01-0355-00 KEYSER INSURANCE GROUP PO BOX 50631 KALAMAZOO MI 49005

Agency phone: (269) 381-3570

08-28-2024



LIFE . HOME . CAR . BUSINESS

PO BOX 30660 • LANSING, MI 48909-8160

HOME-OWNERS INSURANCE COMPANY

You can view your policy, pay your bill, or change your paperless options at any time online at www.auto-owners.com.

ADDITIONAL WAYS TO PAY YOUR BILL

Pay Online www.auto-owners.com Pay My Bill

Pay by Phone 1-800-288-8740

Pay by Mail AUTO-OWNERS INSURANCE PO BOX 740312 CINCINNATI, OH 45274-0312

BRIDGEVIEW CONDOMINIUM ASSOCIATION PO BOX 16 VICKSBURG MI 49097-0016

RE: Policy 52-969-803-01 Billing Account 019214406

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have. If you have questions your agent is unable to answer, please contact us at 517.323.1200.

Auto-Owners and its affiliate companies offer a full complement of policies, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need. The Auto-Owners Insurance Group is comprised of six property and casualty companies and a life insurance company.

HOME-OWNERS INSURANCE COMPANY

59325 (12-19)

NOTICE OF PRIVACY PRACTICES

What We Do To Protect Your Privacy

At Auto-Owners Insurance Group*, we value your business and we want to retain your trust. In the course of providing products and services, we may obtain nonpublic personal information about you. We assure you that such information is used only for the purpose of providing our products and services to you.

Protecting Confidentiality

Our agents and Company associates may have access to nonpublic personal information only for the purpose of providing our products or services to you. We maintain physical, electronic and procedural safeguards against unauthorized use of your nonpublic personal information.

Information We Obtain

To assist in underwriting and servicing your policy, we may obtain nonpublic personal information about you. For example, we routinely obtain information through applications, forms related to our products or services, from visiting www.auto-owners.com, and your transactions with us. We may obtain such information from our affiliates, independent insurance agents, governmental agencies, third parties, or consumer reporting agencies.

The type of information that we collect depends on the product or service requested, but may include your name, address, contact information, social security number, credit history, claims history, information to properly investigate and resolve any claims, or billing information. We may obtain your medical history with your permission. The nature and extent of the information we obtain varies based on the nature of the products and services you receive.

The Internet and Your Information

If you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement at www.auto-owners.com/privacy.

Generally, Auto-Owners may use cookies, analytics, and other technologies to help us provide users with better service and a more customized web experience. Our business partners may use tracking services, analytics, and other technologies to monitor visits to www.auto-owners.com. The website may use web beacons in addition to cookies. You may choose to not accept cookies by changing the settings in your web browser.

Information obtained on our websites may include IP address, browser and platform types, domain names, access times, referral data, and your activity while using our site; who should use our web site; the security of information over the Internet; and links and co-branded sites.

Limited Disclosure

Auto-Owners Insurance Group companies do not disclose any nonpublic personal information about their customers or former customers except as permitted by law. We do not sell your personal information to anyone. We do not offer an opportunity for you to prevent or "opt out of" information sharing since we only share personal information with others as allowed by law.

When sharing information with third parties to help us conduct our business, we require them to protect your personal information. We do not permit them to use or share your personal information for any purpose other than the work they are doing on our behalf or as required by law.

59325 (12-19) Page 1 of 2

The types of information disclosed may include personal information we collect as necessary to service your policy or account, investigate and pay claims, comply with state and federal regulatory requests or demands, and process other transactions that you request. Third parties that receive disclosures may include your independent agent, regulators, reinsurance companies, fraud prevention agencies, or insurance adjusters.

How Long We Retain Your Information

We generally retain your information as long as reasonably necessary to provide you services or to comply with applicable law and in accordance with our document retention policy. We may retain copies of information about you and any transactions or services you have used for a period of time that is consistent with applicable law, applicable statute of limitations or as we believe is reasonably necessary to comply with applicable law, regulation, legal process or governmental request, to detect or prevent fraud, to collect fees owed, to resolve disputes, to address problems with our services, to assist with investigations, to enforce other applicable agreements or policies or to take any other actions consistent with applicable law.

In some circumstances we may anonymize your personal information (so that it can no longer be associated with you) for research or statistical purposes, in which case we may use this information indefinitely without further notice to you. This allows the specific information collected (name, email, address, phone number, etc.) to become anonymous, but allows Auto-Owners to keep the transaction or engagement data.

Changes to the Privacy Policy

We will provide a notice of our privacy policy as required by law. This policy may change from time to time, but you can always review our current policy by visiting our website at www.auto-owners.com/privacy or by contacting us.

