Renewal of BOP 5001896 16



BUSINESSOWNERS MM CW BPB DEC0 08 21

BUSINESSOWNERS POLICY DECLARATIONS

| Compa | ny Name: M | illers Capital Insurar | nce Co. | | | | | |
|---------------------|--|-------------------------------------|---|--|--|--|--|--|
| Produc | er Name: L | and W INSURANCI | E INC - 1082 | | | | | |
| Named | Insured: Be | acon Hill Townhome | es | | | | | |
| | Co | ndominium | | | | | | |
| Mailing | flailing Address: c/o Savoia Property Management | | | | | | | |
| | | PO Box 155 | | | | | | |
| | | Norwood, PA 1907 | | | | | | |
| F | 00 00 0000 | | Policy Period | | | | | |
| İ | 08-22-2023 08-22-2024 | | At 10:01 AM* Ctanda | and Time of your moiling | | | | |
| | | M in Michigan and N | | ird Time at your mailing | address snown above | | | |
| Except | 1011S. 12.00 P | M in Michigan and N | North Carolina | | | | | |
| IN RETU WE AGE | JRN FOR TH REE WITH YO | E PAYMENT OF TH DU TO PROVIDE TI | HE PREMIUM, AND SUI HE INSURANCE AS ST | BJECT TO ALL THE TE ATED IN THIS POLICY | ERMS OF THIS POLICY, | | | |
| | | | Description Of Busi | ness | | | | |
| | | | | | ility Company venture or limited liability | | | |
| Busine | company) ss Descriptio | on: Condominiums | Residential | | | | | |
| The To | tal Annual Pi | remium is \$46 | 5,838 | , and is pay | /able | | | |
| \$46, | | · | at inception, and at each anniversal | | | | | |
| Advand | ce Premium: | | | | | | | |
| Policies | s Subject To | Premium Audit: | | | | | | |
| Audit P | eriod: | Annually | Semi-annually | Quarterly | Monthly | | | |
| | | Counters | signature Of Authorize | d Representative | | | | |
| Title: ∨ Signatı | lund | | | | | | | |

Insured: Beacon Hill Townhomes **Effective:** 08-22-2023

Policy Number: 5001896 17

Property Schedule COINSURANCE CONTRACT

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

THIS POLICY EXCLUDES COVERAGE FOR DAMAGE DUE TO FLOOD, SURFACE WATER, WAVES, TIDAL WATER OR ANY OVERFLOW OF A BODY OF WATER.

INFORMATION REGARDING FLOOD INSURANCE CAN BE OBTAINED FROM YOUR AGENT OR BY CONTACTING THE NATIONAL FLOOD INSURANCE PROGRAM.

Policy level Coverage Details, Additional Coverages, Coverage Extensions and Optional Coverages

See the Businessowners Coverage Form for definition of each coverage.

| Property Coverage Limits Of Insurance | | | | |
|---|-------------------------|--|--|--|
| Coverage Limit Of Insurance/Extended Number | | | | |
| | Days | | | |
| Employee Dishonesty | \$50,000 Per Occurrence | | | |

| Premises Information | | | | | |
|----------------------|---|--|--|--|--|
| Building | Premises Address: | | | | |
| Number | | | | | |
| | 1-15 West Court | | | | |
| | | Wilmington, DE 19810 | | | |
| 1 | | | | | |
| | Class Description : Condominium - Residential Condominium | | | | |
| | (Association risk only) | | | | |
| | Construction Type : | Protection Class : | | | |
| | Frame | 04 | | | |
| Building | Mortgageholder Name: | Mortgageholder Address: | | | |
| Number | | | | | |
| | Number 1 | Building Number 1-15 West Court Class Description : Condomin (Association risk only) Construction Type : Frame Building Mortgageholder Name: | | | |

Schedule Property

| ı | Property Coverage Limits Of Insurance |
|---|---------------------------------------|
| | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

BUSINESSOWNERS Property Schedule 09 20

| Premises Number | Number | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* |
|--------------------|--------|--------------------------------------|----------|--|------------------------|------------------------|
| | | | | | | Blanket Group 1 |
| 1 | 1 | Building | No | 4% | N/A | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | | | |
|------------------------------|--|-----------------------------------|--|--|--|--|--|
| Number Deductible Deductible | | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | | | |
| 1 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | | | |

Building level Coverage Details, Additional Coverages, Coverage Extensions and Optional Coverages

See Businessowners Coverage Form for definition of each coverage.

