

The Harford Mutual Insurance Companies

Bel Air, Maryland 21014-3544

Company: The Harford Mutual Insurance Company

Policy Number: 8192572 Renewal of: 8186772

BUSINESSOWNERS DECLARATIONS

Named Insured and Mailing Address

LEPARC CONDO ASSOCIATION
2115 CONCORD PIKE
(2115A);STE 200 C/O GOLDSBOROUGH REALTY
Wilmington, DE 19803

Agency Name and Address

1659-BAS B+H INSURANCE, LLC
111 RUTHAR DR
NEWARK, DE 19711-8025
3029952247

Policy Period: From 03/01/2020 to 03/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above.
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.

BUSINESS DESCRIPTION: RESIDENTIAL CONDO ASSOC
FORM OF BUSINESS: Business Organization other than Partnership or Joint Venture

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 1

PREMISES ADDRESS:
5201 LEPARC DR (5201-5205)
WILMINGTON, DE 19809
COUNTY: NEW CASTLE

Construction: Frame
Protection Class: 5

Occupancy: Condominiums Residential Condominium (Association risk only)

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$5,000 property deductible per occurrence) LIMIT OF INSURANCE*
BUILDING - Automatic Increase 8%**.....\$ *
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

*Includes Increased Building Limit Percentage, if applicable
**This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
NONE

* INCLUDED IN BLANKET LIMIT OF INSURANCE - (see blanket limit schedule)

POLICY DECLARATIONS ARE CONTINUED ON THE NEXT PAGE.

LIABILITY AND MEDICAL EXPENSES: See Liability and Medical Expenses Schedule

FORMS AND ENDORSEMENTS: See Form Schedule

PREMIUM: Annual Premium: \$33,626

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LIABILITY AND MEDICAL EXPENSES SCHEDULE

SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

LIABILITY COVERAGE*	LIMIT OF INSURANCE
Liability and Medical Expenses (Per Occurrence).....	\$1,000,000
Medical Expenses (Per Person).....	\$ 10,000
Damage to Premises Rented to You (Any One Premises).....	\$ 500,000
Other Than Products/Completed Operations Aggregate.....	\$2,000,000
Products/Completed Operations Aggregate.....	\$2,000,000

*Optional Property Damage Liability Deductible May Apply. Refer to Forms Schedule for Deductible Information (If Applicable).

SUPPLEMENTAL DECLARATIONS PAGE - PROPERTY SCHEDULE

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 2

PREMISES ADDRESS: Construction: Frame
5207 LEPARC DR (5207-5213) Protection Class: 5
WILMINGTON, DE 19809
COUNTY: NEW CASTLE

Occupancy: Condominiums Residential Condominium (Association risk only)

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$5,000 property deductible per occurrence) LIMIT OF INSURANCE*
BUILDING - Automatic Increase 8%**.....\$ *
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

*Includes Increased Building Limit Percentage, if applicable
**This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
NONE

* INCLUDED IN BLANKET LIMIT OF INSURANCE - (see blanket limit schedule)

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 3

PREMISES ADDRESS: Construction: Frame
5215 LEPARC DR (5215-5219) Protection Class: 5
WILMINGTON, DE 19809
COUNTY: NEW CASTLE

Occupancy: Condominiums Residential Condominium (Association risk only)

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$5,000 property deductible per occurrence) LIMIT OF INSURANCE*
BUILDING - Automatic Increase 8%**.....\$ *
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

*Includes Increased Building Limit Percentage, if applicable
**This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
NONE

* INCLUDED IN BLANKET LIMIT OF INSURANCE - (see blanket limit schedule)