Contact Us

Auto-Owners Insurance Company Phone: 844-359-4595 (toll free) Email: privacyrequest@aoins.com

*Auto-Owners Insurance Group includes, Auto-Owners Insurance Company, Auto-Owners Life Insurance Company, Home-Owners Insurance Company, Owners Insurance Company, Property-Owners Insurance Company and Southern-Owners Insurance Company.

59325 (12-19) Page 2 of 2

Agency Code 01-0355-00

Policy Number 52-969-803-01

HOME-OWNERS INSURANCE COMPANY

54367 (7-09)

NOTICE TO POLICYHOLDER Adjusted Value Factor Inflation Guard Coverage

Dear Policyholder:

This notice is for informational purposes only.

Effective upon the renewal of your policy, form 54239, BUILDING AND BUSINESS PERSONAL PROPERTY - AUTO-MATIC INCREASE, will be replaced with form 54098, ADJUSTED VALUE FACTOR INFLATION GUARD COVERAGE. Form 54098 will continue to automatically increase your Building and Business Personal Property coverages throughout the policy period based on inflation.

This change may result in a reduction of the amount by which your coverage limits will increase on an annual basis. Please review this new endorsement and your policy carefully. If you have questions concerning your renewal, please contact your Auto-Owners agency.

Thank you for the opportunity to provide insurance coverage for your commercial business.

54367 (7-09) Page 1 of 1

HOME-OWNERS INSURANCE COMPANY

59390 (11-20)

NOTIFICATION OF POSSIBLE CHANGES IN COVERAGE FOR TERRORISM

Dear Policyholder:

The Terrorism Risk Insurance Act (including ensuing Congressional actions pursuant to the Act) will expire on December 31, 2027 unless the Federal government extends the Act. What this means to you is the following:

- 1. Subject to policy terms and conditions, the enclosed policy will provide insurance coverage for certified acts of terrorism as defined in the Act only until December 31, 2027.
- 2. A conditional endorsement entitled, Conditional Exclusion Of Terrorism Involving Nuclear, Biological Or Chemical Terrorism (Relating To Disposition Of Federal Terrorism Risk Insurance Act) is enclosed. This conditional endorsement will only apply if the Act is not extended or if the Act is revised to increase statutory deductibles, decrease the federal government's share in potential losses above the statutory deductibles, change the levels, terms or conditions of coverage and we are no longer required to make terrorism coverage available and elect not to do so. It will not apply if the Act is simply extended.
- 3. The conditional endorsement will provide coverage for an incident of terrorism pursuant to the terms and conditions of the policy only if the incident does not involve nuclear, biological or chemical material.
- 4. A premium charge for the conditional endorsement will be applied effective January 1, 2028. The premium will be pro rated for the remainder of the policy term and is one-half of the current premium charge appearing in the Declarations for TERRORISM CERTIFIED ACTS. However, it will only be made if the Terrorism Risk Insurance Act (including ensuing Congressional actions pursuant to the Act) is not extend. Revised Declarations will be mailed to you after January 1, 2028.
- 5. If the Act is extended without any revision, the enclosed policy will continue to provide coverage for certified acts of terrorism. The conditional endorsement will not be activated and the changes in coverage or premium referenced above will not apply.
- 6. If the Act is extended with revisions or is replaced, and we are required or elect to continue to offer coverage for certified acts of terrorism, we may amend this policy in accordance with the provisions of the revised Act or its replacement.

This notice is for informational purposes only.

If you have any questions concerning your policy or this notice, please contact your Auto-Owners agency.

59390 (11-20) Page 1 of 1

Home-Owners

Issued 08-28-2024

INSURANCE COMPANY 6101 ANACAPRI BLVD., LANSING, MI 48917-3999

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

BUSINESSOWNERS POLICY DECLARATIONS

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002 (269) 381-3570

Renewal Effective 10-14-2024

POLICY NUMBER

52-969-803-01

Company Use

16-57-MI-2110

ADDRESS PO BOX 16

Company Bill POLICY TERM

12:01 a.m. 12:01 a.m.
to 10-14-2024

10-14-2025

VICKSBURG MI 49097-0016

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

54643 (01-90)

Entity: Association

54663

(01-03)

54617

(02 - 08)

54353

(10-08)