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

| Location: 1 | Building: 1 |
|---------------------------|-------------------------|
| Coverage | Limit Of Insurance |
| Roof Surfacing Limitation | See Endorsement BP 1481 |

| Premises Information | | | | | |
|-------------------------------------|----------|------------------------------|-------------------------------|--|--|
| Premises Building Premises Address: | | | | | |
| Number | Number | | | | |
| | | 2-20 West Court | | | |
| | | | Wilmington, DE 19810 | | |
| 2 | 1 | | | | |
| | | Class Description : Condomin | ium - Residential Condominium | | |
| | | (Association risk only) | | | |
| | | Construction Type : | Protection Class : | | |
| | | Frame | 04 | | |
| Premises | Building | Mortgageholder Name: | Mortgageholder Address: | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

| BUSINESSOWNERS |
|--------------------------------|
| Property Schedule 09 20 |

| Number | Number | |
|--------|--------|--|
| | | |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | | | |
|--|---------------------------------------|----------|----|----|-----|------------------------|--|--|
| Premises Building Number Type Of Property Value Of Building Or Business Personal Personal Personal Personal Property Personal Personal Property Person | | | | | | Limit Of Insurance* | | |
| | | | | | | Blanket Group 1 | | |
| 2 | 1 | Building | No | 4% | N/A | | | |

Deductibles

| Deductibles (Apply Per Location, Per Occurrence) | | | | | | |
|--|---------|-----------------------------------|--|--|--|--|
| Number Deductible Deductible | | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | | |
| 2 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 2

Coverage

Limit Of Insurance

Roof Surfacing Limitation

See Endorsement BP 1481

| | | Premises Infor | mation | | |
|----------|----------|---|----------------------|--|--|
| Premises | Building | Premises Address: | Premises Address: | | |
| Number | Number | | | | |
| | | 101-123 Center Court | | | |
| | | | Wilmington, DE 19810 | | |
| 3 | 1 | | | | |
| | | Class Description : Condominium - Residential Condominium | | | |
| | | (Association risk only) | | | |
| | | Construction Type : | Protection Class : | | |
| | | Frame | 04 | | |
| | | | | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

| BUSINESSOWNERS | |
|-------------------------|--|
| Property Schedule 09 20 | |

| Premises | Building | Mortgageholder Name: | Mortgageholder Address: |
|----------|----------|----------------------|-------------------------|
| Number | Number | | |
| | | | |

Schedule Property

| | | Proper | ty Coverage I | Limits Of Insur | ance | |
|--------------------|---|---|-------------------------------------|---|------------------------------------|------------------------|
| Premises Number | | Type Of Property (Building Or Business | Actual Cash Value Of Building | Automatic Increase Building Limit (Percentage)** | Business Personal Property – | Limit Of Insurance* |
| | | | | | | Blanket Group 1 |
| 3 | 1 | Building | No | 4% | N/A | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | |
|--------------------|--|-----------------------------------|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | |
| 3 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 3

Coverage
Limit Of Insurance

Roof Surfacing Limitation
See Endorsement BP 1481

| | | Premises Information | |
|----------|----------|---------------------------------|---------------------------|
| Premises | Building | Premises Address: | |
| Number | Number | | |
| | | 100-110 Center Court | |
| | | | Wilmington, DE 19810 |
| 4 | 1 | | |
| | | Class Description : Condominium | - Residential Condominium |
| | | (Association risk only) | |
| | | | |
| | | Construction Type : | Protection Class : |
| | | Frame | 04 |
| | | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

| BU | ISINESSOW | /NERS |
|----------|------------|-------|
| Property | y Schedule | 09 20 |

| Premises | Building | Mortgageholder Name: | Mortgageholder Address: |
|----------|----------|----------------------|-------------------------|
| Number | Number | | |
| | | | |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | |
|--------------------|---------------------------------------|--------------------------------------|----------|--|------------------------|------------------------|
| Premises Number | Number | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* |
| | | | | | | Blanket Group 1 |
| 4 | 1 | Building | No | 4% | N/A | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | |
|--------------------|--|-----------------------------------|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | |
| 4 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 4

