



VERMONT MUTUAL GROUP
 89 State Street, PO Box 188
 Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

Policy Number: BP11026282 - RENEWAL POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

CARRINGTON FARMS CONDO ASSOC
 C/O SEQUEL MANAGEMENT
 2 KNIGHTSBRIDGE DR
 NASHUA, NH 03063-8005

Agency / Address

BROWN & BROWN INC - MRIMACK
 309 D W HIGHWAY SOUTH
 PO BOX 1510
 MERRIMACK, NH 03054-1510

(603) 424-9901

POLICY PERIOD From 09/10/2011 To 09/10/2012 at 12:01 A.M.*

*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.

TOTAL POLICY PREMIUM at inception is: \$30,369 and at each anniversary.

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.

BUSINESS DESCRIPTION			
Form of Business: OTHER			
DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
001	001	THIRTY UNIT CONDO/BLANKET 126 MAMMOTH RD HOOKSETT, NH 03106	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
PROPERTY - Limits of Insurance for			
BUILDINGS		\$ 3,407,600	
Actual Cash Value - Buildings Option (Y/N)		N	
Automatic Increase - Building Limit (pct.)		4%	
BUSINESS PERSONAL PROPERTY		\$	
EARTHQUAKE DEDUCTIBLE (pct)		%	
DEDUCTIBLE \$ 5,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250			
OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:			Limits of Insurance
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 50,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
COVERAGE EXTENSIONS			\$
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration			\$
LIABILITY AND MEDICAL PAYMENTS			
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.			
		Limits of Insurance	
Liability and Medical Expenses	\$ 1,000,000		
Medical Expenses	\$ 5,000	Per person	
Fire Legal Liability	\$ 50,000	Any one fire or explosion	
FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)			

COUNTERSIGNED _____
 (DATE)

BY _____
 (AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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