PROPERTY COVERAGES - ALL DESCRIBED LOCATIONS

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
SPECIAL COVERAGE FORM				
TERRORISM - CERTIFIED ACTS			\$98.16	

BUSINESS LIABILITY PROTECTION

COVERAGE						LIMIT	•	PREMIUM	CHANGE
AGGREGATE LIMIT						\$4	,000,000	\$1,64	8.47
(Oth	er than Produc	ts - Complet	ed Operations	5)					
LIABIL	ITY AND MED	ICAL EXPE	NSE			\$2	,000,000	Inclu	ıded
Pers	onal Injury						Included	Inclu	ıded
HIRED	ON & OTUA	I-OWNED A	UTO LIABILIT	Υ		\$2	,000,000	\$4	4.90
ASSO	CIATION DIRE	CTORS & C	FFICERS EA	CH OCCUR	RENCE	\$2	,000,000	\$20	8.19
ASSO	CIATION DIRE	CTORS & C	FFICERS AG	GREGATE		\$2	,000,000	Inclu	ıded
TERR	ORISM - CERT	TIFIED ACTS	5					\$2	0.72
BUSIN	NESSOWNERS	LIABILITY	PLUS					\$17	1.14
Fire,	Lightning, Exp	losion, Smol	ke, And Wate	r Damage Le	gal Liability	9	\$300,000	Inclu	ıded
Hired	d Auto & Non-C	Owned Auto	Liability			\$2	,000,000	Inclu	ıded
Med	ical Expenses	- Per Person	l				\$10,000	Inclu	ıded
Prod	lucts - Complet	ed Operation	ns Aggregate			\$4	,000,000	Inclu	ıded
Blan	ket Additional I	nsured - Les	sor of Leased	d Equipment			Included	Inclu	ıded
Blan	ket Additional I	nsured - Ma	nagers or Les	sors of Prem	nises		Included	Inclu	ıded
Blan	ket Waiver of S	Subrogation					Included	Inclu	ıded
Broa	dened Knowle	dge of Occu	rrence				Included		ıded
Broa	idened Supplei	mentary Pay	ments Covera	age			Included		ıded
Exte	nded Watercra	ft Coverage					Included		ıded
New	ly Formed or A	cquired Orga	anizations				Included		ıded
Personal Injury Extension Coverage					Included	Inclu	ıded		
orms th	nat apply to all I	ocations:							
54520	(07-12)		(01-87)	BP0006	(01-87)	54961	(11-11)	BP0009	(01-87)
4679	(12-20)	54709	(04-10)	54098	(05-07)	54319	(04-20)	54867	(03-08)
54656	(08-91)	54088	(09-09)		(02-14)	64776	(01-16)	64839	(07-19)
54803	(01-18)	64855	(04-20)	64866	(12-20)	54254	(04-02)	54621	(07-88)

HOME-OWNERS INS. CO. 08-28-2024 Issued

AGENCY KEYSER INSURANCE GROUP 01-0355-00

MKT TERR 002

Company **POLICY NUMBER** Bill

52-969-803-01 16-57-MI-2110

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

Term 10-14-2024 to 10-14-2025

PREMIER PROPERTY PLUS COVERAGE PACKAGE DECLARATIONS

The coverages and limits below apply separately to each location or sublocation that sustains a loss to covered property and is designated in the Declarations. No deductible applies to the below Property Plus Coverages unless indicated.

COVERAGE	LIMIT
ACCOUNTS RECEIVABLE	\$200,000
ARSON REWARD	\$7,500
BAILEES COVERAGE	\$15,000
	\$10,000 PER ITEM
BUILDING GLASS COVERAGE	SEE FORM
BUSINESS PERSONAL PROPERTY - EXPANDED COVERAGE	UP TO 1,000 FT
BUSINESS PERSONAL PROPERTY AT FAIRS OR EXHIBITIONS	\$5,000
BUSINESS PERSONAL PROPERTY AT NEWLY ACQUIRED PREMISES	\$500,000 FOR 90 DAYS
BUSINESS PERSONAL PROPERTY IN TRANSIT	\$100,000
BUSINESS PERSONAL PROPERTY OFF PREMISES	\$100,000
DEBRIS REMOVAL	\$100,000
ELECTRONIC EQUIPMENT	
UNSCHEDULED EQUIPMENT	\$100,000
ELECTRICAL DISTURBANCE (SEE FORM FOR DEDUCTIBLE)	\$100,000
MECHANICAL BREAKDOWN	\$100,000
BUSINESS INCOME AND EXTRA EXPENSE	\$100,000
MEDIA	\$100,000
TRANSPORTATION	\$100,000
EMPLOYEE DISHONESTY	\$50,000
FINE ARTS, COLLECTIBLES, AND MEMORABILIA	\$50,000
	\$10,000 PER ITEM
FIRE DEPARTMENT SERVICE CHARGE*	\$25,000
*NOT AVAILABLE IN AZ	
FIRE EXTINGUISHER AND FIRE SUPPRESSION SYSTEM RECHARGE	\$10,000
FORGERY AND ALTERATION	\$50,000
MONEY & SECURITIES INSIDE PREMISES	\$50,000
MONEY & SECURITIES OUTSIDE PREMISES	\$50,000
NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	\$1,000,000 FOR 90 DAYS
OFF-PREMISES UTILITY SERVICE FAILURE	\$150,000
*BUSINESS INCOME/EXTRA EXPENSE LIMITED TO \$25,000 IN AL, NC, AND SC	
ORDINANCE OR LAW	
COVERAGE A, B AND C COMBINED	\$150,000
OUTDOOR PROPERTY	\$20,000
TREES, SHRUBS OR PLANTS	\$1,000 PER ITEM

