



HARFORD MUTUAL

COMMITTED TO MUTUAL SUCCESS

Policy #: 8156667

Agent: BRAMHALL & HITCHEN, INC.

Issued to: ELEVEN TWENTY-TWO CONDOMINIUM

Phone #: (302) 995-2247

Thank you for placing your insurance coverage with Harford Mutual. Your business is very important to us. If you have any questions regarding policy coverages or need to make any changes, please contact your Agent listed above. If you have any billing questions, please contact Accounting Department Customer Service at the phone number listed below.

Type of Policy:	Businessowners
Billing:	Direct Bill
Annual Premium:	\$4,601
Billing Customer ID:	219121
Payment Plan:	E (10 payments)
Accounting Dept Customer Service:	(866) 377-1896
Policy Period:	02/27/2015 to 02/27/2016

** IMPORTANT BILLING INFORMATION **

Please note that this document is not your premium statement. Your agent has selected Harford Mutual to bill you directly for the periodic premium payments due for some or perhaps all of your insurance policies. Your premium statement will be mailed to you from Harford Mutual. The premium statement is the only invoice that you will receive for these policies. You will receive one combined easy-to-read statement for the various policies your agent has selected for this plan. On the back of the premium billing statement you will find the Payment Plan Schedule for all policies that are being billed. This schedule was produced based upon all premium transactions processed as of the time the statement was prepared.

INSURED COPY

1659-BAS

Property and Casualty Insurance
Since 1842

The Harford Mutual Insurance Company

THE
HARFORD MUTUAL
INSURANCE COMPANIES

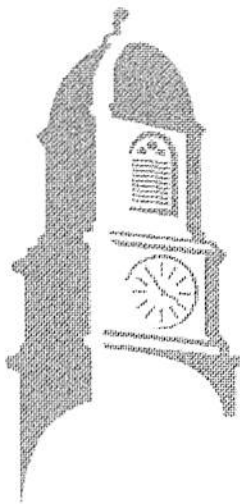
PHONE 1-410-838-4000
FAX NO. 1-410-838-8675

Policy #: 8156667

Agent: BRAMHALL & HITCHEN, INC.

Issued to: ELEVEN TWENTY-TWO CONDOMINIUM

Phone #: (302) 995-2247



Businessowners Policy

**24-Hour Claims Reporting Line
1-877-445-5826***

***For reporting of new claims only**

THIS POLICY JACKET WITH BUSINESS COVERAGE FORM(S), DECLARATIONS AND ENDORSEMENTS,
IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THIS POLICY

The Harford Mutual Insurance Companies

Bel Air, Maryland 21014-3544

Company: The Harford Mutual Insurance Company

Policy Number: 8156667 Renewal of: 8148312

BUSINESSOWNERS DECLARATIONS

Named Insured and Mailing Address

ELEVEN TWENTY-TWO CONDOMINIUM
2115 CONCORD PIKE
STE 204; C/O GOLDSBOROUGH REALTY
WILMINGTON, DE 19803

Agency Name and Address

1659-BAS BRAMHALL & HITCHEN, INC.
111 RUTHAR DR
NEWARK, DE 19711-8025
(302) 995-2247

Policy Period: From 02/27/2015 to 02/27/2016 at 12:01 A.M. Standard Time at your mailing address shown above.
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: CONDOMINIUM ASSOCIATION

FORM OF BUSINESS: Business Organization other than Partnership or Joint Venture

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 1

PREMISES ADDRESS:

610 W 11TH ST
NEW CASTLE, DE 19720
COUNTY: NEW CASTLE

Construction: Joisted Masonry
Protection Class: 5

Occupancy: Condominiums Residential Condominium (Association risk only)

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$1,000 property deductible per occurrence) LIMIT OF INSURANCE*
BUILDING - Automatic Increase 8%**.....\$ 1,505,500
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

*Includes Increased Building Limit Percentage, if applicable

**This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
NONE

POLICY DECLARATIONS ARE CONTINUED ON THE NEXT PAGE.

