



## The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

### PILLAR COMMON POLICY DECLARATIONS

Policy Number: **EMO 047 09 11**

Named Insured: **1960 SUPERFINE LANE HOME OWNERS ASSOCIATION**

Mailing Address: **C/O: GOLDSBOROUGH REALTY  
2115 CONCORD PIKE STE 200A  
WILMINGTON, DE 19803-2965**

Principal Address: **1960 SUPERFINE LN  
WILMINGTON, DE 19802-4917**

Previous Policy Number: **NEW**

Policy Period: (At 12:01 AM standard time at your principal address shown above.)

**FROM: 01-15-2018**

**TO: 01-15-2021**

Agency: **B+H INSURANCE LLC 07-003**  
City, State: **NEWARK, DE**

Shared Annual Aggregate Limit of Liability: **N/A**

Applicable to all claims under the following liability coverage parts:

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

Forms applicable to all coverage parts:

**ML101 01/16 GENERAL PROVISIONS**  
**ML400 01/16 SUMMARY OF PREMIUMS CHARGED**  
**IA4234 01/15 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE**  
**ML4023DE 01/17 DELAWARE CHANGES - CANCELLATION AND NONRENEWAL**  
**ML458 01/16 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

**ML 501 01 16**

**Page 1 of 2**

**EMO 047 09 11**

IA4486 03/17 NOTICE OF LOSS CONTROL SERVICES- COMMUNITY ASSOCIATIONS  
IP446 08/01 NOTICE TO POLICYHOLDERS  
IA4338 05/11 SIGNATURE ENDORSEMENT

Coverage part declarations:

ML506 01/16 COMMUNITY ASSOCIATION DIRECTORS AND OFFICERS LIABILITY COVERAGE  
PART DECLARATIONS

---

02-07-2018 08:53

ML 501 01 16

Page 2 of 2  
EMO 047 09 11



## The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

### COMMON POLICY DECLARATIONS

Billing Method: **DIRECT BILL**

**POLICY NUMBER EPP 047 12 49**

**NAMED INSURED** 1960 SUPERFINE LANE HOMEOWNERS ASSOCIATION.

2115 CONCORD PIKE STE 202

**ADDRESS** SUITE 200 C/O GOLDSBOROUGH REALTY

(Number & Street, WILMINGTON, DE 19803

Town, County,

State & Zip Code)

**Previous Policy Number:**

**NEW**

**Policy Period:** At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**All coverages except Automobile and / or Garage**

Policy number: EPP 047 12 49

FROM: 01-15-2018 TO: 01-15-2021

**Automobile and / or Garage**

Policy number:

FROM:

TO:

Agency B+H INSURANCE LLC 07-003

City NEWARK, DE

**Legal Entity / Business Description**

**ORGANIZATION (ANY OTHER)**

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.

**FORMS APPLICABLE TO ALL COVERAGE PARTS:**

IL0017 11/98 COMMON POLICY CONDITIONS

IA102A 09/08 SUMMARY OF PREMIUMS CHARGED

IA904 04/04 SCHEDULE OF LOCATIONS

IA4236 01/15 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE

IP446 08/01 NOTICE TO POLICYHOLDERS

IA4006 07/10 SPECIAL PER OCCURRENCE DEDUCTIBLE ENDORSEMENT

IA4238 01/15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IA4277DE 01/17 DELAWARE CHANGES - TERMINATION PROVISIONS

IA4338 05/11 SIGNATURE ENDORSEMENT

IA4404DE 06/12 DELAWARE CHANGES - CIVIL UNION

FM502 07/08 COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

GA532 07/08 COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

CA518XC 03/09 CINCIPLUS® CRIME XC® (EXPANDED COVERAGE) COVERAGE PART DECLARATIONS

CA516 03/09 CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

USC513 05/10 COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

## SUMMARY OF PREMIUMS CHARGED

Attached to and forming part of

**POLICY NUMBER: EPP 047 12 49**

**Effective Date: 01-15-2018**

**Named Insured: 1960 SUPERFINE LANE HOMEOWNERS ASSOCIATION.**

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM CHARGE IS INDICATED**

Commercial Property Coverage Part	W/EBC	\$	7,997
Commercial General Liability Coverage Part		\$	1,344
Commercial Auto Coverage Part		\$	
Commercial Umbrella / Excess Liability Coverage Part		\$	750
CRIME AND FIDELITY COVERAGE PART		\$	150
CRIME EXPANDED COVERAGE		\$	100
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Terrorism Coverage		\$	78
Installment Charge		\$	
ANNUAL TOTAL PAYMENTS		\$	10,419