Coverage

Limit Of Insurance

Roof Surfacing Limitation

See Endorsement BP 1481

| | | Premises Infor | mation |
|----------|----------|---------------------------|----------------------------------|
| Premises | Building | Premises Address: | |
| Number | Number | | |
| | | 112-124 Center Court | |
| | | | Wilmington, DE 19810 |
| 5 | 1 | | |
| | | Class Description : Condo | minium - Residential Condominium |
| | | (Association risk only) | |
| | | Construction Type : | Protection Class : |
| | | | 04 |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

| BUSINESSOWNERS |
|--------------------------------|
| Property Schedule 09 20 |

| | Frame | |
|--------------------|----------------------|-------------------------|
| Building Number | Mortgageholder Name: | Mortgageholder Address: |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | | | |
|--------------------|---------------------------------------|--------------------------------------|----------|--|------------------------|------------------------|--|--|
| Premises Number | | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* | | |
| | | | | | | Blanket Group 1 | | |
| 5 | 1 | Building | No | 4% | N/A | | | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | | | |
|--------------------|--|-----------------------------------|--|--|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | | | |
| 5 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | | | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 5

Coverage

Limit Of Insurance

Roof Surfacing Limitation

See Endorsement BP 1481

| | Premises Information | | | | | |
|----------|----------------------|---|--|--|--|--|
| Premises | Building | Premises Address: | | | | |
| Number | Number | | | | | |
| | | 201-219 East Court | | | | |
| | | Wilmington, DE 19810 | | | | |
| 6 | 1 | | | | | |
| | | Class Description : Condominium - Residential Condominium | | | | |
| | | (Association risk only) | | | | |
| | | | | | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

| BUSINESSOWNERS |
|-------------------------|
| Property Schedule 09 20 |

| | Construction Type : Frame | Protection Class : 04 |
|--------------------|------------------------------|--------------------------|
| Building Number | Mortgageholder Name: | Mortgageholder Address: |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | | | | |
|---|---|----------|----|----|-----|--|--|--|--|
| | Premises Building Type Of Actual Cash Automatic Business Limit Of | | | | | | | | |
| | | | | | | | | | |
| 6 | 1 | Building | No | 4% | N/A | | | | |

Deductibles

| Deductibles (Apply Per Location, Per Occurrence) | | | | | | |
|--|------------------------|-----------------------------------|--|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | | |
| 6 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 6

Coverage
Limit Of Insurance

Roof Surfacing Limitation

See Endorsement BP 1481

| | Premises Information | | | | | | |
|--------------------|----------------------|---|--|--|--|--|--|
| Premises Number | Building Number | Premises Address: | | | | | |
| 7 | 1 | 200-216 East Court Wilmington, DE 19810 | | | | | |
| | | Class Description : Condominium - Residential Condominium (Association risk only) | | | | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

BUSINESSOWNERS Property Schedule 09 20

| Premises Number | Building Number | Mortgageholder Name: | Mortgageholder Address: |
|--------------------|--------------------|----------------------|-------------------------|
| | | Frame | 04 |
| | | Construction Type : | Protection Class : |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | | | |
|--------------------|---------------------------------------|--------------------------------------|----------|--|------------------------|------------------------|--|--|
| Premises Number | Number | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* | | |
| | | | | | | Blanket Group 1 | | |
| 7 | 1 | Building | No | 4% | N/A | | | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | | | |
|--------------------|--|-----------------------------------|--|--|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | | | |
| 7 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | | | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 7

Coverage

Limit Of Insurance

Roof Surfacing Limitation

See Endorsement BP 1481

| Premises Information | | | | |
|----------------------|--------------------|---|--|--|
| Premises Number | Building Number | Premises Address: | | |
| 8 | 1 | 218-226 East Court Wilmington, DE 19810 | | |
| | | Class Description : Condominium - Residential Condominium | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

BUSINESSOWNERS Property Schedule 09 20

| Premises | Building | Construction Type : Frame Mortgageholder Name: | Protection Class : 04 Mortgageholder Address: |
|--------------------|--------------------|---|--|
| Premises Number | Building Number | Mortgageholder Name: | Mortgageholder Address: |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | |
|--------------------|---------------------------------------|--------------------------------------|----------|--|------------------------|------------------------|
| Premises Number | Building Number | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* |
| | | | | | | Blanket Group 1 |
| 8 | 1 | Building | No | 4% | N/A | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | |
|--------------------|--|-----------------------------------|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | |
| 8 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

| Location: 8 | Building: 1 | |
|---------------------------|-------------------------|--|
| Coverage | Limit Of Insurance | |
| Roof Surfacing Limitation | See Endorsement BP 1481 | |

| Premises Information | | | | |
|----------------------|----------|----------------------|--|--|
| Premises | Building | Premises Address: | | |
| Number | Number | | | |
| | | 228-236 East Court | | |
| | | Wilmington, DE 19810 | | |
| 9 | 1 | | | |

