

Quote Proposal

Customer Number: 1000280809
Policy Number: A875003 00

Quoted Policy Term: 01/20/2021 to 01/20/2022
Date Quoted: 01/25/2021

Customer Name and Address:
Middletown Villa Condominium Council of Co-Owners, Inc
PO Box 99115
Louisville, KY 40269

Agency Name and Address: 16242
ARTHUR J GALLAGHER RMS INC
1601 ALLIANT AVENUE
LOUISVILLE, KY 40299
502-415-7000

Thank you for the opportunity to provide a quote.

See below for a summary of premiums quoted. Refer to additional pages for more details.

This quote proposal is based on the underwriting and rating information provided to date, including deductibles and retention. Please keep in mind this quote proposal may be subject to additional rating, pricing or underwriting considerations, as well as to a loss prevention survey and compliance with its recommendations.

These rate levels and this quote proposal are valid for 60 days or until 7 days past the proposed effective date, whichever comes first. This quote proposal is valid until: 01/27/2021

Coverage Part	Premium
SMARTbusiness™ Coverage	\$3,621.00
Commercial Auto Coverage	\$126.00
Total Premium:	\$3,747.00
Kentucky Taxes, Fees and Surcharges:	\$282.80
Total Including Taxes, Fees and Surcharges:	\$4,029.80
Condominium Association Directors and Officers Errors and Omissions Coverage	\$325.00
Grand Total Premium:	\$4,354.80

Attached for your review is a list of coverage enhancements that may be needed to properly protect your insured.

Vinny Greefkes
Phone: 1-800-236-5010 Extension: 2922 | Fax: 262-338-7235
Email: vgreefkes@wbmi.com

**This quote proposal is not the insurance contract.
Only the actual provisions of the issued policy will apply.**

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The coverage part listed is **only** available in conjunction with a SMARTbusiness™ quote proposal and may not be sold separately. A new policy number will be assigned upon issuance.

Coverage Part	Premium
Condominium Association Directors and Officers Errors and Omissions Coverage	\$325
Each Loss Limit: \$1,000,000 Each Policy Year Limit: \$1,000,000	

Attached for your review is a list of coverage enhancements that may be needed to properly protect your insured.

**This quote proposal is not the insurance contract.
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NOTICE OF PAYMENT PLAN OPTIONS

West Bend Mutual Insurance Company offers several payment plan options. The various payment plans are described below.

1. Direct Bill Options

- a. Semiannual (Annual premium of \$125 or more)
 - (1) First payment of 50 percent of total premium plus an installment fee due at inception.
 - (2) Second payment of 50 percent of total premium plus an installment fee due in six months.
- b. Quarterly (Annual premium of \$125 or more)
 - (1) First payment of 25 percent of total premium plus an installment fee due at inception.
 - (2) Second payment of 25 percent of total premium plus an installment fee due in three months.
 - (3) Third payment of 25 percent of total premium plus an installment fee due in six months.
 - (4) Fourth payment of 25 percent of total premium plus an installment fee due in nine months.
- c. Down payment plus nine (Annual premium of \$455 or more)
 - (1) Down payment of 25 percent of total premium plus an installment fee due at inception.
 - (2) Remaining nine monthly payments of 8.333 percent of total premium plus an installment fee on each installment.
- d. In addition, the following payment plans are available. The down payment for each of these plans is the first installment plus an installment fee.
 - (1) 10 equal payments plus an installment fee on each installment (Annual premium of \$455 or more)
 - (2) 12 equal payments plus an installment fee on each installment (Annual premium of \$575 or more)

2. For more information regarding payment options, visit www.thesilverlining.com.

FEES:

- Installment Fees apply to each installment.
- A \$7.00 Installment Fee applies when receiving paper invoices.
- A \$4.00 Installment Fee applies when receiving electronic invoices.
- A \$1.00 Installment Fee applies when receiving electronic invoices and utilizing automatic payments.
- Items returned by the financial institution as unpaid will generate a \$25.00 fee.

RENEWAL INVOICE/CANCELLATION:

Your policy premium can be found on the first page of the policy accompanying this notice. If this is a renewal policy, you will receive an invoice, indicating the down payment amount, based on the selected payment plan, and due date, 21 days prior to the due date. Down payment is due by the effective date of your renewal policy. If we do not receive your down payment by the fifth day after the effective date, we will cancel your policy as of the effective date of the policy and mail you a copy of the cancellation notice.

PLEASE NOTE:

When sending payment for a plan other than the installment amount invoiced, include a statement with your payment indicating the desired plan.

