

\*RENEWAL

EFFECTIVE DATE: 08/10/2011

<b>Policy Number:</b> BOP8490441	<b>Prior Policy:</b> 8490441
<b>Billing Type:</b> DIRECT BILL	
<b>Coverage Is Provided In</b> PEERLESS INDEMNITY INSURANCE COMPANY	
<b>Named Insured and Mailing Address:</b> THE VILLAGES OF CROSSWINDS C/O SEQUEL MANAGEMENT 2 KNIGHTSBRIDGE DRIVE NASHUA NH 03063	<b>Agent:</b> BROWN & BROWN OF NH INC 309 DWH PO BOX 1510 MERRIMACK NH 03054  <b>Agent Code:</b> 8110668 <b>Agent Phone:</b> (603)-424-9901

**COMMERCIAL PROTECTOR COVERAGE FORM DECLARATIONS  
BUSINESSOWNERS COVERAGE FORM DECLARATIONS**

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

**POLICY PERIOD:** From: 08/10/2011 To: 08/10/2012 at 12:01 AM Standard Time at your mailing address shown above.

**FORM OF BUSINESS:** CONDO ASSOCIATION

**BUSINESS DESCRIPTION:** CONDOMINIUM-ASSOCIATION-RESIDENTIAL

**DESCRIPTION OF PREMISES**

Prem. No.	Bldg. No.	Location Occupancy, Construction/Fire Protection
001	001	2 LARCH STREET HILLSBOROUGH GOFFSTOWN NH 03045 CONDOMINIUM-ASSOCIATION-RESIDENTIAL FRAME, P-1
001	002	2 LARCH STREET HILLSBOROUGH GOFFSTOWN NH 03045 CONDOMINIUM-ASSOCIATION-RESIDENTIAL FRAME, P-1
001	003	2 LARCH STREET HILLSBOROUGH GOFFSTOWN NH 03045 CONDOMINIUM-ASSOCIATION-RESIDENTIAL FRAME, P-1

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COMMERCIAL PROTECTOR COVERAGE FORM DECLARATIONS (Continued)  
BUSINESSOWNERS COVERAGE FORM DECLARATIONS

001 004 2 LARCH STREET  
HILLSBOROUGH  
GOFFSTOWN NH 03045  
CONDOMINIUM-ASSOCIATION-RESIDENTIAL  
FRAME, P-1

001 005 2 LARCH STREET  
HILLSBOROUGH  
GOFFSTOWN NH 03045  
CONDOMINIUM-ASSOCIATION-RESIDENTIAL  
FRAME, P-1

001 006 2 LARCH STREET  
HILLSBOROUGH  
GOFFSTOWN NH 03045  
CONDOMINIUM-ASSOCIATION-RESIDENTIAL  
FRAME, P-1

001 007 2 LARCH STREET  
HILLSBOROUGH  
GOFFSTOWN NH 03045  
CONDOMINIUM-ASSOCIATION-RESIDENTIAL  
FRAME, P-1

**PROPERTY COVERAGE (Business Income is included as an Additional Coverage not subject to the limits below, please refer to your policy and endorsements for coverage details and limitations)**

Prem. No.	Bldg. No.	Coverage	Limits of Insurance
***	***	BUILDING (REPLACEMENT COST)	\$ 5,505,640

\* The above Limit of Insurance for BUILDING is a Blanket Limit of Insurance applying to the following locations:

001 001  
001 002  
001 003  
001 004  
001 005  
001 006  
001 007

DEDUCTIBLE: \$ 1,000 In Any One Occurrence  
\$ 500 Optional Coverage Deductible (Section I, D. Deductibles 2.)

AUTOMATIC INCREASE: Building Coverage Shall Be Increased 6% Annually.  
Personal Property Coverage Shall Be Increased Annually.

