



**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 3RD 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®	
Directors' and Officers' Liability	377.00
Total Advance Premium	\$ 6,481.00

Secretary

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**

PROPERTY DECLARATIONS

Renewal Declarations

First Named Insured and Address:

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

Agency Name and Number:

HYLAND BLOCK & HYLAND
6228-AG

Policy Number: Z05316

Policy Period: Effective Date: 09-23-15
Expiration Date: 09-23-16

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

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

COVERAGES PROVIDED AND COVERAGE PREMIUMS

Coverage is provided where a Limit of Insurance is shown.

Coverage Item	Premises Number	Building Number	Limit of Insurance	Covered Causes of Loss	Coinsurance Percentage	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
Total Property Coverage Premium						\$ 4,533.00

COVERAGES 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	

Policy Number: Z05316
 Effective Date: 09-23-15

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
IL-7082 (01-15)	Disclosure Pursuant to Terrorism Risk Insurance Act	
Total Endorsement Premium		\$ 477.00

PREMIUM SUMMARY

Total Property Coverage Premium	\$ 4,533.00
Total Endorsement Premium	477.00
Total Advance Premium	\$ 5,010.00

A Kentucky Local Government Tax has been applied to the premium. See Kentucky Local Premium Tax Breakdown section.

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

DESCRIPTION OF PREMISES

Premises Number	Building Number	Construction, Occupancy and Location
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

MORTGAGE HOLDER NAME AND ADDRESS

NONE

Policy Number: Z05316
 Effective Date: 09-23-15

OPTIONAL COVERAGES INCLUDED

Applicable only when entries are made in the Schedule below:

Coverage Item	Premises Number	Building Number	Deductible	Agreed Value Expiration Date	Amount	Inflation Guard Percentage
Building	001	001	\$ 1,000			6%
Business Income and Extra Expense	001	001				
Building	002	001	\$ 1,000			6%
Business Income and Extra Expense	002	001				
Building	003	001	\$ 1,000			6%
Business Income and Extra Expense	003	001				

Premises Number	Building Number	Replacement Cost			Business Income Indemnity			Business Income		
		Building	Personal Property	Including Stock	Monthly Limit	Maximum Period	Extended Period	Including Rent	Excluding Rent	Rental Value
001	001	X						X		
002	001	X						X		
003	001	X						X		

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

NONE

KENTUCKY LOCAL PREMIUM TAX BREAKDOWN

Unit No.	Taxing Authority	Premium Tax (including 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