

### SPECIALIZING IN CONDOMINIUMS

### COMMON POLICY DECLARATIONS

First Named Insured and Address:

LINOSAY HEIGHTS CONOO ASSOCIATION C/O RUSSEL QUICK COMPANY PO BOX 99115 LOUISVILLE KY 40269 Agency Name and Number:

6228-AG (502)637-4733 HYLANO BLOCK & HYLANO 1250 S 3RO ST LOUISVILLE KY 40203

Policy Number: Z05316

Policy Period: Effective Oate: 09-23-15

Expiration Oate: 09-23-16

12:01 A.M. standard time at your mailing address shown in the declarations

### COVERAGE

Your coverage consists of the following lines of insurance for which a premium is indicated. This premium may be subject to adjustment.

Property	5,010.00
General Liability	870.00
Automobile	
Garage	
Inland Marine	
Crime	224.00
Excess Liability	
Workers' Compensation	
Bis-Pak <sup>®</sup>	
Directors' and Officers' Liability	377.00
Total Advance Premium\$	6,481.00

John 7 Semaloaea

Secretary

Ben Sahrman President

## **MUTUAL POLICY CONDITIONS**

Every person, co-partnership or corporation insured by the company shall be a member of it and shall have one vote. The annual meeting of the members shall be held on the first Tuesday in March at 1:30 P.M. of each year, at the corporate headquarters of the company in Sheboygan, Wisconsin. Notice printed in each policy shall be sufficient as to the time and place of said meeting. The Named Insured, upon termination of this policy, shall participate in the distribution of dividends, if any are declared, and fixed as determined by the directors in accordance with law.

This policy is nonassessable and the liability of the Named Insured to the company is limited to the payment of the premium herein provided.

**Corporate Headquarters Address** 

ACUITY

2800 South Taylor Drive PO Box 58 Sheboygan, Wisconsin 53082-0058 (800) 242-7666

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# **COMMERCIAL PROPERTY COVERAGE PART**

## **Renewal Declarations**

First Named Insured and Address:

LINDSAY HEIGHTS CONDO ASSOCIATION C/O RUSSEL QUICK COMPANY PO BOX 99115 LOUISVILLE KY 40269

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the Agency Name and Number:

HYLAND BLOCK & HYLAND 6228-AG

Policy Number: Z05316

Policy Period: Effective Date: 09-23-15

Expiration Date: 09-23-16

12:01 A.M. standard time at your mailing address shown in the declarations

insurance coverage as stated in the same.

### COVERAGES PROVIDED AND COVERAGE PREMIUMS

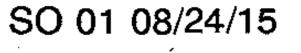
Coverage is provided where a Limit of Insurance is shown.

Coverage Item	Premises Number	Building Number	_	Limit of nsurance	Covered Causes of Loss	Coinsurance Percentage	F	Premium
Building	001	001	\$	281,625	Special	80%	\$	803.00
Business Income and Extra Expense	001	001		17,196	Special	80%		23.00
Building	002	001		784,177	Special	80%		1,794.00
Business Income and Extra Expense	002	001		5,732	Special	80%		7.00
Building	003	001		831,182	Special	80%		1,876.00
Business Income and Extra Expense	003	001		22,928	Special	80%		30.00

4,533.00

### COVERAGE FORMS AND ENDORSEMENT PREMIUMS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CP-0090F (07-88)	Commercial Property Conditions\$	
IL-0017F (11-98)	Common Policy Conditions	
CP-1532F (06-07)	Civil Authority Changes	
IL-7025 (03-14)	Kentucky Changes - Cancellation and Nonrenewal	
CP-0030F (12-13)	Business Income and Extra Expense Coverage Form	
CP-1030F (09-14)	Causes of Loss - Special Form	
CP-7094 (09-14)	ACUITY Advantages	
IL-0935F (07-02)	Exclusion of Certain Computer-Related Losses	
CP-0140F (07-06)	Exclusion of Loss Due to Virus or Bacteria	





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Form Number	Form Title	Premium
IL-0995R (01-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)	
IL-7013 (03-14)	Kentucky Local Government Premium Tax Endorsement	226.00
IL-7014 (03-14)	Kentucky Collection Fee Endorsement	34.00
CP-0010R (06-07)	Building and Personal Property Coverage Form	
IL-7044 (03-14)	Kentucky Premium Surcharge Endorsement	81.00
IL-7080 (01-15)	Cap on Losses from Certified Acts of Terrorism	136.00

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IL-7082 (01-15)	Disclosure Pursuant to Terrorism Risk Insurance Act	
Total Endor	sement Premium	477.00
PREMIUM SUMN	IARY	
-	ty Coverage Premium\$	,
Total Advar	nce Premium	5,010.00
A Kentucky Local	Government Tax has been applied to the premium. See Kentucky Local Premiu	m Tax

A Nemu NCCII dovonation ravitas Breakdown section.

The surcharge required by Kentucky Statute KRS 136.392 is included in the premium charged.

## **DESCRIPTION OF PREMISES**

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001	001	FRAME, INCLUDING MASONRY VENEER CONDO 2501 LINDSAY AVE LOUISVILLE KY			
002	001	FRAME, INCLUDING MASONRY VENEER CONDO 2503 LINDSAY AVE LOUISVILLE KY			
003	001	FRAME, INCLUDING MASONRY VENEER CONDO 2505 LINDSAY AVE LOUISVILLE KY			

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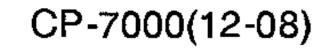
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### **MORTGAGE HOLDER NAME AND ADDRESS**

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NONE

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### **OPTIONAL COVERAGES INCLUDED**

Applicable only when entries are made in the Schedule below:

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Cover	rage Item		_	Building Number		Deduct	tible	Agreed Expiration Date	d Value Amount	Gu	ation ard entage
Building			001	001	\$	1,000				6%	%
Business Ind Expense	come and Ex	tra	001	001							
Building	,		002	001	\$	1,000				69	%
Business Ind Expense	come and Ex	tra	002	001							
Building			003	001	\$	1,000				69	%
Business Ind Expense	come and Ex	dra	003	001							
Premises Number	Building Number	Rep Building	lacemen Personal Property	Including	]	Busines Monthly Limit		Indemnity Extended Period		ness Inco Excluding Rent	
001	001	Х							Х		
002	001	X							Х		
003	001	Х							Х	-	

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### **ADDITIONAL NAMED INSUREDS**

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WHO IS AN INSURED includes the following Additional Named Insureds:

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NONE

### **KENTUCKY LOCAL PREMIUM TAX BREAKDOWN**

Unit No.	Taxing Authority (	Premium Tax ding collection fee)			
001	LOUISVILLE USD	\$ 47.00			
002	LOUISVILLE USD	104.00			
003	LOUISVILLE USD	109.00			
Total	KY Local Premium Tax and Collection Fee	\$ 260.00			

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