



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
9-6-18

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS <b>COVENANT INSURANCE AGENCY, LLC. 242 WEST MAIN ST., #409 HENDERSONVILLE, TN37075</b>		PHONE (A/C, No, Ext): 615-824-6322	COMPANY NAME AND ADDRESS <b>MIDDLESEX MUTUAL ASSURANCE 213 COURT ST. P.O. BOX 891 MIDDLETOWN, CT 06457-0891</b>		NAIC NO: 14532
FAX (A/C, No): 866-480-2409	E-MAIL ADDRESS: INFO@COVENANTINSAGENCY.COM		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE <b>BUSINESSOWNERS</b>		
AGENCY CUSTOMER ID #:		LOAN NUMBER		POLICY NUMBER <b>WA0008925334-04</b>	
NAMED INSURED AND ADDRESS <b>HICKORY BAY TOWERS HOA, INC. P.O. BOX 218831 NASHVILLE, TN 37221-8831</b>		EFFECTIVE DATE <b>7-1-2018</b>	EXPIRATION DATE <b>7-1-2019</b>	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S) <b>200 SANDERSFERRY RD., HENDERSONVILLE, TN 37075</b>		THIS REPLACES PRIOR EVIDENCE DATED:			

**PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required)  BUILDING &  BUSINESS PERSONAL PROPERTY**

LOCATION/DESCRIPTION  
**TWO BUILDINGS LOCATED 200 SANDERSFERRY RD., HENDERSONVILLE, TN 37075**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	SPECIAL	DED:
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:					
<input checked="" type="checkbox"/> BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			DED: \$5,000.
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: Actual Loss Sustained; # of months: 18
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					Attach Disclosure Notice / DEC
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			<b>EXT. RC APPLIES AND PROVIDES UP TO 25% ADDITIONAL IF NEEDED</b>
AGREED VALUE			<input checked="" type="checkbox"/>		
COINSURANCE			<input checked="" type="checkbox"/>		If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: <b>SAME LIMITS AS BUILDINGS</b> DED: <b>\$5,000.</b>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: <b>10% OF BLDG COVERAGE</b> DED: <b>\$5,000.</b>
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: <b>10% OF BLDG COVERAGE</b> DED: <b>\$5,000.</b>
EARTH MOVEMENT (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)			<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)				<input checked="" type="checkbox"/>	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				<input checked="" type="checkbox"/>	

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

<b>ADDITIONAL INTEREST</b>		LENDER SERVICING AGENT NAME AND ADDRESS	
<input checked="" type="checkbox"/> MORTGAGEE	CONTRACT OF SALE		
<input type="checkbox"/> LENDERS LOSS PAYABLE			
NAME AND ADDRESS			
<b>ILLUSTRATION OF COVERAGE ONLY</b>		AUTHORIZED REPRESENTATIVE	
		<i>Richard R Coker</i>	





**Policy Number WA0008925334-04**

HOLYOKE OF SALEM INS AGCY INC  
213 COURT ST  
MIDDLETOWN, CT 06457-3346

**IMPORTANT: POLICY DOCUMENT(S) ATTACHED, FOR:**

Hickory Bay Towers HOA, Inc.  
PO Box 218831  
Nashville, TN 37221-8831

Thank you for allowing us to serve your insurance needs.



**Policy Number:** WA0008925334-04  
**Prior Pol No:** WA0008925334-03  
**Billing Number:** 410053162

**COUNTRY Mutual Insurance Company**

**Businessowners Policy Declarations**

**First Named Insured and Mailing Address**

Hickory Bay Towers HOA, Inc.  
 PO Box 218831  
 Nashville, TN 37221-8831

**Agent Name and Address**

HOLYOKE OF SALEM INS AGCY INC  
 213 COURT ST  
 MIDDLETOWN, CT 06457-3346

**Agency Code** 02019      **Agency Phone** 860-638-5281

**Policy Period:** From: 07/01/2018 To: 07/01/2019 at 12:01 A.M., Standard Time at your mailing address shown above.

**Business Description:** Condominium/CAPsure      **Form of Business:** Association

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.