If we receive payment prior to binding coverage, we may process the payment. However, our processing of the payment does not bind coverage. If we do not bind coverage for any reason, we will return the payment.

Any questions you may have about payment plan options or to change a current payment plan, please contact West Bend's Accounting Department (1-800-236-5002).



Binding Instructions

Customer Name: Middletown Villa Condominium Council of Co-Owners, Inc

Quote/Policy Number: A875003

Quoted Policy Term: 01/20/2021 to 01/20/2022

Thank you for choosing West Bend, we appreciate your business! To ensure that we process your new business correctly, please help us verify the following information:

Effective Date: _____

Expiration Date: _____

Customer Care Agencies: Please issue this policy through Customer Care (circle one): **Yes** **No**

Please issue with the following Payment Plan Option (circle one):

Annual

Down Payment Plus Nine

Semi-Annual

10 Equal Payments

Quarterly

12 Equal Payments

Checks for down payment should be made payable to West Bend and sent with your binding instructions to:

1900 S. 18th Avenue West Bend , WI 53095

Premiums should be issued per line as follows:

General Liability \$ _____

Crime & Fidelity: \$ _____

Property: \$ _____

Commercial Auto: \$ _____

Work Comp: \$ _____

Inland Marine: \$ _____

Umbrella: \$ _____

Liquor Liability: \$ _____

SMARTbusiness™: \$ _____

Condo D&O: \$ _____

Comments:

Loss History:

- Already submitted with the original application materials.
- Have been ordered from the previous carrier and will be forwarded upon receipt.
- Not applicable – no prior loss history available or this is a new business venture.

Equipment Breakdown Insurance Including Electronic Circuitry Impairment

West Bend automatically provides coverage for Equipment Breakdown.
Here's why . . .

7 Reasons Why You Need Equipment Breakdown Insurance

1. Equipment You Depend On

Your Business may depend on many types of equipment such as:

- Electrical Equipment,
- Mechanical Equipment,
- Business Equipment,
- Refrigeration Equipment and
- Heating & Cooling Systems
- Computers or Electronic Data Processing Equipment

This equipment is subject to sudden and accidental breakdown.

2. Complements Your Property Insurance

Typical property insurance covers equipment for standard perils, such as fire, but excludes losses due to:

- Mechanical Breakdown
- Electrical arcing
- Damage to Steam Boilers & Hot Water Heaters

Now, your property insurance also includes an endorsement that covers "Equipment Breakdown" for these hazards and more!

3. Equipment Breakdown Insurance Covers More Than Just Repair Costs

Equipment Breakdown Insurance helps protect you from the costs associated with losses to your building's equipment. It pays for:

- Cost to repair or replace equipment damaged by breakdown
- Other costs or expenses to limit the loss or speed business restoration
- Loss of Business income due to an "accident"

4. Mandatory Equipment Inspections

Most states and many local governments require that commissioned inspectors inspect boilers and pressure vessels. With West Bend providing these inspection services, you can avoid local inspection fees in a majority of jurisdictions. Only the certificate fee would be your responsibility.

5. Losses Can Be Costly

When equipment fails, it often leads to a variety of unanticipated expenses. To assess the value of Equipment Breakdown Insurance, consider the following costs:

- Investment in electrical equipment and machinery.
- Income for the period you have to shut or slow down because a breakdown interrupts business.
- Extra expenses you may incur to rent spares or rush repairs.

It adds up, doesn't it? Considering what's at stake, every business needs Equipment Breakdown Coverage. On the following page you will find real-life claim examples demonstrating the value of Equipment Breakdown Coverage.

6. What's More Likely: Equipment Failure . . . Or A Fire?

Ask yourself: What's more likely: a power surge that damages electrical distribution equipment or a major fire? You're probably adequately insured for fire. Shouldn't you insure for what's more likely to occur?

7. Evolving Exposures Require Evolving Coverage Solutions

West Bend's Equipment Breakdown coverage also includes a variety of coverages designed to address today's modern equipment risks. Some key coverages include:

- Microelectronics Coverage
- Cloud Computing Service Interruption
- Service Interruption Data Restoration
- Off Premises Business Income, Extra Expense and Data Restoration Coverage
- Public Relations Coverage

This summary gives general information. For all coverages, conditions and exclusions refer to the Equipment Breakdown Endorsement.

Equipment Breakdown Coverage Loss Examples

Equipment breakdown is **not** infrequent. Here are examples of the type of losses that **can and do** occur.

Retail Store: Electrical arcing occurred from an electrical surge, which damaged a transformer supplying power to a store. A rental transformer was installed while repairs were made.