LIABILITY AND MEDICAL EXPENSES: See Liability and Medical Expenses Schedule

FORMS AND ENDORSEMENTS: See Form Schedule

PREMIUM: Annual Premium: \$4,601

LIABILITY AND MEDICAL EXPENSES SCHEDULE

SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

LIABILITY COVERAGE*	LIMIT OF INSURANCE
Liability and Medical Expenses (Per Occurrence).....	\$1,000,000
Medical Expenses (Per Person).....	\$ 10,000
Damage to Premises Rented to You (Any One Premises).....	\$ 500,000
Other Than Products/Completed Operations Aggregate.....	\$2,000,000
Products/Completed Operations Aggregate.....	\$2,000,000

*Optional Property Damage Liability Deductible May Apply. Refer to Forms Schedule for Deductible Information (If Applicable).

SUPPLEMENTAL DECLARATIONS PAGE - PROPERTY SCHEDULE

SECTION I - PROPERTY

PREMISES INFORMATION: PREMISES 1, BUILDING 2

PREMISES ADDRESS:

610 W 11TH ST
NEW CASTLE, DE 19720
COUNTY: NEW CASTLE

Construction: Joisted Masonry
Protection Class: 5

Occupancy: Condominiums Residential Condominium (Association risk only)

MORTGAGEHOLDER: None

PROPERTY COVERAGES: (\$1,000 property deductible per occurrence) LIMIT OF INSURANCE*
BUILDING - Automatic Increase 8%**.....\$ 1,505,500
BUSINESS INCOME - Included - Refer to Endorsements for Coverage and Limitations

*Includes Increased Building Limit Percentage, if applicable
**This percentage can only vary by premises, not by building

OPTIONAL COVERAGES: (\$500 deductible for OPTIONAL COVERAGES)
NONE

IMPORTANT NOTICES TO POLICYHOLDERS

BP0571 (0107) DISCLOSURE OF PREMIUM & ESTIMATED PREMIUM/CERTIFIED ACTS OF TERRORISM
(A) PREMIUM THROUGH 12/31/2014 \$0
(B) ESTIMATED PREMIUM BEYOND 12/31/2014 \$242
Federal share of terrorism losses 85% Year 2008 and after.

BPMS12-1 BUSINESSOWNERS EQUIPMENT BREAKDOWN
BPMS14-2 BOP ACCESS OR DISCLOSURE ADVISORY NOTICE
ILMS001 (0704) FLOOD INSURANCE NOTICE
ILMS08-1B POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ILMS10-4 NOTICE REGARDING CLAIMS-MADE LIABILITY COVERAGE ON YOUR POLICY
ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC
ILMS14-2 NOTICE TO POLICYHOLDERS REGARDING INFLATION PROTECTION & BLDG VALUES
ILMS93-1(0908) LEAD LIABILITY EXCLUSION
ILN001 (0903) FRAUD STATEMENT

FORM SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

BP0003 (0713) BUSINESSOWNERS COVERAGE FORM
BP0237 (0412) DELAWARE CHANGES - CANCELLATION AND NONRENEWAL
BP0501 (0702) CALCULATION OF PREMIUM
BP0517 (0106) EXCLUSION - SILICA OR SILICA-RELATED DUST
BP0523 (0108) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP0538 (0608) EXCLUSION-OTHER ACTS OF TERRORISM; CAP ON CERTIFIED ACTS OF TERRORISM
BP0542 (0108) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
BP0564 (0107) CONDITIONAL EXCLUSION OF TERRORISM
FIRE EXCEPTION STATES: NC, NJ & VA

BP0577 (0106) FUNGI OR BACTERIA EXCLUSION (LIABILITY)
BP0598 (0713) AMENDMENT OF INSURED CONTRACT DEFINITION
BP1504 (0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION
BPHG10 (0910) EXCLUSION - LEAD CONTAMINATION
BPHG51 (0105) ASBESTOS EXCLUSION ENDORSEMENT
BPHG58 (0908) TOBACCO HEALTH HAZARD EXCLUSION
BPHG63 (0509) EQUIPMENT BREAKDOWN GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS

(3) POLICY: 8156667 2014/07/01-1.00(7)
ISSUE DATE: 01/13/2015 #1

BPHG64 (0713) GREEN ENVIRONMENTAL AND EFFICIENCY IMPROVEMENTS
 BPHG79 (0713) EXCLUSION-LOSS DUE TO BY-PRODUCTS OF PRODUCTION/PROCESSING OPERATIONS
 BPIN01 (0713) BUSINESSOWNERS COVERAGE FORM INDEX
 BP0404 (0110) HIRED AUTO AND NON-OWNED AUTO LIABILITY.....143.00
 Coverage: Hired Auto Liab. & Non-Owned Auto Liab.

 BP0412 (0106) LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
 Premises Address: ALL LOCATIONS ON POLICY

 BP1701 (0713) CONDOMINIUM ASSOCIATION COVERAGE
 BPHG60 (0713) BUSINESSOWNERS IMPROVED VALUE ENDORSEMENT PLUS.....350.00
 BPHG40 (0713) EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT.....138.00
 BPHG80 (0713) EMPLOYMENT PRACTICES LIABILITY ENDORSEMENT.....190.00
 Each Claim Limit: \$100,000
 Aggregate Limit: \$100,000
 Deductible: \$5,000 Each Claim
 Retroactive Date: 02/27/2014

OTHER CHARGES APPLIED TO THIS POLICY

Terrorism Risk Insurance Program Reauthorization Act of 2007 - Certified Acts -
 Premium Charged.....242.00



HARFORD MUTUAL

COMMITTED TO MUTUAL SUCCESS

Policy #: 7965725

Agent: BRAMHALL & HITCHEN, INC.

Issued to: ELEVEN TWENTY-TWO CONDOMINIUM

Phone #: (302) 995-2247

Thank you for placing your insurance coverage with Harford Mutual. Your business is very important to us. If you have any questions regarding policy coverages or need to make any changes, please contact your Agent listed above. If you have any billing questions, please contact Accounting Department Customer Service at the phone number listed below.

Type of Policy: Commercial Umbrella

Billing: Direct Bill

Annual Premium: \$400

Billing Customer ID: 219121

Payment Plan: E (10 payments)

Accounting Dept

Customer Service: (866) 377-1896

Policy Period: 02/27/2015 to 02/27/2016

** IMPORTANT BILLING INFORMATION **

Please note that this document is not your premium statement. Your agent has selected Harford Mutual to bill you directly for the periodic premium payments due for some or perhaps all of your insurance policies. Your premium statement will be mailed to you from Harford Mutual. The premium statement is the only invoice that you will receive for these policies. You will receive one combined easy-to-read statement for the various policies your agent has selected for this plan. On the back of the premium billing statement you will find the Payment Plan Schedule for all policies that are being billed. This schedule was produced based upon all premium transactions processed as of the time the statement was prepared.

INSURED COPY

Property and Casualty Insurance
Since 1842

The Harford Mutual Insurance Company

THE
HARFORD MUTUAL
INSURANCE COMPANIES

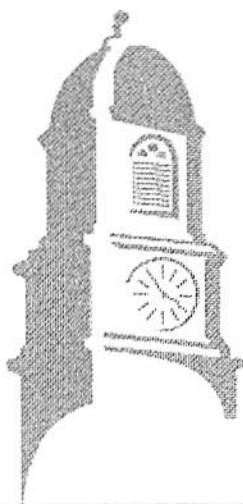
PHONE 1-410-838-4000
FAX NO. 1-410-838-8675

Policy #: 7965725

Agent: BRAMHALL & HITCHEN, INC.

