

WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSURED DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES. THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET. DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

NAMED ENTITY AND MAILING ADDRESS		NAMED ENTITY NUMBER AND PHYSICAL ADDRESS	
Item 1. KNIGHTSBRIDGE ARMS CONDOMINIUM ASSOCIATION  C/O SEQUEL MANAGEMENT 2 Knightsbridge Drive Nashua, NH 03063		KNIGHTSBRIDGE ARMS CONDOMINIUM ASSOCIATION  2 KNIGHTSBRIDGE DR. Nashua, NH 03063	
POLICY NUMBER		INSURER	
0251329970		Continental Casualty Company CNA Plaza, Chicago, IL 60685	

Item 2. Policy Period: 7/01/2011 to 7/01/2012  
12:01 a.m. local time at the address stated in Item 1.

Item 3. Policy Premium: \$797.00

Item 4. Notices to Insurer:

**Claims:** Claim Manager  
CNA Global Specialty Lines  
40 Wall Street, 8th Floor  
New York, New York 10005

All other notices:  
Ian H. Graham, a division of  
Affinity Insurance Services, Inc.  
Managing General Underwriter  
5161 Lankershim Blvd.  
North Hollywood, CA **91601**

Item 5. Coverage:

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

**Defense Costs** are included within the applicable limit of liability for **Association Liability Coverage Part**. Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.

This Policy includes *only* those coverages designated with a "Yes" as "Included" in column 1 of the Coverage Schedule set forth below. *If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part Insuring Agreement is not included.*

COVERAGE PART	1 INCLUDED (YES OR NO)	2 SCHEDULED LIMITS OF LIABILITY	3 SCHEDULED RETENTIONS	4 PRIOR OR PENDING DATE
Association Liability	N	n/a Aggregate Limit of Liability for all Loss paid on behalf of all Named Entity Insureds for all Claims first made during each Policy Period.	n/a	n/a
Crime:		\$ per loss		Not Applicable
Insuring Agreement 1: Employee Theft	Y	\$250,000	\$1,000	
Insuring Agreement 2: Forgery or Alteration	Y	\$25,000	\$250	
Insuring Agreement 3: Theft, Disappearance and Destruction	Y	\$25,000	\$0	
Insuring Agreement 4: Computer Fraud and Wire Transfer Fraud	Y	\$250,000	\$1,000	

Item 6. **Property Manager: SEQUEL MANAGEMENT**

**Property Manager** Prior or Pending Date: 7/01/2011

Contact for correspondence and notice to the Property Manager:

Name:  
Address: 2 Knightsbridge Drive  
Nashua, NH 03063

Item 7. Endorsements forming a part of this Policy at issuance:

- G-145172-A - Policy Form
- GTC G-145170-A - General Terms & Conditions
- G-145127-A28 03 - Cancellation and Non-renewal endt.
- G-145128-A28 (03/09) - Amendatory Endorsement
- GSL8400XX (2-09) - Amend Commercial Crime Coverage Part

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **Named Entity Insureds** and the Insurer.

Authorized Representative: \_\_\_\_\_

*John S Brand*

Date: \_\_\_\_\_

7/13/2011