

GRINNELL MUTUAL REINSURANCE COMPANY

 4215 Highway 146, P.O. Box 790
 Grinnell, IA 50112-0790
 800-362-2041

Businessowners Declarations
Renewal Policy
Named Insured and Mailing Address

 NORTH POINT CONDOMINIUM
 ASSOC. 3780 NORTH POINT DR.
 NEW CASTLE, PA 16105

Effective Date
 01/01/2024

Policy Number
 0001043566

Policy Period
 01/01/2024 to 01/01/2025 at
 12:01 a.m. Standard Time at
 Named Insured Mailing Address.

Your Agent
Agent Name and Address

 STAN ALFREDO INS AGENCY
 PO BOX 113
SHARPSVILLE, PA 16150
Agent Phone 724-962-
 4150

Agent Number
 1484 12-300-21 A

Business Information
Form of Business

Association

Business Description

Residential Condo Association

Contact Phone Number
Coverage Summary

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

 THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A LIMIT IS STATED. THE AMOUNTS PAID BY US
 ARE SUBJECT

Coverage	Limit of Insurance
Business Liability	1,000,000 Per Occurrence
Business Liability Aggregate	2,000,000 Aggregate
Medical Expenses	10,000 Per Person
Products-Completed Operations Aggregate	2,000,000 Aggregate
Damage to Premises Rented to You	300,000 Per Occurrence

Premium Summary

If a Liability Supplemental Declaration is attached, the policy premium shown is an advance premium.

**Policy
Premium**

TO THE RESTRICTIONS IMPOSED BY THE COVERAGE FORMS AND ENDORSEMENTS IN THIS POLICY.