Total Paid Loss: \$52,279

Office: The 400 HP motor of an office building's roof top air conditioning unit shorted out, causing damage to the motor, bearings and impeller. A rental air conditioning unit was installed to avert a business interruption loss while the damaged unit was replaced.

Total Paid Loss: \$122,206

Contractor's Shop: Piping of air conditioning system leaks into telephone switching equipment. Shorts out equipment.

Total Paid Loss: \$89,859

Restaurant: A power surge damaged a restaurant's refrigeration compressor motor, computer and point of sale system. The insured lost data including the insured's website customer info, mapping for deliveries and recipes, as a result of the event that had to be restored on the replacement equipment.

Total Paid Loss: \$57,160

Auto Services: A valve on an air compressor pump breaks while the air compressor is running. The pressure causes oil to spew out in a mist, covering everything.

Total Paid Loss: \$20,849

Wood Products Mfg: A table feeding sheets of particle board into a saw suddenly stops. Circuit boards were visually inspected and no observable indications of shorting or discoloration were found. Circuit board replacement was undertaken and restored the machine back to operation.

Total Paid Loss: \$16,000

Apartments and Condominiums: An elevator suddenly stopped operating. A circuit board was suspected as having a problem, so it was removed and examined revealing no detectable physical damage. The circuit board was replaced and the elevator was returned to service. Without conducting any further forensic investigation, the claim was paid based on the cost of labor and material to replace the circuit board.

Total Paid Loss: \$2,100

Retail: A retail store lost power. Once power is restored, it is discovered that all of the point of sale registers and phone system had lost functionality. Rebooting the system does not work. The repair company was unable to get the system to reboot and found no physical damage. However, one of the disks was replaced and the systems immediately began working.

Total Paid Loss: \$14,000

This summary gives general information. For all coverages, conditions and exclusions refer to the Equipment Breakdown Endorsement.

Commercial Lines Policy Declarations

Customer Number: 1000280809

Policy Period: 01/20/2021 to 01/20/2022

Policy Number: A875003 00

at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:

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PO Box 99115
Louisville, KY 40269

Agency Name and Address:

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1601 ALLIANT AVENUE
LOUISVILLE, KY 40299
502-415-7000

16242

Location Schedule

Loc	Address	City	County	State	Zip
1	12400 Brothers Ave	Louisville	Jefferson	KY	40243

Commercial Lines Policy Declarations

Customer Number: 1000280809

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Forms Schedule

Number	Edition	Description
IL0017Z	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
WB214	0119	MEMBERSHIP AND VOTING NOTICE
WB660	0420	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
IL0263Z	0908	KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL
BP0523	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0985	1220	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

This is not a complete representation of all forms that may be attached to your policy

Commercial Lines Policy Declarations

Customer Number: 1000280809
Policy Number: A875003 00

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at 12:01 AM Standard Time at Your Mailing Address Shown Below

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Kentucky Local Government Premium and Surcharge

LGT Reporting Line	Taxing Authority	Tax/Surcharge Amount
Vehicle	MIDDLETOWN	\$6.30
Casualty	MIDDLETOWN	\$181.05
Collection Fee		\$28.00
Total KY Local Government Tax and Collection Fee		\$215.35
KY Surcharge*		\$67.45

*As required by Kentucky Statute KRS 136.392

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I	
Terrorism Premium (Certified Acts)	\$
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):	
If you have previously rejected coverage under this policy for Certified Acts of Terrorism under the Terrorism Risk Insurance Act, Coverage will remain excluded unless you request coverage within 30 days of the policy effective date.	
Additional information, if any, concerning the terrorism premium:	
SCHEDULE – PART II	
Federal share of terrorism losses	80 %
(Refer to Paragraph B. in this endorsement.)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

TERRORISM RISK INSURANCE ACT REJECTION FORM

Customer Number: 1000280809

Policy Number: A875003

Policy Effective Date: 2021-01-20

Insured Name: Middletown Villa Condominium Council of Co-Owners, Inc

Agent Name: ARTHUR J GALLAGHER RMS INC

Agent Code: 16242

The disclosure notice required by the Terrorism Risk Insurance Act (the "Act") is attached to your policy as an endorsement. The premium for coverage against certified acts of terrorism as provided for by the Act is shown on the policy declaration pages.

You have the option to reject coverage under the Act. If you choose to reject coverage for certified acts of terrorism, this rejection form must be signed and returned to our office.

This form must be received by us within 30 days after the policy effective date if you desire to reject the coverage. If this form is not received within this time period, coverage against certified acts of terrorism will remain on this policy for the remainder of the policy term and you will be required to pay the applicable premium.

