

RENEWAL



EFFECTIVE DATE: 07/07/2011

<b>Policy Number:</b> BOP8467361	<b>Prior Policy:</b> 8467361
<b>Billing Type:</b> DIRECT BILL	
<b>Coverage Is Provided In</b> PEERLESS INDEMNITY INSURANCE COMPANY	
<b>Named Insured and Mailing Address:</b> FIELDS GROVE FLATS CONDOMINIUM ASSOC C/O SEQUEL MGMT 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: 07/07/2011 To: 07/07/2012 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	15 LOVELL STREET HILLSBOROUGH NASHUA NH 03060 CONDOMINIUM-ASSOCIATION-RESIDENTIAL FRAME

**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
001	001	BUILDING (REPLACEMENT COST)	\$ 2,400,000

**DEDUCTIBLE:** \$ 5,000 In Any One Occurrence

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

**MORTGAGE HOLDERS:** REFER TO ADDITIONAL INTERESTS SCHEDULE

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

**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
<b>AGGREGATE LIMITS</b>	
BODILY INJURY OR PROPERTY DAMAGE UNDER PRODUCTS/COMPLETED OPERATIONS HAZARD	\$ 2,000,000
ALL OTHER INJURY OR DAMAGE (INCLUDING MEDICAL EXPENSES)	\$ 2,000,000

**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
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
44-175	- 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
BP0113	- 0108 NEW HAMPSHIRE CHANGES
BP0122	- 0702 NH BUSINESSOWNERS STANDARD FIRE POLICY PROVISION
BP0417	- 0702 EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0501	- 0702 CALCULATION OF PREMIUM
BP0576	- 1102 LIMITED FUNGI OR BACTERIA COVERAGE
BP0577	- 1102 FUNGI OR BACTERIA EXCLUSION
BP0601	- 0107 EXCLUSION OF LOSS DUE TO BACTERIA
BP1701	- 0702 CONDOMINIUM ASSOCIATION COVERAGE
17-59	- 0694 DECLARATIONS EXTENSION
21-8	- 1094 ADDITIONAL INTERESTS SCHEDULE

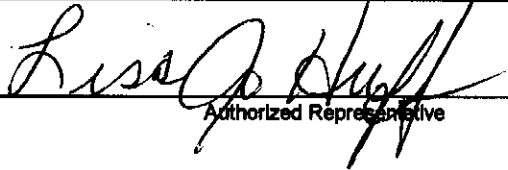
**PREMIUM**

Terrorism Risk Insurance Act of 2002 and 2005 Coverage	\$ 0.00
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RENEWAL

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

Total Policy Premium \$ 3,111.00

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

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Date Issued: 05/24/2011

**Forming a part of**

<b>Policy Number: BOP 8467361</b>	
<b>Coverage is Provided In PEERLESS INDEMNITY INSURANCE COMPANY</b>	
<b>Named Insured:</b> FIELDS GROVE FLATS CONDOMINIUM ASSOC	<b>Agent:</b> BROWN & BROWN OF NH INC  <b>Agent Code: 8110668      Agent Phone: (603)-424-9901</b>

**COMMERCIAL PROTECTOR SUPPLEMENTAL DECLARATIONS  
DIRECTORS AND OFFICERS LIABILITY  
(CONDOMINIUM ASSOCIATIONS AND HOMEOWNERS ASSOCIATIONS)**

**THIS IS A CLAIMS MADE COVERAGE. READ YOUR COVERAGE FORM CAREFULLY.**

**LIMIT OF INSURANCE**

Aggregate Limit \$ 1,000,000

**RETROACTIVE DATE**

This insurance does not apply to "loss" arising from "wrongful acts" that occur before the Retroactive Date, if any, shown here:  
**07/07/2008**  
 (Enter Date or "None" if no Retroactive Date applies)

**FORMS AND ENDORSEMENTS**

**Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:**

Form Number	Description
17-29	- 1093 DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM
17-357	- 0108 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
17-363	- 0108 EXCLUSION OF PUNITIVE DAMAGES OF CERT. ACTS OF TERROR
17-366	- 1202 WAR LIABILITY EXCLUSION

Date Issued: 05/24/2011