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

BUSINESSOWNERS Property Schedule 09 20

| Premises Number | Building Number | Mortgageholder Name: | Mortgageholder Address: |
|--------------------|--------------------|--|---|
| | | Frame | 04 |
| | | Class Description : Condomir (Association risk only) Construction Type : | nium - Residential Condominium Protection Class : |

Schedule Property

| | Property Coverage Limits Of Insurance | | | | | |
|--------------------|---------------------------------------|--------------------------------------|----------|--|------------------------|------------------------|
| Premises Number | Number | Property (Building Or Business | Building | Increase Building Limit (Percentage)** | Personal Property – | Limit Of Insurance* |
| | | | | | | Blanket Group 1 |
| 9 | 1 | Building | No | 4% | N/A | |

Deductibles

| | Deductibles (Apply Per Location, Per Occurrence) | | | | |
|--------------------|--|-----------------------------------|--|--|--|
| Premises Number | Property Deductible | Deductible | Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible | Windstorm Or Hail Percentage Deductible | |
| 9 | \$5,000 | See Endorsement MM CW BPP 0007 | \$500 | 1% | |

Property Coverages

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Location: 9 Building: 1

Coverage Limit Of Insurance

Blanket

See Endorsement BP 1481

| Blanket Insurance |
|-------------------|
| Diamet incurance |

Roof Surfacing Limitation

Insured: Beacon Hill Townhomes

Effective: 08-22-2023 **Policy Number:** 5001896 17

BUSINESSOWNERS Property Schedule 09 20

| Indicate the type of property to be blanketed and the blanket limit of insurance. | | |
|---|--------------|--|
| Type Of Property Limit Of Insurance | | |
| Blanket Group 1 | \$19,666,955 | |

POLICY NUMBER: BOP 5001896 17

Liability Schedule

The Limits of Insurance set forth in the Coverage Forms and endorsements that form this policy shall not be combined, pooled, stacked or joined in any way to create a higher Limit of Insurance for a covered loss or portion of covered loss.

Liability Coverage and Optional Coverages

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.

See Businessowners Coverage Form BP 0003 for definition of each coverage.

| Applies: | |
|--|-------------------------|
| Policy Level | |
| Coverage | Limit Of Insurance |
| Per Occurrence Liability Limit | \$1,000,000 |
| Product Completed Operations Aggregate Limit | \$2,000,000 |
| General Aggregate Limit | \$2,000,000 |
| Medical Limit | \$5,000 |
| Condominium Directors & Officers | See Endorsement BP 1724 |
| Hired and Non-Owned Auto Liability | See Endorsement BP 0404 |

| Location Level Coverages | |
|--------------------------|--|
| | |

| Applies: | | |
|--------------------------------------|-------------|----------|
| Location: 1 | Building: 1 | |
| 1-15 West Court Wilmington, DE 19810 | | |
| Damage To Premises Rented To You | | \$50,000 |

| Applies: | |
|--------------------------------------|-------------|
| Location: 2 | Building: 1 |
| 2-20 West Court Wilmington, DE 19810 | |
| Damage To Premises Rented To You | \$50,000 |

Applies:

Location: 3 Building: 1

101-123 Center Court Wilmington, DE 19810

| \$50,000 | |
|----------|--------|
| ۲ | 50,000 |

Applies:

Location: 4 Building: 1

100-110 Center Court Wilmington, DE 19810

Damage To Premises Rented To You \$50,000

Applies:

Location: 5 Building: 1

112-124 Center Court Wilmington, DE 19810

Damage To Premises Rented To You \$50,000

Applies:

Location: 6 Building: 1

201-219 East Court Wilmington, DE 19810

Damage To Premises Rented To You \$50,000

Applies:

Location: 7 Building: 1

200-216 East Court Wilmington, DE 19810

Damage To Premises Rented To You \$50,000

Applies:

Location: 8 Building: 1

218-226 East Court Wilmington, DE 19810

Damage To Premises Rented To You \$50,000

| Applies: | | |
|---|-------------|----------|
| Location: 9 | Building: 1 | |
| 228-236 East Court Wilmington, DE 19810 | | |
| Damage To Premises Rented To You | | \$50,000 |

Policy Number: BOP 5001896 17 **CYB DS 01 10 17**

DECLARATIONS DATA RESPONSE, CYBER LIABILITY AND DATA PROTECTION COVERAGE FORM ENDORSEMENT

INSURING AGREEMENTS I.A. THROUGH I. D. AND I.G. THROUGH I.I. PROVIDE COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS. INSURING AGREEMENTS I.E. INFORMATION SECURITY LIABILITY AND I.F. WEBSITE MEDIA LIABILITY PROVIDE COVERAGE ON A CLAIMS MADE AND REPORTED BASIS.

AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDE DEFENSE COSTS, WILL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. THE COMPANY WILL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY CLAIM OR LOSS AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED.

THIS INSURANCE CONSISTS OF THIS DECLARATIONS PAGE, THE DATA RESPONSE, CYBER LIABILITY AND DATA PROTECTION COVERAGE FORM ENDORSEMENT, THE CANCELLATION AND NON-RENEWAL PROVISIONS OF THE POLICY TO WHICH THE COVERAGE FORM ENDORSEMENT IS ATTACHED, AND ANY ENDORSEMENTS ATTACHED TO AND MADE A PART OF THE COVERAGE FORM ENDORSEMENT. READ THIS ENTIRE INSURANCE CAREFULLY TO DETERMINE THE EXTENT OF COVERAGE.

Item 1. Named Insured: Beacon Hill Townhomes

Address: c/o Savoia Property Management PO Box 155

Norwood, PA 19074

Item 2. Policy Period:

From: 08-22-2023
To: 08-22-2024

Both dates at 12:01 a.m. Local Time at the Address stated in Item 1.

Item 3. Retroactive Date:08-22-2019

Item 4. Insuring Agreements

- I.A. Data Response Services
- I.B. Privacy Liability
- I.C. Regulatory Defense and Penalties
- I.D. PCI Fines, Expenses and Costs
- I.E. Information Security Liability
- I.F. Website Media Liability
- I.G. Data Protection Loss
- I.H. Business Interruption Loss
- I.I. Extortion Expense

CYB DS 01 10 17 Page 1 of 2

Policy Number: BOP 5001896 17 **CYB DS 01 10 17**

Item 5. Limits of Liability:

Coverage Form Aggregate Limit of Liability \$ 50,000

Data Response Services Sublimit \$ Included

PCI Fines, Expenses and Costs Sublimit \$25,000

Website Media Liability Sublimit \$ 10,000 Data Protection Loss Sublimit \$ 10,000

Business Interruption Loss Sublimit \$10,000

Extortion Expense Sublimit \$ 10,000

Item 6. Deductible: \$ 2,500

(Applicable to all Insuring Agreements except Insuring

Agreement I.A. Data Response Services)

Item 7. Premium: \$1,216

Item 8. Forms and endorsements at inception: See Forms Schedule

CYB DS 01 10 17 Page 2 of 2



COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

| Company | Name: | Millers Capital Insurance Co. | | |
|------------|--------------------------------------|--|--|--|
| Producer | Name: | L and W INSURANCE INC - 1082 | | |
| Named In | Named Insured: Beacon Hill Townhomes | | | |
| | | Condominium | | |
| Mailing A | ddress: | c/o Savoia Property Management | | |
| | | PO Box 155 | | |
| | Norwood, PA 19074 | | | |
| | | Policy Period | | |
| From: | 08-22-202 | 23 | | |
| То: | 08-22-202 | At 12:01 AM* Standard Time at your mailing address shown above | | |
| *Exception | ns: 12:00 F | PM in Michigan and North Carolina | | |
| | | · · | | |

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE YOU WITH THE INSURANCE AS STATED IN THIS POLICY.

| | Description Of Business |
|------------------------------|----------------------------|
| Business Description: | Condominiums - Residential |

| | Entity Type |
|--------------------|--|
| Entity Type: | Association, Labor Union, Religious Organization |
| Other Entity Type: | |

| Umbrella Policy – Limits Of Insurance | | |
|---------------------------------------|----|-----------|
| Each Occurrence Limit | \$ | 1,000,000 |
| Personal And Advertising Injury Limit | \$ | 1,000,000 |
| Aggregate Limit | \$ | 1,000,000 |
| SIR Limit | \$ | 10,000 |

| | Umbrella Policy – Premium |
|---------------------------|---------------------------|
| Premium Shown Is Payable: | |
| At Inception | \$ 1,450 |