If a location(s) covered by this policy is located in a Standard Fire Protection state*, then the requirements for fire coverage, as to that location, are established by law and you cannot reject coverage for that location for fire losses resulting from an act of terrorism. The premium for fire coverage is shown separately on the policy declarations page. The premium for fire coverage applicable to a location in a Standard Fire Protection state will not be returned to you even if you indicate to us that you wish to reject coverage for certified acts of terrorism.

I understand and agree by signing below, that except for fire coverage on locations in Standard Fire Protection states, I have elected to reject coverage for certified acts of terrorism under the Terrorism Risk Insurance Act.

Policyholder's Signature

Date

If coverage against certified acts of terrorism is rejected, the endorsement removing this coverage will be processed using the policy effective date.

*Standard Fire Protection States:

Illinois (Property Coverages)

Iowa (Property Coverages)

Missouri (Property & Inland Marine Coverages)

North Carolina (Property Coverages)

Wisconsin (Property & Inland Marine Coverages)

Virginia (Property Coverages)

SMARTbusiness™ Coverage Declaration

Customer Number: 1000280809

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Form of Business: Corporation

Businessowners Liability Limits of Insurance

General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$3,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Medical Expense Limit, Any One Person	\$1,000
Damage to Premises Rented to You Limit	\$300,000

Refer to the attached schedules and forms for other limits, premiums and coverage provided by this policy.

Total Premium: \$3,621

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Description of Location or Premises Schedule

Loc	Bldg	Building and Occupancy Description	Construction	Protection Class
1	1	Building #1 Condominiums - Residential - 1 to 12 Units	Frame	01

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Coverage Schedule

Loc	Bldg	Type	Limit of Insurance	Premium
1	1	Building	\$1,207,532	\$1,996
		Replacement Cost		
		Deductible – \$1,000		
		Wind/Hail Deductible – \$2,500		
		Earthquake	Included	Included
		Earthquake Deductible – 10%		
		Automatic Increase – 4%		
		Businessowners Liability		\$315
Loc	Bldg	Type	Limit of Insurance	Premium
1		Money and Securities		
		Inside the Premises	\$10,000	\$111
		Outside the Premises	\$5,000	Included
		Deductible – \$500		

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Schedule of Coverages Applicable To All Locations

Type	Limit of Insurance	Premium
Business Income and Extra Expense – No Waiting Period	Actual Loss Sustained, Not To Exceed 12 Consecutive Months	Included
Extended Business Income – Number of Days: 90		Included
Employee Dishonesty Deductible – \$500	\$5,000	Included
Forgery or Alteration Deductible – \$500	\$5,000	Included

See attached Forms Schedule for forms and endorsements applicable to this coverage.

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Schedule of Endorsements Applicable to All Locations

Description	Form Number	Premium
Employment Practices Liability	WB516GL	\$81
Equipment Breakdown	WB80SM	\$147
Property Additional Coverages and Coverage Extensions Endorsement – Essential	WB2905	\$450
Plus Pak – Businessowners Liability	WB2109SM	\$50
Voluntary Property Damage	WB1166	\$0

Schedule of Endorsements Applicable to a Specific Location

Loc	Bldg	Description	Form Number	Premium
1	1	Earthquake	BP1003	\$332

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Schedule of Miscellaneous Premiums

Description	Form Number	Premium
Terrorism Risk Insurance Act (Property)	See Forms Schedule	\$138
Terrorism Risk Insurance Act (Property – Fire Only)	See Forms Schedule	\$0
Terrorism Risk Insurance Act (Liability)	See Forms Schedule	\$1

See attached Forms Schedule for forms and endorsements applicable to this coverage.

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Businessowners Forms Schedule

Number	Edition	Description
BP0003	0713	BUSINESSOWNERS COVERAGE FORM
BP0412	0106	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
BP0417	0110	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0441	0713	BUSINESS INCOME CHANGES - TIME PERIOD
BP0454	0106	NEWLY ACQUIRED ORGANIZATIONS
BP0483	0110	REMOVAL OF INSURANCE-TO-VALUE PROVISION
BP0497	0106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP0577	0106	FUNGI OR BACTERIA EXCLUSION (LIABILITY)
BP0707	0106	BUSINESS LIABILITY COVERAGE - AMENDMENT OF LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE
BP1003	0713	EARTHQUAKE
BP1007	0702	EXCLUSION - YEAR 2000 COMPUTER-RELATED AND OTHER ELECTRONIC PROBLEMS - WITH EXCEPTION FOR BODILY INJURY ON YOUR PREMISES
BP1410	0110	BRANDS AND LABELS
BP1504	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
BP1511	1216	EXCLUSION - UNMANNED AIRCRAFT
BP1701	0713	CONDOMINIUM ASSOCIATION COVERAGE