BLANKET LIMIT(S) SCHEDULE

BLANKET LIMIT OF INSURANCE
BUILDING.....\$ 19,377,000
BUSINESS PERSONAL PROPERTY..... N/A

IMPORTANT NOTICES TO POLICYHOLDERS

- BP0571 (0115) DISCLOSURE OF PREMIUM & ESTIMATED PREMIUM/CERTIFIED ACTS OF TERRORISM
(A) PREMIUM THROUGH 12/31/2020 \$1144
(B) ESTIMATED PREMIUM BEYOND 12/31/2020 \$220
Federal share of terrorism losses 80% Year 2020 and after
- BPMS004 (1017) BUSINESSOWNERS AUDIT NONCOMPLIANCE FACTOR ADVISORY NOTICE
- BPMS007 (0120) NOTICE TO POLICYHOLDERS-POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE
- BPMS12-1 BUSINESSOWNERS EQUIPMENT BREAKDOWN
- ILMS001 (0117) FLOOD INSURANCE NOTICE
- ILMS003 (0115) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
- ILMS016 (1015) CUSTOMER PRIVACY POLICY
- ILMS018 (0718) IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING AND POLICY FEES
- ILMS019 (1119) UNDERSTANDING THE AUDIT PROCESS COULD SAVE YOU MONEY
- ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC
- ILMS11-1(0411) PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE
- ILMS14-2(0714) NOTICE TO POLICYHOLDERS REGARDING INFLATION PROTECTION & BLDG VALUES
- ILMS93-1(0908) LEAD LIABILITY EXCLUSION
- ILN001 (0903) FRAUD STATEMENT

FORM SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

- BP0003 (0713) BUSINESSOWNERS COVERAGE FORM
- BP0237 (0412) DELAWARE CHANGES - CANCELLATION AND NONRENEWAL
- BP0417 (0110) EMPLOYMENT-RELATED PRACTICES EXCLUSION
- BP0501 (0702) CALCULATION OF PREMIUM
- BP0517 (0106) EXCLUSION - SILICA OR SILICA-RELATED DUST
- BP0523 (0115) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
- BP0538 (0115) EXCLUSION-OTHER ACTS OF TERRORISM; CAP ON CERTIFIED ACTS OF TERRORISM
- BP0542 (0115) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
- BP0564 (0115) CONDITIONAL EXCLUSION OF TERRORISM
FIRE EXCEPTION STATES: GA, NC, NJ & VA
- BP0577 (0106) FUNGI OR BACTERIA EXCLUSION (LIABILITY)
- BP0598 (0713) AMENDMENT OF INSURED CONTRACT DEFINITION
- BP1504 (0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION
- BPHG10 (0910) EXCLUSION - LEAD CONTAMINATION
- BPHG25 (0517) AUDIT NONCOMPLIANCE FACTOR ENDORSEMENT
- BPHG51 (0105) ASBESTOS EXCLUSION ENDORSEMENT
- BPHG58 (0908) TOBACCO HEALTH HAZARD EXCLUSION
- BPHG64 (0713) GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS
- BPHG79 (0713) EXCLUSION-LOSS DUE TO BY-PRODUCTS OF PRODUCTION/PROCESSING OPERATIONS
- BPHG97 (0517) EXCLUSION-UNMANNED AIRCRAFT
- BPIN01 (0713) BUSINESSOWNERS COVERAGE FORM INDEX
- BP0402 (0713) ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES.....9.00
Name of Person: GOLDSBOROUGH REALTY MANAGEMENT COMPANY
Premises 1, Building 1
- BP0404 (0110) HIRED AUTO AND NON-OWNED AUTO LIABILITY.....182.00
Coverage: Hired Auto Liab. & Non-Owned Auto Liab.