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

Company **POL** Bill

POLICY NUMBER

52-969-803-01 16-57-MI-2110

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

Term 10-14-2024 to 10-14-2025

PREMIER PROPERTY PLUS COVERAGE PACKAGE DECLARATIONS								
COVERAGE	LIMIT							
OUTDOOR SIGNS	\$15,000							
PERSONAL EFFECTS AND PROPERTY OF OTHERS	\$50,000							
POLLUTANT CLEAN UP AND REMOVAL	\$100,000							
REFRIGERATED PRODUCTS	\$25,000							
REKEYING OF LOCKS	\$1,000							
SALESPERSON'S SAMPLES	\$25,000							
VALUABLE PAPERS AND RECORDS	\$150,000							
WATER BACK-UP FROM SEWERS OR DRAINS	\$50,000							

LOCATION 0001

Location: 14224-14327 bridgeview pt, vicksburg, MI 49097

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
COVERAGE PACKAGE: PROPERTY PLUS		See Property Plus Declarations		
Tier: Premier				
TERRORISM - CERTIFIED ACTS				
SEE FORM(S) 54313, 59350, 59390				
Total Building Blanket Limit of Insurance		\$8,750,600	1	

Forms that apply to this location:

BP0007 (01-90) 54094 (11-19) 54238 (12-01) 54244 (05-07) 54313 (09-19)

54369 (03-19) 54604 (07-88) 54661 (08-91) 59350 (01-15)

LOCATION 0001 - BUILDING 0001

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$906,000	\$1,415.49	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	\$322.79	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

AGENCY KEYSER INSURANCE GROUP

01-0355-00

POLICY NUMBER MKT TERR 002 Bill

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14224 & 14327 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium

Liability Rate Number: 00

Burglary Rate Group: 00

Construction: Frame, Non-Sprinklered

Protection Class: 05

Territory: 012 Kalamazoo County

Company

52-969-803-01

16-57-MI-2110

Construction Year: 2005

LOCATION 0001 - BUILDING 0002

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$906,000	\$1,446.29	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

Forms that apply to	o this building:
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54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14315 & 14317 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium Liability Rate Number: 00 Burglary Rate Group: 00

Construction: Frame, Non-Sprinklered

Protection Class: 05

Territory: 012 Kalamazoo County

Construction Year: 2004

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Company

Bill

POLICY NUMBER

52-969-803-01

16-57-MI-2110

LOCATION 0001 - BUILDING 0003

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$716,800	\$816.19	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14336 & 14338 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2015

LOCATION 0001 - BUILDING 0004

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$573,400	\$624.27	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

Company POLICY NUMBER
Bill

52-969-803-01 16-57-MI-2110

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

Term 10-14-2024 to 10-14-2025

	COV	ERAGE			DEDUCTIBLE	LIMIT		PREMIUM		CHANGE
	RAGE PACK/ remier	AGE: PROPE	RTY PLUS				Inclu	ıded		
Forms th	nat apply to thi	is building:								
54965	(05-11)	54658	(04-07)	546	59 (12-20)	54499	(04-13)	54500	(04-	13)
54069	(08-00)	54340	(04-13)	547	43 (08-00)	54750	(08-00)	54073	(08-	00)
54226	(08-00)	54752	(08-00)	540	64 (08-00)	54072	(04-14)	54067	(08-	00)
54708	(01-07)	54062	(08-00)	540	60 (02-06)	64804	(01-18)	54745	(08-	00)
54066	(08-00)	54065	(08-00)	547	49 (08-10)	54068	(08-00)	54063	(03-	13)
54227	(08-00)	54341	(03-13)	547	48 (08-00)	54228	(04-13)	54841	(03-	17)

Occupied As: 14319 & 14321 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2018