Described Premises

See Location and Building Schedule

Limits of Property Insurance and Deductibles

See below and Location and Building Schedule

**Deductibles**

All Peril Deductible      \$5,000

Other Deductibles may apply to this policy. For details, see the Location and Building Schedule and any attached Deductible forms.

**Optional Coverages**

See page 2

Except for Damage to Premises Rented to You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

**Limits of Insurance**

Liability and Medical Expenses	\$1,000,000	per Occurrence
	\$2,000,000	General Aggregate
Medical Expenses	\$5,000	per Person
Damage to Premises Rented to You	\$300,000	Any one fire or explosion

**Premium**

Policy Premium	\$25,868.00
Tax or Surcharge	\$0.00
<b>Total Policy Premium</b>	<b>\$25,868.00</b>
Payment Plan	Monthly

Countersigned:

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Authorized Representative

**To report a claim after hours, call 1-800-225-2533**



Policy Number: WA0008925334-04  
 Prior Pol No: WA0008925334-03  
 Billing Number: 410053162

**COUNTRY Mutual Insurance Company**

**Businessowners Policy Declarations**

**Named Insured:** Hickory Bay Towers HOA, Inc.  
**Agency Name:** HOLYOKE OF SALEM INS AGCY INC **Agency Code:** 02019  
**Policy Period** From: 07/01/2018 To: 07/01/2019 12:01 A.M., Standard Time

Optional Coverages	Limits of Insurance
WORLDS APART Advantage Endorsement	
Equipment Breakdown	
Building Limit – Automatic Increase 3%	
CAPsure Community Association Coverage (All In)	
Employee Dishonesty	\$25,000
Property Management Agent As An Employee Covered For "Employee Dishonesty" Only	
Employee Dishonesty for Designated Community Association Officers And Directors	
Forgery and Alteration	\$25,000
Extended Business Income	90 Days
Hired Non-Owned Auto Liability	\$1,000,000
Aggregate Limits of Insurance Per Location	

Policy Forms and Endorsements attached at issuance:

See Schedule of Forms and Endorsements

If you wish to request a copy of your policy, contact your agent or call our Customer Service Center at 1-800-662-6243.

THIS POLICY DECLARATION TOGETHER WITH THE COVERAGE FORM(S), FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

**To report a claim after hours, call 1-800-225-2533**



### COUNTRY Mutual Insurance Company

**Named Insured:** Hickory Bay Towers HOA, Inc.

**Agency Name:** HOLYOKE OF SALEM INS AGCY INC

**Agency Code:** 02019

#### Schedule of Forms and Endorsements

Form Number	Title
PRIV	01-17 Privacy Statement
PNWA 01	08-16 WORLDS APART Businessowners Program Notice To Policyowners
AWA DS 03	06-12 Worlds Apart Declarations
AWA 68 51	01-17 Mutual Conditions COUNTRY Mutual Insurance Company
FORM-SCHED	06-12 Schedule of Forms and Endorsements
NI-SCHED	06-12 Named Insured(s) Schedule
LOC-SUM	06-12 Summary of Locations
LOC-BLDG	06-12 Location and Building Schedule
AWA 66 14	02-17 Worlds Apart Advantage Endorsement
BP 00 03	01-10 Businessowners Coverage Form
BP IN 01	01-10 Businessowners Coverage Form Index
AIL 10 01	06-06 Lead Liability Exclusion
AIL 10 08	06-06 Exclusion - Tanning Beds And Tanning Bed Operations
AIL 10 11	06-06 Punitive Damages Exclusion
AIL 10 12	06-06 Equipment Breakdown Coverage
AWA 05 15	01-16 Disclosure Pursuant To Terrorism Risk Insurance Act
AWA 66 80	01-12 Replacement Cost - Building(s)
AWA 66 84	01-12 Extended Replacement Cost - Building(s)
AWA 67 01	06-12 CAPsure Community Association Coverage
AWA 67 08	06-12 Employee Dishonesty Coverage For Designated Community Association Officers And Directors
AWA 68 27	02-16 Limitation Of Coverage To Designated Premises With Special Events Exception
BP 02 02	07-02 Tennessee Changes
BP 04 04	01-10 Hired & Nonowned Auto
BP 04 17	01-10 Employment-Related Practices Exclusion
BP 04 30	01-06 Protective Safeguards
BP 04 39	07-02 Abuse or Molestation Exclusion
AWA 68 40	07-15 Ordinance or Law Coverage
BP 05 01	07-02 Calculation of Premium
BP 05 26	01-15 Cap On Losses From Certified Acts Of Terrorism
BP 05 65	01-15 Conditional Limitation Of Coverage For Terrorism - Sub-Limit On Annual Aggregate Basis (Relating To Disposition Of Federal Terrorism Risk Insurance Act)
BP 05 77	01-06 Fungi or Bacteria Exclusion (Liability)
BP 10 05	07-02 Exclusion - Year 2000 Computer-Related and other Electronic Problems