Countersignature Of Authorized Representative

Name: Joseph Begyn

Title: VP, Underwriting and Risk Services

Signature: Date: 07-05-2023

POLICY NUMBER: UMB 0674231 17

SCHEDULE OF UNDERLYING INSURANCE

| | Company: Millers Capital Insurance Co | |
|----------------|---|-------------|
| | Policy Number: BOP 5001896 | |
| | Policy Period: 08-22-2023 To 08-22-2024 | |
| Businessowners | Limit Of Insurance: | |
| Liability | Each Occurrence | \$1,000,000 |
| | General Aggregate | \$2,000,000 |
| | | |



POLICY NO. 105533078

Travelers Casualty and Surety Company of America Hartford, Connecticut (A Stock Insurance Company, herein called the Company)

| | BEACON HILL TOWNHOMES CONDOMINIUM |
|--------|--|
| | D/B/A: |
| | Principal Address: PO BOX 1119 CHADDS FORD, PA 19317-0658 SEE NEXT PAGE FOR ADDRESS CHANGE |
| ITEM 2 | POLICY PERIOD: |
| | Inception Date: February 2, 2021 Expiration Date: February 2, 2024 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1. |
| ITEM 3 | ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW: |
| | Email: BSIclaims@travelers.com Fax: 1-888-460-6622 |
| | Mail: Travelers Bond & Specialty Insurance Claim P.O. Box 2989 Hartford, CT 06104-2989 |
| | Overnight Mail: Travelers Bond & Specialty Insurance Claim One Tower Square, S202A Hartford, CT 06183 |
| | For questions related to claim reporting or handling, please call 1-800-842-8496. |
| ITEM 4 | COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2: |
| | Crime |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Issuing Company: Travelers Casualty and Surety Company of America

Effective Date: December 06, 2022

Policy Number: 105533078

| ITEM 5 | | CRIME | |
|-----------|---|-----------------------------------|--------------------------|
| II CINI 3 | Insuring Agreement | Single Loss Limit of Insurance | Single Loss Retention |
| | A. Fidelity | | \$3,000 |
| | Employee Theft | \$300,000 | 504 BOAD #0000000 BBS |
| | 2. ERISA Fidelity | \$300,000 | \$0 |
| | 3. Employee Theft of Client Property | Not Covered | |
| | B. Forgery or Alteration | Not Covered | |
| e e | C. On Premises | Not Covered | |
| | D. In Transit | Not Covered | |
| | E. Money Orders and Counterfeit Money | Not Covered | |
| | F. Computer Crime 1. Computer Fraud 2. Computer Program and Electronic | Not Covered | |
| | Data Restoration Expense | Not Covered | |
| | G. Funds Transfer Fraud | Not Covered | |
| | H. Personal Accounts Protection 1. Personal Accounts Forgery or Alteration | Not Covered | |
| | Identity Fraud Expense Reimbursement | Not Covered | |
| | I. Claim Expense | \$5,000 | \$0 |

| ITEM 5. (Cont'd) | If "Not Covered" is inserted above opposite any specified Insuring Agreement, or if no amount is included the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleter from this Crime Policy. | | | |
|---------------------|--|--|--|--|
| | Policy Aggregate Limit of Insurance: Applicable Not Applicable | | | |
| | If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each Policy Period for Insuring Agreements A through H, inclusive, is: Not Applicable If a Policy Aggregate Limit of Insurance is not included, then this Crime Policy is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. Limit of Insurance a. Policy Aggregate Limit of Insurance. | | | |
| | Cancellation of Prior Insurance: By acceptance of this Crime Policy, the Insured gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this Crime Policy becomes effective. | | | |
| | INSURED'S PREMISES COVERED: | | | |
| | All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: | | | |
| | Not Applicable | | | |
| | | | | |
| | | | | |
| ITEM 6 | PREMIUM FOR THE POLICY PERIOD: | | | |
| | \$1,497.00 Policy Premium | | | |
| | \$499.00 Annual Installment Premium | | | |
| ITEM 7 | FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: ACF-7006-0511; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-7132-0515; CRI-19101-1117; CRI-19086-0719; CRI-4018-0109; CRI-5039-0613; CRI-19097-0517 | | | |
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| THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED. |
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| |

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.

President

Thomas M. Kunfil

Corporate Secretary

Wendy C. Shy