LOCATION 0001 - BUILDING 0005

	cov	ERAGE			DEI	DUCTIBLE	LIMIT	-	PREMIUM		CHANGE
_	ING - GUARA NKET	NTEED REF	PLACEMENT	COST -				\$596,400	\$61	2.30	
Special Coverage Form Deductible						\$2,500		Included			
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090						\$2,500		Included			
BUSINESS INCOME AND EXTRA EXPENSE							1	2 Months	Inclu	ided	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT							See Form Inc		Inclu	ided	
EQUIF	PMENT BREA	KDOWN				\$2,500	9	See Form Included		ided	
COVE	RAGE PACKA	GE: PROPE	ERTY PLUS		ļ			ļ	Inclu	ided	
Tier: Premier											
Forms th	nat apply to this	s building:									
54965	(05-11)	54658	(04-07)	546	59	(12-20)	54499	(04-13)	54500	(04	-13)
54069	(08-00)	54340	(04-13)	547	43	(08-00)	54750	(08-00)	54073	(08	-00)
54226	(08-00)	54752	(08-00)	540	64	(08-00)	54072	(04-14)	54067	(08	-00)
54708	(01-07)	54062	(08-00)	540	60	(02-06)	64804	(01-18)	54745	(08	-00)
54066	(08-00)	54065	(08-00)	547	49	(08-10)	54068	(08-00)	54063	(03-	-13)
54227	(08-00)	54341	(03-13)	547	48	(08-00)	54228	(04-13)	54841	(03-	-17)

Occupied As: 14106 & 14108 bridgeview pt

Secured Interested Parties: None

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

Bill 16-57-MI-2110

Company

POLICY NUMBER

52-969-803-01

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Construction Year: 2019 Burglary Rate Group: 00

LOCATION 0001 - BUILDING 0006

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$607,800	\$619.50	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14340 & 14432 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2019

LOCATION 0001 - BUILDING 0007

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$596,400	\$585.21	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible	\$2,500	Included		

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

Company **POLICY NUMBER** 52-969-803-01 Bill 16-57-MI-2110

Term 10-14-2024 to 10-14-2025

	COV	ERAGE			DEDUCTIB	LE	LIMIT		PREMIUM	CHANGE
Adju	sted Value Fac	ctor 0.0090								
BUSIN	NESS INCOME	AND EXTR	A EXPENSE				12	2 Months	Inclu	ıded
LIMIT	ATION OF CO	VERAGE FO	OR FUNGI, MO	DLD,			S	ee Form	Inclu	ıded
DRY ROT, AND WET ROT										
EQUIPMENT BREAKDOWN					\$2,5	00	S	ee Form	Inclu	ıded
COVERAGE PACKAGE: PROPERTY PLUS									Inclu	ıded
Tier: P	Premier									
orms th	nat apply to this	s buildina:								
54965	(05-11)	54658	(04-07)	546	59 (12-2))	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	547	43 (08-0))	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	540	64 (08-0))	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	540	60 (02-0	5)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	547	49 (08-1))	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	547	48 (08-0))	54228	(04-13)	54841	(03-17)

Occupied As: 14332 & 14334 bridgeview pt

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2020

LOCATI	ION 0001 - B	UILDING 00	08						
	COV	ERAGE			DEDUCTIBLE	LIMIT	-	PREMIUM	CHANGE
	ING - GUARA NKET	NTEED REF	PLACEMENT	COST -		:	\$590,600	\$314.7	71
Special Coverage Form Deductible					\$2,500		Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090					\$2,500		Included		
BUSINESS INCOME AND EXTRA EXPENSE						1	2 Months	Include	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT							See Form	Include	-
	MENT BREAK				\$2,500	9	See Form		ed
COVE	RAGE PACKA	GE: PROPE	RTY PLUS					Include	ed
Tier: P	remier								
Forms th	nat apply to this	s building:							
54965	(05-11)	54658	(04-07)	546	59 (12-20)	54499	(04-13)	54500 (04-13)
54069	(08-00)	54340	(04-13)	547	43 (08-00)	54750	(08-00)	54073 (08-00)
54226	(08-00)	54752	(08-00)	540	64 (08-00)	54072	(04-14)	54067 (08-00)
54708	(01-07)	54062	(08-00)	540	60 (02-06)	64804	(01-18)	54745 (08-00)
54066	(08-00)	54065	(08-00)	547	49 (08-10)	54068	(08-00)		03-13)
54227	(08-00)	54341	(03-13)	547	48 (08-00)	54228	(04-13)	54841 (03-17)

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

16-57-MI-2110

Company

Bill

Construction: Frame, Non-Sprinklered

Protection Class: 05

POLICY NUMBER

52-969-803-01

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Occupied As: 14328 & 13330 BRIDGEVIEW PT

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Fire Resistive, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2021

LOCATION 0001 - BUILDING 0009

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$636,500	\$583.08	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14212 & 14214 Bridgeview Pointe

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2021

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

Company POLICY NUMBER
Bill

54072 (04-14)

(01-18)

(08 - 00)

(04-13)

64804

54068

54228

54067

54745

54063

54841

(08-00)

(08 - 00)

(03-13)