**Policy Number:** WA0008925334-04  
**Policy Period:** From: 07/01/2018 To: 07/01/2019

### COUNTRY Mutual Insurance Company

**Named Insured:** Hickory Bay Towers HOA, Inc.

**Agency Name:** HOLYOKE OF SALEM INS AGCY INC

**Agency Code:** 02019

#### Location Summary

Loc #	Complex Name	Street Address	City	State	Zip Code
1		200 Sanders Ferry Rd	Hendersonville	TN	37075



Policy Number: WA0008925334-04  
Policy Period: From: 07/01/2018 To: 07/01/2019

### COUNTRY Mutual Insurance Company

Named Insured: Hickory Bay Towers HOA, Inc.

Agency Name: HOLYOKE OF SALEM INS AGCY INC

Agency Code: 02019

#### Location and Building Schedule

**Loc #1 Hendersonville, TN 37075**

Bldg #1	200 Sanders Ferry Rd	Primary Residential Association	Fire resistive	60 Units
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Limit

Building Coverage \$12,104,976

Extended Replacement Cost +25%

Ordinance or Law Coverage 1

Ordinance or Law Coverage 2/3 10%

Protective Safeguards Symbol P-1

Bldg #2	200 Sanders Ferry Rd	Primary Residential Association	Fire resistive	61 Units
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Limit

Building Coverage \$12,104,976

Extended Replacement Cost +25%

Ordinance or Law Coverage 1

Ordinance or Law Coverage 2/3 10%

Protective Safeguards Symbol P-1

Bldg #3	200 Sanders Ferry Rd	Outbuilding / Pool / Misc. Structure	Non-combustible	0 Units
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Limit

Building Coverage \$120,742

Extended Replacement Cost +25%

Bldg #4	200 Sanders Ferry Rd	Outbuilding / Pool / Misc. Structure	Non-combustible	0 Units
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Limit

Building Coverage \$59,508

Extended Replacement Cost +25%

Bldg #5	200 Sanders Ferry Rd	Outbuilding / Pool / Misc. Structure	Non-combustible	0 Units
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Limit

Building Coverage \$155,240

LOC-BLDG 06 12





Policy Number: WA0008925334-04  
Policy Period: From: 07/01/2018 To: 07/01/2019

### COUNTRY Mutual Insurance Company

**Named Insured:** Hickory Bay Towers HOA, Inc.

**Agency Name:** HOLYOKE OF SALEM INS AGCY INC

**Agency Code:** 02019

#### Location and Building Schedule

Extended Replacement Cost +25%

Bldg #6	200 Sanders Ferry Rd	Outbuilding / Pool / Misc. Structure	Non-combustible	0 Units
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Limit

Building Coverage

\$120,742

Extended Replacement Cost +25%

Bldg #7	200 Sanders Ferry Rd	Outbuilding / Pool / Misc. Structure	Masonry Veneer	0 Units
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Limit

Building Coverage

\$22,175

Replacement Cost

LOC-BLDG 06 12

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WORLDS APART® ADVANTAGE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

### **BUSINESSOWNERS COVERAGE FORM**

The following is a summary of increased limits of insurance and additional coverage provided by this endorsement. This endorsement is subject to the provisions of your policy, which means that it is subject to all terms, limitations and conditions applicable to the Businessowners Coverage Form unless specifically deleted, replaced or modified herein. This endorsement is applicable only to those premises described in the Declarations. Coverage for loss of Business Income or Extra Expense does not apply if a loss is covered only as a result of this endorsement.