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Businessowners Forms Schedule

Number	Edition	Description
WB1166	0414	VOLUNTARY PROPERTY DAMAGE COVERAGE
WB1468GL	0414	EXCLUSION - ASBESTOS OR ASBESTOS PRODUCTS
WB1718	0820	AMENDMENT-LIQUOR LIABILITY EXCLUSION
WB1958A	0109	EXCLUSION - LEAD LIABILITY
WB2077	0118	SPECIAL BUSINESSOWNERS AMENDMENT
WB2109SM	0118	PLUS PAK - BUSINESSOWNERS LIABILITY
WB516GL	0414	EMPLOYMENT PRACTICES LIABILITY INSURANCE (CLAIMS-MADE)
WB80SM	0118	EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
BP0312Y	0110	WINDSTORM OR HAIL DEDUCTIBLES
WB2905	1220	PROPERTY ADDITIONAL COVERAGES AND COVERAGE EXTENSIONS ENDORSEMENT
BP0165	0702	KENTUCKY CHANGES

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITATION OF COVERAGE TO DESIGNATED
PREMISES OR PROJECT**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

<p>A. Premises: Only Locations Shown On The Declarations</p>
<p>B. Project:</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to **Section II – Liability:**

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

Business Auto Coverage Declarations

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ARTHUR J GALLAGHER RMS INC
1601 ALLIANT AVENUE
LOUISVILLE, KY 40299
502-415-7000

Form of Business:
Corporation

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

ITEM TWO: Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos	Limit (the most we will pay for any one "Accident" or "Loss")	Premium
Covered Autos Liability	8, 9	\$1,000,000 Each Accident	\$126

Total Commercial Auto Premium: \$126

See attached Forms Schedule for forms and endorsements applicable to this coverage.

Business Auto Hired or Borrowed Schedule

Customer Number: 1000280809
Policy Number: A875003 00

Policy Period: 01/20/2021 to 01/20/2022
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Middletown Villa Condominium Council of Co-Owners, Inc
PO Box 99115
Louisville, KY 40269

Agency Name and Address: 16242
ARTHUR J GALLAGHER RMS INC
1601 ALLIANT AVENUE
LOUISVILLE, KY 40299
502-415-7000

ITEM FOUR: Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

"Autos" NOT Used In Your Motor Carrier Operations

State	Covered Autos Liability Coverage – Cost Of Hire Rating Basis		Auto Medical Payments Premium	Uninsured Motorists Premium	Underinsured Motorists Premium
	Estimated Annual Cost Of Hire For Each State	Premium			
KY	If Any	\$28			

Total Hired Auto Premium: \$28

For "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Business Auto Non-Owned Auto Schedule

Customer Number: 1000280809
Policy Number: A875003 00

Policy Period: 01/20/2021 to 01/20/2022
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Middletown Villa Condominium Council of Co-Owners, Inc
PO Box 99115
Louisville, KY 40269

Agency Name and Address: 16242
ARTHUR J GALLAGHER RMS INC
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LOUISVILLE, KY 40299
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ITEM FIVE: Schedule For Non-ownership Covered Autos Liability

Named Insured's Business	Covered Autos Liability Coverage Rating Basis	Estimated Number	Premium
Other Than Garage Service Operations Other Than Social Service Agencies	Number Of Employees	5	\$98
	Number Of Partners (Active and Inactive)		

Total Non-ownership Covered Autos Premium: \$98

Business Auto Forms Schedule

Customer Number: 1000280809
Policy Number: A875003 00

Policy Period: 01/20/2021 to 01/20/2022
at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
Middletown Villa Condominium Council of Co-Owners, Inc
PO Box 99115
Louisville, KY 40269

Agency Name and Address: 16242
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LOUISVILLE, KY 40299
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Forms Schedule

Number	Edition	Description
CA0001	1013	BUSINESS AUTO COVERAGE FORM
CA2054	1013	EMPLOYEE HIRED AUTOS (DOES NOT APPLY TO VIRGINIA)
CA2301	1013	EXPLOSIVES
CA2345	1116	PUBLIC OR LIVERY PASSENGER CONVEYANCE AND ON-DEMAND DELIVERY SERVICES EXCLUSION (DOES NOT APPLY TO KANSAS, MICHIGAN, OR VIRGINIA)
CA0125	1013	KENTUCKY CHANGES

This is not a complete representation of all forms that may be attached to your policy