MORTGAGE HOLDERS: NONE

**COMMERCIAL PROTECTOR COVERAGE FORM DECLARATIONS (Continued)**  
**BUSINESSOWNERS COVERAGE FORM DECLARATIONS**

**PROPERTY OPTIONAL COVERAGES**

Coverage	Additional Limits of Insurance
COMMERCIAL PROTECTOR COVERAGE EXTENSION	INCLUDED

**PROPERTY OPTIONAL COVERAGES – Location Level – These Limits of Insurance apply in addition to those found in the COMMERCIAL PROTECTOR**

Prem. No.	Bldg. No.	Coverage	Additional Limits of Insurance
001	001	EMPLOYEE DISHONESTY	\$ 25,000

**LIABILITY AND MEDICAL PAYMENTS COVERAGE**

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 Section II LIABILITY of the COMMERCIAL PROTECTOR COVERAGE FORM (BUSINESSOWNERS COVERAGE FORM).

Coverage	Limits of Insurance
LIABILITY AND MEDICAL EXPENSES	\$ 1,000,000 Per Occurrence
MEDICAL EXPENSES	\$ 5,000 Per Person
DAMAGE TO PREMISES RENTED TO YOU	\$ 50,000 Any One Fire or Explosion

**AGGREGATE LIMITS**

BODILY INJURY OR PROPERTY DAMAGE UNDER PRODUCTS/COMPLETED OPERATIONS HAZARD	\$ 2,000,000
ALL OTHER INJURY OR DAMAGE (INCLUDING MEDICAL EXPENSES)	\$ 2,000,000

**LIABILITY OPTIONAL COVERAGES**

Coverage	Limits of Insurance
NON-OWNED AUTO LIABILITY	INCLUDED

**FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY:**

(Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations)

Form Number	Description	Description
17-357	- 0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
17-366	- 1202	WAR LIABILITY EXCLUSION
17-98	- 0604	EXCLUSION - ASBESTOS
44-105	- 0604	QUICK REFERENCE - COMMERCIAL PROTECTOR COVERAGE FORM
44-115	- 0604	COMMERCIAL PROTECTOR COVERAGE FORM
44-120	- 0604	COMMERCIAL PROTECTOR EXTENSION ENDORSEMENT
44-148	- 0604	COMMERCIAL PROTECTOR LIABILITY EXTENSION ENDORSEMENT
44-175	- 0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
44-190	- 0108	EXCLUSION OF PUNITIVE DAMAGES OF CERT ACTS OF TERROR
44-192	- 0604	WAR LIABILITY EXCLUSION
44-200	- 0204	EXCLUSION - SILICA
44-207	- 0305	EXCLUSION-VIOLATION OF STATUTES
44-222	- 0108	IDENTITY THEFT EXPENSE COVERAGE
44-223	- 0808	WATER EXCLUSION ENDORSEMENT
44-234	- 0111	LIMITED CYBER LIAB AMENDMENT OF COV B-PERS & ADV INJURY
44-235	- 1010	ADDITIONAL COVERAGES & EXTENSION OF COVERAGE DEDUCTIBLE
44-50	- 0604	HIRED AUTO AND NON-OWNED AUTO LIABILITY

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**COMMERCIAL PROTECTOR COVERAGE FORM DECLARATIONS (Continued)**  
**BUSINESSOWNERS COVERAGE FORM DECLARATIONS**

17-59	- 0694	DECLARATIONS EXTENSION
BP1701	- 0702	CONDOMINIUM ASSOCIATION COVERAGE
BP0601	- 0107	EXCLUSION OF LOSS DUE TO BACTERIA
BP0577	- 1102	FUNGI OR BACTERIA EXCLUSION
BP0576	- 1102	LIMITED FUNGI OR BACTERIA COVERAGE
BP0501	- 0702	CALCULATION OF PREMIUM
BP0430	- 0702	PROTECTIVE SAFEGUARDS
BP0417	- 0702	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0122	- 0702	NH BUSINESSOWNERS STANDARD FIRE POLICY PROVISION
BP0113	- 0108	NEW HAMPSHIRE CHANGES

**PREMIUM**

Terrorism Risk Insurance Act of 2002 and 2005 Coverage	\$	0.00
Total Policy Premium	\$	6,561.00

Countersigned: By *Lisa Jo* \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Representative

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Date Issued: 06/24/2011