



**SPECIALIZING IN  
INSURANCE FOR  
CONDOMINIUMS**

**COMMON POLICY  
DECLARATIONS**

Acuity, A Mutual Insurance Company

First Named Insured and Address:

CHAMBERLAIN SQUARE GARDEN  
COUNCIL OF CO-OWNERS INC  
PO BOX 99115  
LOUISVILLE KY 40269

Agency Name and Number:

8015-AA (502)909-0920  
MCDANIEL INSURANCE AGENCY  
617 MAIN ST  
PO BOX 1058  
SHELBYVILLE KY 40066

Policy Number: ZA6324

Policy Period: Effective Date: 07-21-21  
Expiration Date: 07-21-22  
12:01 A.M. standard time at  
your mailing address shown  
in the declarations

**This is not a bill. If premium is due, a billing notice will be sent separately.**

**COVERAGE**

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

**Bis-Pak**

**Directors' and Officers' Liability**

Secretary

President



**Renewal Declarations**

First Named Insured and Address:

CHAMBERLAIN SQUARE GARDEN  
COUNCIL OF CO-OWNERS INC  
PO BOX 99115  
LOUISVILLE KY 40269

Agency Name and Number:

MCDANIEL INSURANCE AGENCY  
8015-AA

Policy Number: ZA6324

Policy Period: Effective Date: 07-21-21

Expiration Date: 07-21-22

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 Policy.

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

**COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART**

Form Number	Form Title
CB-0002(7-20)	Deluxe Bis-Pak Property Coverage Form
CB-0006(8-15)	Bis-Pak Business Liability and Medical Expenses Coverage Form
CB-0009(9-04)	Bis-Pak Common Policy Conditions
CB-0412(7-02)	Limitation of Coverage to Designated Premises or Project
CB-0417(1-10)	Employment-Related Practices Exclusion
CB-0564(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)
CB-0577(4-10)	Fungi or Bacteria Exclusion (Liability)
CB-1416(1-10)	Snow Plow Products-Completed Operations Hazard Coverage
CB-1488(7-13)	Primary and Noncontributory - Other Insurance Condition
CB-1504(5-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI
CB-1701(1-06)	Condominium Association Coverage
CB-7034(7-13)	Additional Insured - Designated Person(s) or Organization(s)
CB-7222(11-99)	Additional Insured - Condominium Unit Owners
CB-7296(1-15)	Cap on Losses from Certified Acts of Terrorism - Property
CB-7298(1-15)	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CB-7299(1-15)	Cap on Losses from Certified Acts of Terrorism - Liability
CB-7406(6-15)	Exclusion - Unmanned Aircraft
CB-7410(8-15)	Civil Authority Changes
CB-7439(3-20)	Acuity Property Enhancements - Gold
CB-7455(8-20)	Acuity Liability Enhancements - Silver
IL-7012(3-14)	Asbestos Exclusion
IL-7013(3-14)	Kentucky Local Government Premium Tax Endorsement

Form Number	Form Title
IL-7014(3-14)	Kentucky Collection Fee Endorsement
IL-7025(3-14)	Kentucky Changes - Cancellation and Nonrenewal
IL-7044(3-14)	Kentucky Premium Surcharge Endorsement
IL-7082(12-20)	Disclosure Pursuant to Terrorism Risk Insurance Act
IL-7092(2-11)	Amendment to Definition of Occurrence

The Total Advance Premium shown above is based on the exposures you anticipated at the time this coverage part began. We will audit this coverage part in accordance with the Bis-Pak® Liability and Medical Expenses General Condition entitled Premium Audit - Business Liability at the close of the audit period.

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.