BP0412 (0417) DESIGNATED PREMISES/PROJECT OR OPERATION LIMITATION OF COV
Premises Address: ALL LOCATIONS ON POLICY

BP0430 (0713) PROTECTIVE SAFEGUARDS
Symbols Applicable: P-1
Premises 1, Building 1

BP1701 (0713) CONDOMINIUM ASSOCIATION COVERAGE
BPHG60 (0713) BUSINESSOWNERS IMPROVED VALUE ENDORSEMENT PLUS.....403.00
BPHG68 (0910) EMPLOYEE BENEFITS LIABILITY COVERAGE.....144.00
Employee Benefits Program: 5
Limit of Insurance: \$1,000,000 Each Claim/Aggregate

BP0430 (0713) PROTECTIVE SAFEGUARDS
Symbols Applicable: P-1
Premises 1, Building 2

BP0430 (0713) PROTECTIVE SAFEGUARDS
Symbols Applicable: P-1
Premises 1, Building 3

BPHG40 (1017) EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT.....1,091.00

OTHER CHARGES APPLIED TO THIS POLICY

Terrorism Risk Insurance Program Reauthorization Act of 2015 - Certified Acts -
Premium Charged.....1,364.00

The Harford Mutual Insurance Companies

Bel Air, Maryland 21014-3544

Company: The Harford Mutual Insurance Company

Policy Number: 7986879 Renewal of: 7982229

COMMERCIAL EXCESS UMBRELLA LIABILITY DECLARATIONS

Named Insured and Mailing Address

Agency Name and Address

ITEM 1 & 2
LEPARC CONDO ASSOCIATION
2115 CONCORD PIKE
(2115A);STE 200;C/O GOLDSBOROUGH REALTY
WILMINGTON, DE 19803

1659-BAS B+H INSURANCE, LLC
111 RUTHAR DR
NEWARK, DE 19711-8025
3029952247

ITEM 3
Policy Period From: 03/01/2020 to 03/01/2021 at 12:01 A.M. Standard Time at your mailing address shown above. In return for 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 4
Retroactive Date 03/01/2013
(Applicable only to claims made coverage)

ITEM 5
Limit of Insurance:
Policy Aggregate Limit: \$ 3,000,000
Self Insured Retention: \$ 10,000
(each occurrence or offense not covered by underlying insurance)

ITEM 6
Schedule of Underlying Insurance: SEE ATTACHED SCHEDULE OF UNDERLYING INSURANCE

ITEM 7
Form of Business: Organization other than Partnership or Joint Venture
Business Description: RESIDENTIAL CONDO ASSOC

ITEM 8
PREMIUM: \$1,891 Terrorism: \$0 Minimum Premium: \$375 Total: \$1,891

ITEM 9
Forms and Endorsements attached to this policy: SEE FORM SCHEDULE ATTACHED

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SCHEDULE OF UNDERLYING INSURANCE

Type of Policy: Businessowners
Carrier: Harford Mutual Insurance Company
Policy Number: 8192572
Policy Period: 03/01/2020 to 03/01/2021
Limits of Liability: Combined Single Limit Liability
\$1,000,000 Each Occurrence
Aggregates
\$2,000,000 General Aggregate
\$2,000,000 Products/Completed Operations Aggregate

Type of Policy: Employee Benefits Liability
Carrier: Harford Mutual Insurance Company
Policy Number: 8192572
Policy Period: 03/01/2020 to 03/01/2021
Limits of Liability: \$1,000,000 Each Claim
\$1,000,000 Aggregate

IMPORTANT NOTICES TO POLICYHOLDERS

CUMS005 (0120) NOTICE TO POLICYHOLDERS - POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE
ILMS004 (0115) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ILMS016 (1015) CUSTOMER PRIVACY POLICY
ILMS018 (0718) IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING AND POLICY FEES
ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC
ILMS93-1(0908) LEAD LIABILITY EXCLUSION
ILN001 (0903) FRAUD STATEMENT

COMMERCIAL EXCESS UMBRELLA FORM SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