Issued to: ELEVEN TWENTY-TWO CONDOMINIUM

Phone #: (302) 995-2247



Commercial Umbrella Policy

24-Hour Claims Reporting Line
1-877-445-5826*

*For reporting of new claims only

THIS POLICY JACKET WITH DECLARATIONS, SCHEDULE OF UNDERLYING INSURANCE, COVERAGE FORM, AND APPLICABLE FORMS AND ENDORSEMENTS, COMPLETES THIS POLICY

The Harford Mutual Insurance Companies

Bel Air, Maryland 21014-3544

Company: The Harford Mutual Insurance Company

Policy Number: 7965725 Renewal of: 7962398

COMMERCIAL EXCESS UMBRELLA LIABILITY DECLARATIONS

Named Insured and Mailing Address

ITEM 1 & 2
ELEVEN TWENTY-TWO CONDOMINIUM
2115 CONCORD PIKE
STE 204; C/O GOLDSBOROUGH REALTY
WILMINGTON, DE 19803

Agency Name and Address

1659-BAS BRAMHALL & HITCHEN, INC.
111 RUTHAR DR
NEWARK, DE 19711-8025
(302) 995-2247

ITEM 3

Policy Period From: 02/27/2015 to 02/27/2016 at 12:01 A.M. Standard Time at your mailing address shown above. In return for the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy

ITEM 4

Retroactive Date 02/27/2013
(Applicable only to claims made coverage)

ITEM 5

Limit of Insurance:
Policy Aggregate Limit: \$ 1,000,000
Self Insured Retention: \$ 10,000
(each occurrence or offense not covered by underlying insurance)

ITEM 6

Schedule of Underlying Insurance: SEE ATTACHED SCHEDULE OF UNDERLYING INSURANCE

ITEM 7

Form of Business: Organization other than Partnership or Joint Venture
Business Description: BUILDING OWNER

ITEM 8

PREMIUM: \$400 Terrorism: \$0 Minimum Premium: \$100 Total: \$400

ITEM 9

Forms and Endorsements attached to this policy: SEE FORM SCHEDULE ATTACHED

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SCHEDULE OF UNDERLYING INSURANCE

Type of Policy: Businessowners
Carrier: Harford Mutual Insurance Company
Policy Number: 8156667
Policy Period: 02/27/2015 to 02/27/2016
Limits of Liability: Combined Single Limit Liability
\$1,000,000 Each Occurrence
Aggregates
\$2,000,000 General Aggregate
\$2,000,000 Products/Completed Operations Aggregate

IMPORTANT NOTICES TO POLICYHOLDERS

CUMS14-2 COMMERCIAL LIABILITY UMBRELLA ACCESS OR DISCLOSURE ADVISORY NOTICE
ILMS08-1C POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ILMS11 (0604) ADVISORY NOTICE TO POLICYHOLDERS - OFAC
ILMS93-1(0908) LEAD LIABILITY EXCLUSION
ILN001 (0903) FRAUD STATEMENT

COMMERCIAL EXCESS UMBRELLA FORM SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

HMU-104C(0514) EXCLUSION-ACCESS/DISCLOSURE W/LTD BODILY INJURY EXCEPTION
HMU-10C (0506) LEAD CONTAMINATION EXCLUSION
HMU-2135(1008) CERTIFIED ACTS OF TERRORISM FOLLOWING FORM
HMU-2136(0108) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
HMU-42C (0506) EMPLOYMENT-RELATED PRACTICES EXCLUSION
HMU-44C (0506) EMPLOYERS LIABILITY EXCLUSION
HMU-60C (0513) CROSS SUITS LIABILITY EXCLUSION
HMU-62C (0210) COMMUNICABLE DISEASE EXCLUSION
HMU-81C (0506) FUNGI OR BACTERIA EXCLUSION
HMU-82C (0506) WAR LIABILITY EXCLUSION
HMU-83C (0506) AMENDMENT OF INSURING AGREEMENT - KNOWN INJURY OR DAMAGE
HMU-85C (0506) ASBESTOS EXCLUSION
HMU-86C (0506) SILICA OR SILICA-RELATED DUST EXCLUSION
HMU-87C (0210) EXCLUSION-VIOLATION OF STATUTES THAT GOVERN METHOD OF SENDING MATERIAL
HMU-92C (0908) TOBACCO HEALTH HAZARD EXCLUSION
HMU-95C (0210) AMENDMENT OF INSURED CONTRACT DEFINITION
HMU-96C (0510) POLLUTION LIABILITY EXCEPTION FOR EQUIPMENT TO HEAT/COOL BUILDINGS
HMU-DE-1(0210) DELAWARE AMENDATORY ENDORSEMENT CANCELLATION AND NONRENEWAL
HMU-DE-2(0112) DELAWARE CHANGES - CIVIL UNION
HMUC-C (0109) COMMERCIAL EXCESS UMBRELLA LIABILITY POLICY
HMU-33C (0506) AUTOMOBILE LIABILITY FOLLOWING FORM
HMU-69C (0210) DESIGNATED PREMISES/PROJECT LIMITATION OF COVERAGE
HMU-8C (0506) ATHLETIC OR SPORTS PARTICIPANTS EXCLUSION