#### PROPERTY COVERAGES PROVIDED

Form: Deluxe

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	001	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	002	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	003	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	004	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	005	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	006	001	Replacement Cost	\$487,093	2%
Building Condominium Deductible: \$2,500 Optional Coverages Deductible: \$500	007	001	Replacement Cost	\$487,093	2%

**DESCRIPTION OF PREMISES**

<b>Premises Number</b>	<b>Building Number</b>	<b>Construction, Occupancy and Location</b>
001	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3801 CHAMBERLAIN LN LOUISVILLE KY
002	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3803 CHAMBERLAIN LN LOUISVILLE KY
003	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3805 CHAMBERLAIN LN LOUISVILLE KY
004	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3807 CHAMBERLAIN LN LOUISVILLE KY
005	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3809 CHAMBERLAIN LN LOUISVILLE KY
006	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3811 CHAMBERLAIN LN LOUISVILLE KY
007	001	FRAME CONDOMINIUM - RESIDENTIAL 4 UNITS 3813 CHAMBERLAIN LN LOUISVILLE KY

**MORTGAGEHOLDER NAME AND ADDRESS**

NONE

**LIABILITY COVERAGES PROVIDED**

<b>Coverage Item</b>	<b>Limit of Insurance</b>
Liability and Medical Expenses (Each Occurrence)	\$1,000,000
Medical Expenses (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products-Completed Operations Aggregate Limit	\$2,000,000

Coverage Item	Limit of Insurance
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000

#### SCHEDULE OF LIABILITY CLASSIFICATION

Premises Number	Building Number	Classification Description	Class Code	Premium Basis <sup>1</sup>	Rate
001	001	Condominium - Residential	62003	4 UN	45.04
002	001	Condominium - Residential	62003	4 UN	45.04
003	001	Condominium - Residential	62003	4 UN	45.04
004	001	Condominium - Residential	62003	4 UN	45.04
005	001	Condominium - Residential	62003	4 UN	45.04
006	001	Condominium - Residential	62003	4 UN	45.04
007	001	Condominium - Residential	62003	4 UN	45.04

<sup>1</sup> UN = Unit - Rate Applies Per Unit

#### OPTIONAL COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Employee Dishonesty	\$25,000
Acuity Liability Enhancements - Silver	See CB-7455
Acuity Property Enhancements - Gold	See CB-7439

Coverage Item	Premises Number	Building Number	Limit of Insurance
Business Income and Extra Expense	001	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	001	001	\$5,000
Business Income and Extra Expense	002	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	002	001	\$5,000
Business Income and Extra Expense	003	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	003	001	\$5,000
Business Income and Extra Expense	004	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	004	001	\$5,000

<b>Coverage Item</b>	<b>Premises Number</b>	<b>Building Number</b>	<b>Limit of Insurance</b>
Business Income and Extra Expense	005	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	005	001	\$5,000
Business Income and Extra Expense	006	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	006	001	\$5,000
Business Income and Extra Expense	007	001	Actual Loss Sustained
<i>Money and Securities</i> Outside the Premises	007	001	\$5,000

**BIS-PAK PLAN**

Apartments

**AUDIT PERIOD**

Annual

**ADDITIONAL NAMED INSURED**

WHO IS AN INSURED includes the following Additional Named Insureds:

NONE

**FIRST NAMED INSURED IS:**

ORGANIZATION OTHER THAN PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY

This endorsement modifies insurance provided under the following:  
 DELUXE BIS-PAK® PROPERTY COVERAGE FORM