**MONTHLY**

## First Installment

**Remaining  
Installment(s)**

**\*SEE BILLING STATEMENT MAILED SEPARATELY**

**Automobile Coverages, Employers Liability, Employment Practices Liability Coverage, Professional Liability Coverage, Terrorism Coverage and / or Wrongful Acts Coverage, if included in the policy, are subject to Annual Adjustment of rates and premium on each anniversary of the policy.**

**Commercial Umbrella and Excess Liability**, if included in the policy, may be subject to Annual Adjustment of premium on each anniversary. Refer to the Commercial Umbrella or Excess Liability Coverage Part Declarations form to see if this is applicable.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**

**IA 102 A 09 08**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SCHEDULE OF LOCATIONS**

<u>LOC.</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
-------------	-----------------------	-------------	--------------	-----------------

1	1960 SUPERFINE LN WILMINGTON, DE 19802-4917			
---	--	--	--	--

**IA 904 04 04**

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP 047 12 49

Named Insured is the same as it appears on the Common Policy Declarations unless otherwise stated here.

Loc. (address)  
REFER TO IA904

COVERAGE PROVIDED					OPTIONAL COVERAGES Applicable only when an entry is made						
Item	Coverage	Limits	Coin- surance	Covered Cause Of Loss	Business Income Indemnity						
					Inflation Guard (%)	Replace- ment Cost (x)	Replace- ment Cost Ind. Stock (x)	Agreed Value (x)	Monthly Limit (fraction)	Maximum Period (X)	Extended Period (Days)
1-1	BUILDING	4,110,080	80%	SPECIAL		X					
1-1	BUSINESS PERSONAL PROPERTY	6,100	80%	SPECIAL		X					

DEDUCTIBLE: \$500.00 unless otherwise stated \$ 2,500

### MORTGAGE HOLDER

Item Name and Address

### FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

FM101	05/16	BUILDING AND PERSONAL PROPERTY COVERAGE FORM (INCLUDING SPECIAL CAUSES OF LOSS)
CP0299	11/85	CANCELLATION CHANGES
FA4053	04/06	CINCIPLUS™ COMMERCIAL PROPERTY EXPANDED COVERAGE (XC™) PLUS ENDORSEMENT SUMMARY OF COVERAGE LIMITS
FA450	05/16	COMMERCIAL PROPERTY CONDITIONS
FA250	05/16	CINCIPLUS® COMMERCIAL PROPERTY XC+® (EXPANDED COVERAGE PLUS) ENDORSEMENT
FA244	05/11	EQUIPMENT BREAKDOWN COVERAGE (EXCLUDING PRODUCTION MACHINERY)

FM 502 07 08

EPP 047 12 49

Page 1 of 1

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP 047 12 49

Named Insured is the same as it appears in the Common Policy Declarations

### LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 1,000,000	
GENERAL AGGREGATE LIMIT	\$ 3,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 3,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT		ANY ONE
\$100,000 limit unless otherwise indicated herein:	\$ SEE GA227	PREMISES
MEDICAL EXPENSE LIMIT		
\$5,000 limit unless otherwise indicated herein:	\$	ANY ONE PERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE	ADVANCE PREMIUM
		A - Area B - Payroll C - Gross Sales D - Units E - Other	Products / Completed Operations All Other	Products / Completed Operations All Other
LOC. 1 - DE CONDOMINIUMS - RESIDENTIAL INCL PROD AND/OR COMP OP	62003 D19		61.525	1,169
HIRED AND NON-OWNED AUTO EXTENDED LIABILITY	20296		2%	50 125 MP