(03-17)

52-969-803-01 16-57-MI-2110

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

LOCATION	0001 -	BUIL	.DING	0010
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COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE					
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$711,100	\$597.26						
Special Coverage Form Deductible	\$2,500	Included							
Windstorm or Hail Flat Deductible	\$2,500	Included							
Adjusted Value Factor 0.0090									
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included						
LIMITATION OF COVERAGE FOR FUNGI, MOLD,		See Form	See Form Included						
DRY ROT, AND WET ROT									
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included						
COVERAGE PACKAGE: PROPERTY PLUS			Included						
Tier: Premier									
Forms that apply to this building:									
54965 (05-11) 54658 (04-07) 546	59 (12-20)	54499 (04-13	54500 (04	1-13)					
54069 (08-00) 54340 (04-13) 547	, ,	54750 (08-00	,	3 – 00)					

54064 (08-00)

(02-06)

(08-10)

(08-00)

54060

54749

54748

54066 (08-00) 54065 (08-00)

Occupied As: 14216 & 14218 Bridgeview Pointe

54752 (08-00)

(08 - 00)

(03-13)

54062

54341

Secured Interested Parties: None

Rating Information

54226 (08-00)

(01-07)

(08-00)

54708

54227

Occupancy: 2 Unit Condominium

Class Code: 65143 Construction: Frame, Non-Sprinklered

Program: Premier Condominium Protection Class: 05

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2022

LOCATION 0001 - BUILDING 0011

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$596,400	\$303.09	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

Bill 16-57-MI-2110

Company

POLICY NUMBER

52-969-803-01

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14324 & 14326 BRIDGEVIEW PT

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium

Liability Rate Number: 00

Burglary Rate Group: 00

Construction: Fire Resistive, Non-Sprinklered

Protection Class: 05

Territory: 012 Kalamazoo County

Construction Year: 2022

LOCATION 0001 - BUILDING 0012

COVERAGE	DEDUCTIBLE	LIMIT	PREMIUM	CHANGE
BUILDING - GUARANTEED REPLACEMENT COST - BLANKET		\$596,400	\$289.62	
Special Coverage Form Deductible	\$2,500	Included		
Windstorm or Hail Flat Deductible Adjusted Value Factor 0.0090	\$2,500	Included		
BUSINESS INCOME AND EXTRA EXPENSE		12 Months	Included	
LIMITATION OF COVERAGE FOR FUNGI, MOLD, DRY ROT, AND WET ROT		See Form	Included	
EQUIPMENT BREAKDOWN	\$2,500	See Form	Included	
COVERAGE PACKAGE: PROPERTY PLUS			Included	
Tier: Premier				

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14320 & 14322 BRIDGEVIEW PT

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium Liability Rate Number: 00 Burglary Rate Group: 00

Construction: Fire Resistive, Non-Sprinklered

Protection Class: 05

Territory: 012 Kalamazoo County

Construction Year: 2023

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION Term 10-14-2024 to 10-14-2025

Company

Bill

POLICY NUMBER

52-969-803-01

16-57-MI-2110

LOCATION 0001 - BUILDING 0013 **CHANGE DEDUCTIBLE PREMIUM COVERAGE** LIMIT BUILDING - GUARANTEED REPLACEMENT COST -\$716,800 \$549.38 **BLANKET** Special Coverage Form Deductible \$2,500 Included Windstorm or Hail Flat Deductible \$2,500 Included Adjusted Value Factor 0.0090 BUSINESS INCOME AND EXTRA EXPENSE 12 Months Included LIMITATION OF COVERAGE FOR FUNGI, MOLD, See Form Included DRY ROT, AND WET ROT **EQUIPMENT BREAKDOWN** \$2,500 See Form Included COVERAGE PACKAGE: PROPERTY PLUS Included Tier: Premier

Forms that apply to this building:

54965	(05-11)	54658	(04-07)	54659	(12-20)	54499	(04-13)	54500	(04-13)
54069	(08-00)	54340	(04-13)	54743	(08-00)	54750	(08-00)	54073	(08-00)
54226	(08-00)	54752	(08-00)	54064	(08-00)	54072	(04-14)	54067	(08-00)
54708	(01-07)	54062	(08-00)	54060	(02-06)	64804	(01-18)	54745	(08-00)
54066	(08-00)	54065	(08-00)	54749	(08-10)	54068	(08-00)	54063	(03-13)
54227	(08-00)	54341	(03-13)	54748	(08-00)	54228	(04-13)	54841	(03-17)

Occupied As: 14316 & 14318 BRIDGEVIEW PT

Secured Interested Parties: None

Rating Information

Occupancy: 2 Unit Condominium

Class Code: 65143

Program: Premier Condominium

Liability Rate Number: 00 Territory: 012 Kalamazoo County

Burglary Rate Group: 00 Construction Year: 2024

	TERM	CHANGE
TOTAL POLICY PREMIUM	\$12,008.05	
PAID IN FULL DISCOUNT	\$1,200.77	
TOTAL POLICY PREMIUM IF PAID IN FULL	\$10,807.28	

Construction: Frame, Non-Sprinklered

Protection Class: 05

Paid In Full does not apply to fixed fees, statutory charges, or minimum premium.