HMU-104C(0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION
HMU-109C(0616) SUB-LIMIT EXCLUSION
HMU-10C (0506) LEAD CONTAMINATION EXCLUSION
HMU-111C(1116) PUBLIC/LIVERY PASSENGER CONVEYANCE & ON-DEMAND DELIVERY SVCS EXCL
HMU-2135(0115) TERRORISM FOLLOWING FORM
HMU-2136(0115) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
HMU-2144(0120) CONDITIONAL EXCLUSION OF TERRORISM
HMU-35C (0615) AIRCRAFT, UNMANNED AIRCRAFT AND WATERCRAFT LIABILITY EXCLUSION
HMU-40C (0506) EMPLOYEE BENEFITS LIABILITY FOLLOWING FORM
HMU-42C (0506) EMPLOYMENT-RELATED PRACTICES EXCLUSION
HMU-44C (0506) EMPLOYERS LIABILITY EXCLUSION
HMU-60C (0513) CROSS SUITS LIABILITY EXCLUSION
HMU-62C (0210) COMMUNICABLE DISEASE EXCLUSION
HMU-81C (0506) FUNGI OR BACTERIA EXCLUSION
HMU-82C (0506) WAR LIABILITY EXCLUSION
HMU-83C (0506) AMENDMENT OF INSURING AGREEMENT - KNOWN INJURY OR DAMAGE
HMU-85C (0506) ASBESTOS EXCLUSION
HMU-86C (0506) SILICA OR SILICA-RELATED DUST EXCLUSION
HMU-87C (0210) RECORDING/DISTRIBUTION OF MATERIALS OR INFORMATION IN VIOLATION OF LAW
HMU-92C (0908) TOBACCO HEALTH HAZARD EXCLUSION
HMU-95C (0210) AMENDMENT OF INSURED CONTRACT DEFINITION
HMU-96C (0510) POLLUTION LIABILITY EXCEPTION FOR EQUIPMENT TO HEAT/COOL BUILDINGS
HMU-DE-1(0210) DELAWARE AMENDATORY ENDORSEMENT CANCELLATION AND NONRENEWAL
HMU-DE-2(0112) DELAWARE CHANGES - CIVIL UNION
HMUC-C (0109) COMMERCIAL EXCESS UMBRELLA LIABILITY POLICY

HMU-33C (0506) AUTOMOBILE LIABILITY FOLLOWING FORM
HMU-69C (0417) DESIGNATED PREMISES/PROJECT OR OPERATION LIMITATION OF COV
HMU-8C (0506) ATHLETIC OR SPORTS PARTICIPANTS EXCLUSION

Previous Policy Number
B 6049092

Policy Number
B 6049092

COMMERCIAL CRIME COVERAGE DECLARATION

Policy Effective Date: MARCH 1, 2020 Coverage Effective Date: MARCH 1, 2020

Business of Named Insured: CONDO ASSOCIATION

Insurance is provided only for those coverages which are shown in the following coverage schedule.

Coverage Schedule

Coverage Form	Coverage	Limit	Deductible
	EMPLOYEE THEFT -BLANKET	\$450,000	\$4,500

Forms and Endorsements:
Refer to "Commercial Policy Forms and Endorsement Schedule"

ANNUAL
Premium Amount
\$950.00
(This premium may be
subject to adjustment)

NON-PROFIT ORGANIZATION COMMON POLICY DECLARATIONS



Corporate Office
945 E. Paces Ferry Rd.
Suite 1800
Atlanta, GA 30326

COMPANY SYMBOL POLICY PREFIX & NUMBER RENEWAL OF
N PP685765 N/A

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE READ IT CAREFULLY.

THIS POLICY IS ISSUED BY: RSUI Indemnity Company (hereinafter referred to as the Insurer)

ITEM 1. INSURED ORGANIZATION'S NAME AND MAILING ADDRESS PRODUCER'S NAME AND ADDRESS
LE PARC CONDOMINIUM ASSOCIATION
LE PARC DRIVE
WILMINGTON, DE 19809

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE INSURER AGREES TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM 2. POLICY PERIOD:

FROM 3/1/2020 TO 3/1/2021 12:01 AM Standard Time at the Insured's address as stated herein

ITEM 3. COVERAGE SECTIONS APPLICABLE TO POLICY:

Table with 4 columns: Coverage Section, Purchased, Shared Limit, Separate Limit. Rows include Directors and Officers Liability Insurance, Employment Practices Liability Insurance, and Fiduciary Liability Insurance.