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ 1,344

### FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

GA101	12/04	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2004	11/85	ADDITIONAL INSURED--CONDOMINIUM UNIT OWNERS
GA207	12/04	HIRED AUTO AND NON-OWNED AUTO LIABILITY
GA227	02/07	COMMERCIAL GENERAL LIABILITY EXTENDED LIABILITY ENDORSEMENT
GA3024	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL GENERAL LIABILITY EXTENDED LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### A. Endorsement - Table of Contents:

<u>Coverage:</u>	<u>Begins on Page:</u>
1. Employee Benefit Liability Coverage .....	2
2. Unintentional Failure to Disclose Hazards.....	8
3. Damage to Premises Rented to You.....	8
4. Supplementary Payments .....	9
5. 180 Day Coverage for Newly Formed or Acquired Organizations .....	9
6. Waiver of Subrogation .....	9
7. Automatic Additional Insured - Specified Relationships: .....	10
• Managers or Lessors of Premises;	
• Lessor of Leased Equipment;	
• Vendors; and	
• State or Political Subdivisions - Permits Relating to Premises	
8. Property Damage to Borrowed Equipment.....	12
9. Employees as Insureds - Specified Health Care Services: .....	13
• Nurses;	
• Emergency Medical Technicians; and	
• Paramedics	
10. Broadened Notice of Occurrence.....	13

#### B. Limits of Insurance:

The Commercial General Liability Limits of Insurance apply to the insurance provided by this endorsement, except as provided below:

##### 1. Employee Benefit Liability Coverage

Each Employee Limit: \$ 1,000,000  
Aggregate Limit: \$ 3,000,000  
Deductible: \$ 1,000

##### 3. Damage to Premises Rented to You

The lesser of:

- a. The Each Occurrence Limit shown in the Declarations; or
- b. \$500,000 unless otherwise stated \$ \_\_\_\_\_

##### 4. Supplementary Payments

- a. Bail bonds: \$ 1,000
- b. Loss of earnings: \$ 350

##### 8. Property Damage to Borrowed Equipment

Each Occurrence Limit \$ 10,000  
Deductible \$ 250



# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CinciPlus®

### CRIME XC® (EXPANDED COVERAGE) COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP 047 12 49

Named Insured is the same as it appears in the Common Policy Declarations

Insuring Agreements Forming Part of This Coverage Part	Limit of Insurance	Deductible Amount
	Per Occurrence/ Coverage Term	Per Occurrence
1. Employee Theft	\$10,000	\$500
2. Forgery or Alteration	\$2,500	\$500
3. Inside the Premises - Theft of Money and Securities	\$10,000	\$500
4. Outside the Premises - Theft of Money and Securities	\$2,500	\$500
5. Money Orders And Counterfeit Money	\$10,000	\$500

Forms and endorsements applicable to this Coverage Part at policy inception.

CA102 08/07 CRIME EXPANDED COVERAGE (XC®) COVERAGE FORM (DISCOVERY FORM)

The Crime XC®(Expanded Coverage) Coverage Part consists of this Declaration form and the Crime Coverage Expanded Coverage (XC®) Coverage Form.

# THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

## CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES)

Attached to and forming part of POLICY NUMBER: EPP 047 12 49

Named Insured is the same as it appears in the Common Policy Declarations

Item Location (address)

Employee Benefit Plan(s) Included as Insureds:

Coverage is Written:

☒ Primary

☐ Excess

☐ Coindemnity

☐ Concurrent

Coverage is provided only for the Crime Coverage for which a Limit of Insurance is shown below:

Insuring Agreements Forming Part of This Coverage Part	Limit of Insurance	Deductible Amount
	Per Occurrence	Per Occurrence
1. Employee Theft	\$ 75,000	\$ 500
2. Forgery or Alteration	\$	\$
3. Inside the Premises - Theft of Money and Securities	\$	\$
4. Inside the Premises - Robbery or Safe Burglary of Other Property	\$	\$
5. Outside the Premises	\$	\$
6. Computer Fraud	\$	\$
7. Funds Transfer Fraud	\$	\$
8. Money Orders and Counterfeit Money	\$	\$
If added by Endorsement, Insuring Agreement(s):	\$	\$

Forms and endorsements applicable to this Coverage Part at policy inception.