Paid In Full Discount is available.

Merit Rating Discount of 15% Applies

A 02% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb(X) Comm Auto() WC() Life() Personal() Farm().

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HOME-OWNERS INS. CO. Issued 08-28-2024

AGENCY KEYSER INSURANCE GROUP

01-0355-00 MKT TERR 002

INSURED BRIDGEVIEW CONDOMINIUM ASSOCIATION

T TERR 002 Bill

Company

POLICY NUMBER

52-969-803-01

16-57-MI-2110

Term 10-14-2024 to 10-14-2025

THIS POLICY IS EXEMPT FROM THE FILING REQUIREMENTS OF SECTION 2236 OF THE INSURANCE CODE OF 1956, 1956 PA 218, MCL 500.2236.

HOME-OWNERS INSURANCE COMPANY

54621 (7-88)

Page 1 of 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SUNTANNING DEVICE EXCLUSION

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

It is agreed:

No coverage is provided by this policy for any claim, suit, action or proceeding against the insured arising out of the ownership, operation, maintenance or use of a suntanning device.

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54621 (7-88)

54254 (4-02)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FUNGI OR BACTERIA EXCLUSIONS

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE BUSINESSOWNERS LIABILITY COVERAGE FORM.

It is agreed:

- **A.** The following exclusions are added to section **1.** of **B.** EXCLUSIONS:
 - 1. "Bodily injury" or "property damage" arising out of, in whole or in part, the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any "fungi" or bacteria, whether airborne or not, on or within a building or structure, including its contents. This exclusion applies whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
 - **2.** Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "fungi" or bacteria, by any insured or by any other person, entity or governmental authority.

These exclusions do not apply to any "fungi" or bacteria that are on, or are contained in, a good or product intended for human consumption.

- **B.** The following exclusions are added to section **1.** paragraph **p.** of **B.** EXCLUSIONS:
 - 1. Arising out of, in whole or in part, the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presense of, any "fungi" or bacteria, whether airborne or not, on or within a building or structure, including its contents. This exclusion applies whether any other cause, event, material or product contributed concurrently or in any sequence to such injury.
 - **2.** For any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "fungi" or bacteria, by any insured or by any other person, entity or governmental authority.
- C. The following definition is added to F. LIABILITY AND MEDICAL EXPENSE DEFINITIONS:

"Fungi" means any type or form of fungus, including but not limited to, any mold, mildew, mycotoxins, spores, scents or byproducts produced or released by any type or form of fungus.

All other policy terms and conditions apply.

HOME-OWNERS INSURANCE COMPANY

64839 (7-19)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGES - ACTUAL CASH VALUE AND DEPRECIATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS STANDARD PROPERTY COVERAGE FORM BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

Wherever it appears in this Coverage Form and any endorsement attached to this Coverage Form:

- Actual cash value means the cost to repair or replace lost or damaged property with property of similar quality and features reduced by the amount of depreciation applicable to the lost or damaged property immediately prior to the loss.
- **2.** Depreciation means a decrease in value because of age, wear, obsolescence or market value and includes:
 - **a.** The cost of materials, labor and services;

- b. Any applicable taxes; and
- **c.** Profit and overhead necessary to repair, rebuild or replace lost or damaged property.

The meanings of actual cash value and depreciation in this endorsement supersede any provision in this Coverage Form and any endorsement attached to the Coverage Form to the contrary.

All other policy terms and conditions apply.

54617 (2-08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSOCIATION DIRECTORS AND OFFICERS ERRORS AND OMISSIONS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE

It is agreed the following coverage is added:

COVERAGE

INSURING AGREEMENT

- 1. We will pay those sums the insured becomes legally obligated to pay as "damages" because of any negligent act, error, omission or breach of duty directly related to the management of the premises, shown in the Declarations, which occurs during the policy period. We will settle or defend, as we consider appropriate, any claim or suit for damages covered by this policy. We will do this at our expense, using attorneys of our choice. This agreement to settle or defend claims or suits ends when we have paid the limit of our liability.
- **2. Persons Insured**. Each of the following is an insured with respect to this coverage, but only to the extent set forth below:
 - **a.** Your directors and officers, but only while acting within the scope of their duties for you.
 - **b.** You with respect to your liability for the negligent act, error, omission or breach of duty committed by an officer or director.

