>UNLIMITED</u>	in the aggregate
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Deductibles:	\$ <u>1,000</u>	each claim under Insuring Agreement A (Employment Practices)
	\$ <u>N/A</u>	each claim under Insuring Agreement B (Third Party)

Retroactive Date:	<u>N/A</u>
Prior or Pending Date:	<u>06-13-2010</u>
Continuity Date:	<u>06-13-2010</u>

Forms and endorsements applicable to this coverage part:
ML112 01/18 EMPLOYMENT PRACTICES LIABILITY COVERAGE