CR0020 05/06 COMMERCIAL CRIME COVERAGE FORM (DISCOVERY FORM)

CA440 08/07 COMMERCIAL CRIME COVERAGE FORM AMENDATORY ENDORSEMENT

The Crime and Fidelity Coverage Part (Commercial Entities) consist of this Declaration Form and the Commercial Crime Coverage Form.

# THE CINCINNATI INSURANCE COMPANY

## COMMERCIAL UMBRELLA LIABILITY COVERAGE

### PART DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER **EPP 047 12 49**

Effective Date: **01-15-2018**

**NAMED INSURED** is the same as it appears in the Common Policy Declarations unless another entry is made here.

#### LIMITS OF INSURANCE

\$ **1,000,000** Each Occurrence Limit      \$ **1,000,000** Aggregate Limit

**ADVANCE PREMIUM \$ 750**

Applicable to Premium, if box is checked:

☐ Subject to Annual Adjustment

☐ Subject to Audit (see Premium Computation Endorsement for Rating Basis)

#### SCHEDULE OF UNDERLYING INSURANCE

Insurer, Policy Number & Period:	Underlying Insurance:	Underlying Limits:
(a)	Employer's Liability	Bodily Injury by Accident: \$                      Each Accident Bodily Injury by Disease: \$                      Each Employee Bodily Injury by Disease: \$                      Policy Limit
<b>(b) CINCINNATI INS. CO.</b> <b>EPP 047 12 49</b> <b>01-15-2018 TO 01-15-2021</b>	<input checked="" type="checkbox"/> Commercial General Liability Including: <input checked="" type="checkbox"/> Products-Completed Operations Coverage  <input type="checkbox"/> Cemetery Professional <input type="checkbox"/> Druggist Professional <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Pedorthists Professional  or <input type="checkbox"/> Business Liability Including: <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Druggist Professional	Bodily Injury and Property Damage Liability: \$ <b>1,000,000</b> Each Occurrence Limit \$ <b>3,000,000</b> General Aggregate Limit \$ <b>3,000,000</b> Products-Completed Operations Aggregate Limit  Personal and Advertising Injury Limit: \$ <b>1,000,000</b> Any One Person or Organization
<b>(c) CINCINNATI INS. CO.</b> <b>EPP 047 12 49</b> <b>01-15-2018 TO 01-15-2021</b>	Automobile Liability Including: <input type="checkbox"/> Owned Autos <input checked="" type="checkbox"/> Non-Owned Autos <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> Any Auto	Bodily Injury Liability Limit: \$                      Each Person \$                      Each Occurrence Property Damage Liability Limit: \$                      Each Occurrence or Bodily Injury Liability and / or Property Damage Liability or Both Combined Limit: \$ <b>1,000,000</b> Each Occurrence

(d)	Professional	\$	
		\$	Aggregate
<hr/>			
(e)	CINCINNATI INS. CO.	Employee Benefit Liability	\$ 1,000,000 Each Employee Limit
	EPP 047 12 49		\$ 3,000,000 Aggregate Limit
	01-15-2018 TO 01-15-2021		
<hr/>			
(f)	Liquor Liability	\$	Each Common Cause Limit
		\$	Aggregate Limit

Other

**FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**

US101UM	12/04	COMMERCIAL UMBRELLA - TABLE OF CONTENTS
US302	12/04	POLLUTANT EXCLUSION - OTHER THAN AUTO
US3093	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
US4056DE	12/15	DELAWARE CANCELLATION CHANGES
US4062	11/05	MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE INSURANCE LAWS - LIMITATION
US407	12/04	EMPLOYEE BENEFIT LIABILITY
US4098	04/10	OFFICE OF FOREIGN ASSETS CONTROL (OFAC) COMPLIANCE ENDORSEMENT

USC513 05 10

EPP 047 12 49

Page 2 of 2