EXCLUSIONS

This coverage does not apply to:

- "Bodily injury", "property damage", "personal injury" or "advertising injury";
- **2.** Any transactions of the insured from which the insured gained any personal profit or advantage not shared equitably by the members of the association;

- 3. Any failure to:
 - **a.** Procure or maintain any insurance policy or bond: or
 - **b.** Obtain proper amounts, forms, conditions or provisions of any insurance policy or bond;
- **4.** Violation of any civil rights law, whether federal, state or local ordinance, including but not limited to discrimination based on race, religion, sex or age;
- **5.** Any criminal or malicious act; or
- **6.** Any dishonest or fraudulent act, if judgment against the insured establishes that either:
 - a. Affirmative dishonesty; or
 - **b.** Actual intent to defraud

was material to such act.

LIMIT OF INSURANCE

The following is added to **D. - LIABILITY AND MEDI- CAL EXPENSES LIMITS OF INSURANCE**:

- **1.** The limit of insurance stated in the Declarations for this coverage:
 - a. Is the total limit of our liability for all "damages" for one or more persons as a result of any one negligent act, error, omission or breach of duty whether committed collectively or individually; and
 - **b.** Applies regardless of the number of insureds.

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- **2.** The coverage provided by this endorsement is subject to a separate aggregate limit which is:
 - a. Stated in the Declarations; and

54617 (2-08)

b. The most we will pay for all "damages" covered under this endorsement for any one policy period.

DEFINITION

Under F. LIABILITY AND MEDICAL EXPENSES DEFI-NITIONS, the following definition is added:

"Damages" means only actual compensatory damages for loss suffered but does not include fines, taxes or any other cost or expense assessed against any insured.

All other policy terms and conditions apply

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HOME-OWNERS INSURANCE COMPANY

59350 (1-15)

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM AND IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

It is agreed:

- 1. With respect to any one or more certified acts of terrorism, we will not pay any amounts for which we are not responsible because of the application of any provision which results in a cap on our liability for payments for terrorism losses in accordance with the terms of the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).
- 2. Certified act of terrorism means any act certified by the Secretary of the Treasury, in consultation with:
 - a. the Secretary of Homeland Security; and
 - **b.** the Attorney General of the United States

to be an act of terrorism as defined and in accordance with the federal Terrorism Risk Insurance Act of 2002 (including ensuing Congressional actions pursuant to the Act).

- **3.** Under the federal Terrorism Risk Act of 2002 (including ensuing Congressional actions pursuant to the Act) a terrorist act may be certified:
 - **a.** if the aggregate covered commercial property and casualty insurance losses resulting from the terrorist act exceed \$5 million; and
 - **b.** (1) if the act of terrorism is:
 - a) a violent act; or
 - b) an act that is dangerous to human life, property or infrastructure; and
 - (2) if the act is committed:
 - a) by an individual or individuals as part of an effort to coerce the civilian population of the United States; or
 - **b)** to influence the policy or affect the conduct of the United States government by coercion.

All other policy terms and conditions apply.

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IMPORTANT INFORMATION REGARDING TERRORISM RISK INSURANCE COVERAGE

The Terrorism Risk Insurance Act of 2002 was signed into law on November 26, 2002. The Act (including ensuing Congressional actions pursuant to the Act) defines an act of terrorism, to mean any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States to be (i) an act of terrorism; (ii) to be a violent act or an act that is dangerous to human life, property or infrastructure; (iii) to have resulted in damage within the United States or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States government by coercion.

Subject to the policy terms and conditions, this policy provides insurance coverage for acts of terrorism as defined in the Act.

Any coverage for certain commercial lines of property and casualty insurance provided by your policy for losses caused by certified acts of terrorism are partially paid by the federal government under a formula established by federal law. Under this formula, the government will reimburse us for 85% of such covered losses that exceed the statutory deductible paid by us. However, beginning January 1, 2016 the share will decrease 1% per calendar year until it equals 80%. You should also know that in the event aggregate insured losses exceed \$100 billion during any year the Act is in effect, then the federal government and participating United States insurers that have met their insurer deductible shall not be liable for the payment of any portion of that amount of the loss that exceeds \$100 billion. In the event that aggregate insured losses exceed \$100 billion annually, no additional claims will be paid by the federal government or insurers. This formula is currently effective through December 31, 2020 unless extended.

The premium charge, if any, for this coverage is shown separately on the attached Declarations page. In the event of a certified act of terrorism, future policies also may include a government assessed terrorism loss risk-spreading premium in accordance with the provisions of the Act.

Please contact us if you would like to reject coverage for certified acts of terrorism.

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