SELECTIVE INSURANCE COMPANY OF AMERICA
40 WANTAGE AVE, BRANCHVILLE, NJ 07890

COMMERCIAL POLICY COMMON DECLARATION

Named Insured and Address ELEVEN TWENTY-TWO CONDOMINIUM C/O GOLDSBOROUGH REALTY 2115 CONCORD PIKE, STE 204 WILMINGTON, DE 19803-2972	Policy Period From: FEBRUARY 27, 2015 To: FEBRUARY 27, 2016 12:01 A.M. Standard Time At Location of Designated Premises.
Named Insured is: ASSN/LABOR/RE	Producer Number: 00-04870-00000

Producer:

BRAMHALL & HITCHEN INC
DELAWARE

Schedule of Coverage
COMMERCIAL CRIME COVERAGE

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance indicated in the schedule above. Insurance is provided only for those coverages for which a specific limit is shown on the attached coverage declaration(s).

PAYMENT METHOD Total Policy Premium \$442.00
 D/B - 1 (This premium may be subject to adjustment.)

Date Issued: DECEMBER 29, 2014
Issuing Office: MID ATLANTIC REGION

Authorized Representative _____

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 27, 2015

Schedule Effective Date: FEBRUARY 27, 2015

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE
COMMON COVERAGE PART:

IL 70 25 1189 COMMERCIAL POLICY COMMON DECLARATION

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE
COMMERCIAL CRIME FIDELITY COVERAGE PART:

CR 70 26 0292 COMMERCIAL CRIME COVERAGE DECLARATION
CR 00 23 0506 COMMERCIAL CRIME POLICY(LOSS SUSTAINED)
CR 02 82 0112 DE-INC SPOUSE & CHILDREN OF BLDG MANAGER
CR 20 20 0702 CALCULATION OF PREMIUM
CR 20 21 0300 EXCL OF CERTAIN COMPUTER RELATED LOSSES
CR 25 02 0506 INCLUDE DESIGNATED AGENTS AS EMPLOYEES
CR 70 36 0904 ERISA-INFLATION GUARD END
IL 00 17 1198 COMMON POLICY CONDITIONS

NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

NOTE: All applicable "IL" endorsements will be attached in the Common Section of the policy.

Previous Policy Number
B 6037579

Policy Number
B 6037579

COMMERCIAL CRIME COVERAGE DECLARATION

Policy Effective Date: FEBRUARY 27, 2015

Coverage Effective Date: FEBRUARY 27, 2015

Business of Named Insured: CONDO ASSOC.

Insurance is provided only for those coverages which are shown in the following coverage schedule.

Coverage Schedule

Coverage Form	Coverage	Limit	Deductible
	EMPLOYEE THEFT -BLANKET	\$100,000	\$1,000

Forms and Endorsements:

Refer to "Commercial Policy Forms and Endorsement Schedule"

Premium Amount
\$442.00
(This premium may be)
(subject to adjustment.)