**SCHEDULE**

<b>Coverage</b>	<b>Limit of Insurance</b>	<b>Page</b>
Accounts Receivable (On Premises)	\$100,000	14
Business Income from Dependent Properties	\$25,000	4
Computer Fraud and Funds Transfer Fraud	\$10,000	14
Consequential Loss (Including Pair and Set)	\$25,000	16
Contractual Financial Penalties	\$5,000	16
Cost to Prepare Inventory	\$10,000	5
Credit Card Slips	\$5,000	16
Debris Removal	\$100,000	3
Deferred Payments	\$5,000	17
Electronic Data	\$10,000	5
Employee Dishonesty	\$25,000	23
Expediting Expense	\$10,000	17
Fine Arts Coverage	\$25,000	5
Fire Department Service Charge (not available in Arizona)	\$25,000	3
Fire Extinguisher Systems Recharge Expense	Actual Loss Sustained	4
Fire Extinguisher Systems Discharge Damage	\$25,000	4
Forgery and Alteration	\$25,000	4
Interruption of Computer Operations	\$10,000	5
Leased Building Property	\$10,000	18
Leasehold Interest	\$10,000	18
Lock Replacement	\$10,000	6
Money and Securities Inside the Premises	\$25,000	14
Money Orders and Counterfeit Money	\$25,000	4
Newly Acquired or Constructed Property - Buildings	\$1,000,000	12
Newly Acquired or Constructed Property - Business Personal Property	\$500,000	12
Newly Acquired or Constructed Property - Business Income and Extra Expense	\$250,000	18
Non-owned Detached Trailers	\$10,000	18
Off-premises Electronic Data Storage	\$25,000	19
Off-premises Utility Failure - Direct Damage	\$50,000	7
Off-premises Utility Failure - Time Element	\$25,000	7
Ordinance or Law - Blanket Coverages A, B, and C	\$100,000	8
Ordinance or Law - Blanket Coverages A, B, and C Green Coverage	\$30,000	9
Ordinance or Law - Increased Period of Restoration	\$25,000	11
Outdoor Property	\$25,000	14
Outdoor Signs	\$50,000	22
Personal Effects	\$25,000	13

Pollutant Clean-up and Removal	\$25,000	3
Power Failure and Changes in Temperature or Humidity	\$50,000	19
Property in Transit	\$25,000	13
Property of Others	\$150,000	13
Property Off-Premises	\$25,000	13
Rewards	\$25,000	12
Sales Representative's Samples	\$25,000	19
Security After Loss	\$10,000	12
Tenant Improvements and Betterments - Ordinance or Law	\$25,000	19
Tenant Leasehold Improvements	\$25,000	22
Tenant Move-back Expenses	\$5,000	22
Theft Loss Damage to Non-owned Property	\$5,000	22
Tools and Equipment	\$15,000	12
Valuable Papers and Records (On Premises)	\$100,000	14
<b>Additional Included Coverages</b>		
Additional Covered Property Foundations, Underground Pipes, Flues and Drains, Driveways, Patios and Paved Surfaces	<b>Included</b>	3
Attached Outdoor Signs	<b>Included</b>	3
Business Income - No Waiting Period	<b>Included</b>	23
Business Income - Increased Period of Restoration Up to 24 Months	<b>Included</b>	4
Business Personal Property Location Extended to 1,000 Feet of Premises	<b>Included</b>	3
Extended Business Income - 90 Days	<b>Included</b>	4
Newly Acquired or Constructed Property - 90 Days of Coverage	<b>Included</b>	13
Preservation of Property - 90 Days of Coverage	<b>Included</b>	3
Temporary Coverage for Relocated Property	<b>Included</b>	19





## DIRECTORS' AND OFFICERS' LIABILITY COVERAGE PART

### Renewal Declarations

Organization:

CHAMBERLAIN SQUARE GARDEN  
COUNCIL OF CO-OWNERS INC  
PO BOX 99115  
LOUISVILLE KY 40269

Agency Name and Number:

MCDANIEL INSURANCE AGENCY  
8015-AA

Policy Number: ZA6324

Policy Period:   Effective Date:   07-21-21  
  Expiration Date:   07-21-22

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

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.

### LIMIT OF LIABILITY

Each and every *loss* and in the aggregate each *policy period* .....\$ 1,000,000

### COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title
CG-7154 (09-05)	Directors and Officers Liability Coverage Form - Condominium or Cooperative .....
IL-0017F (11-98)	Common Policy Conditions .....
IL-0021F (03-14)	Nuclear Energy Liability Exclusion - Broad Form .....
IL-7025 (03-14)	Kentucky Changes - Cancellation and Nonrenewal .....
IL-7013 (03-14)	Kentucky Local Government Premium Tax Endorsement .....
IL-7014 (03-14)	Kentucky Collection Fee Endorsement .....
IL-7012 (01-18)	Asbestos Exclusion .....
IL-7044 (03-14)	Kentucky Premium Surcharge Endorsement .....

**Advance Endorsement Premium** .....

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.