No deductible applies to these coverages unless specifically stated in the coverage description.

<b>Endorsement Schedule</b>	
<b>Coverage Description</b>	<b>Limit of Insurance</b>
<b>SECTION I - PROPERTY</b>	
COVERED PROPERTY	
Expanded Described Premises	1,000 Feet
Expanded Covered Perils for Fences	
<b>ADDITIONAL COVERAGES</b>	
Business Income	
Actual Loss Sustained	18-Months
Extended Business Income	90 Days
Dependent Properties	\$25,000
Claims Expense	\$5,000
Computer Fraud	\$5,000
Debris Removal	35%/\$25,000
Fine Arts	\$25,000
Fire Department Service Charge	\$25,000
Fire Extinguisher Systems Recharge Expense	\$10,000
Lessor's Leasehold Interest for Mercantile or Office Occupancy Tenants	\$10,000
Lock and Key Coverage	
Lost Key Coverage	\$10,000
Electronic Key Systems	\$25,000
Money Orders And Counterfeit Money	\$25,000
Pollutant Clean Up and Removal	\$25,000
Reward	\$15,000
Tenant Move Back Expenses	\$10,000
<b>COVERAGE EXTENSIONS</b>	
Accounts Receivable	
At the Described Premises	\$50,000
Not At the Described Premises	\$15,000
Automated External Defibrillators	\$5,000

Computer Equipment	\$10,000
Appurtenant Structures	
Business Personal Property	\$5,000
Newly Acquired or Constructed	
Building	\$500,000
Business Income and Extra Expense	\$250,000
Period of Coverage	60 Days
Off-Premises Utility Service Failure	
Direct Damage	\$25,000
Time Element	\$25,000
Outdoor Property	\$10,000
Personal Effects	\$5,000
Valuable Papers and Records	
At the Described Premises	\$50,000
Not At the Described Premises	\$15,000
<b>OPTIONAL COVERAGES</b>	
Employee Dishonesty, Forgery and Alteration, Designated Property Management Agent	Shown on the Policy Declarations
Money and Securities	
Inside the Premises	\$25,000
Outside the Premises	\$25,000
Outdoor Signs	\$25,000
<b>SECTION II - LIABILITY</b>	
Broadened Coverage For Damage To Premises Rented To You	\$300,000
Heating Or Air Conditioning Loss Reimbursement	\$5,000 per Occurrence \$10,000 Annual
Lock-Out Or Sale, Removal And Disposal Liability	\$5,000
Per Location Aggregate Limit of Insurance	Business Liability Limits of Insurance Per Location
Tenants' Property Legal Liability	\$10,000

Except as otherwise stated in this endorsement, the terms and conditions of the policy apply to the insurance stated below:

**I. The following change applies to SECTION I - PROPERTY, Paragraph A.1., Covered Property:**

**A. Expanded Described Premises**

In paragraphs A.1.a.(6) and A.1.b. 100 feet is revised to 1,000 feet.

**II. The following change applies to SECTION I - PROPERTY, Paragraph A.2., Property Not Covered:**

**A. Expanded Covered Perils for Fences**

Paragraph A.2.e. is replaced by the following:

- e.** Outdoor radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers, signs (other than signs attached to buildings), trees, shrubs or plants, all except as provided in the:

- (1) Outdoor Property Coverage Extension; or
- (2) Outdoor Signs Optional Coverage;

**III. The following changes apply to SECTION I - PROPERTY, Paragraph A.5., Additional Coverages:**

AWA 66 14 02 17

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