ITEM 4. LIMIT OF LIABILITY:

\$ 1,000,000 Aggregate Limit of Liability for All Coverage Sections

ITEM 5. PREMIUM:

\$ 20,150.00 Total Policy Premium for All Coverage Sections

ITEM 6. POLICY FORM AND ENDORSEMENTS MADE A PART OF THIS POLICY AT THE TIME OF ISSUE:
SEE SCHEDULE OF ENDORSEMENTS - RSG 210077 0118

THESE DECLARATIONS TOGETHER WITH THE COMPLETED, SIGNED AND DATED APPLICATION, POLICY FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:

February 25, 2020

DATE

Handwritten signature of Lynn Hadzsek

AUTHORIZED REPRESENTATIVE

**NON-PROFIT ORGANIZATION DIRECTORS AND OFFICERS
LIABILITY DECLARATIONS**



Corporate Office
945 E. Paces Ferry Rd.
Suite 1800
Atlanta, GA 30326

COMPANY SYMBOL N	POLICY PREFIX & NUMBER PP685765
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●THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE READ IT CAREFULLY.●

THIS POLICY IS ISSUED BY: RSUI Indemnity Company (hereinafter referred to as the Insurer)

ITEM 1. INSURED ORGANIZATION'S NAME
LE PARC CONDOMINIUM ASSOCIATION

ITEM 2. LIMIT OF LIABILITY:

A. Directors and Officers Limit of Liability	\$ <u>1,000,000</u>
B. Additional Side-A Limit of Liability	\$ <u>500,000</u>

ITEM 3. RETENTION:

A. Directors and Officers Liability Retentions	
1) Insuring Agreement A	\$ <u>0</u>
2) Insuring Agreement B	\$ <u>75,000</u>
3) Insuring Agreement C	\$ <u>75,000</u>

ITEM 4. PRIOR AND/OR PENDING LITIGATION DATE:

Directors and Officers Prior and/or Pending Litigation Date: 03/01/2011

THESE DECLARATIONS TOGETHER WITH THE COMPLETED, SIGNED AND DATED APPLICATION, POLICY FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____

February 25, 2020
DATE

AUTHORIZED REPRESENTATIVE

**NON-PROFIT ORGANIZATION EMPLOYMENT PRACTICES
LIABILITY DECLARATIONS**



Corporate Office
945 E. Paces Ferry Rd.
Suite 1800
Atlanta, GA 30326

COMPANY SYMBOL N	POLICY PREFIX & NUMBER PP685765
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•THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE READ IT CAREFULLY.•

THIS POLICY IS ISSUED BY: RSUI Indemnity Company (hereinafter referred to as the Insurer)

ITEM 1. INSURED ORGANIZATION'S NAME
LE PARC CONDOMINIUM ASSOCIATION

ITEM 2. LIMIT OF LIABILITY:

A. Employment Practices Limit of Liability (Including Third Party Liability, if purchased)	\$ <u>1,000,000</u>
B. Workplace Violence Expenses Sublimit	\$ <u>250,000</u>

ITEM 3. RETENTION:

A. Employment Practices Liability Retentions	
1) Employment Practices Liability	\$ <u>25,000</u>
2) Third Party Liability Coverage	\$ <u>25,000</u>

ITEM 4. PRIOR AND/OR PENDING LITIGATION DATE:
Employment Practices Prior and/or Pending Litigation Date: 03/01/2011

THESE DECLARATIONS TOGETHER WITH THE COMPLETED, SIGNED AND DATED APPLICATION, POLICY FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____ February 25, 2020 _____
DATE AUTHORIZED REPRESENTATIVE