

PREMIER BUSINESSOWNERS -

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER COMPLAINTS AND INFORMATION

Thank you for choosing Nationwide® to help you protect what's important to you. We value your business and want to ensure you have the current California service contact information if you need assistance.

What you need to do

Please keep this information with your insurance policy for reference.

IF YOU SHOULD HAVE ANY QUESTIONS OR CONCERNS RELATED TO YOUR INSURANCE POLICY, YOU MAY CONTACT YOUR AGENT OR A COMPANY REPRESENTATIVE. THE CONTACT INFORMATION FOR YOUR AGENT IS LOCATED IN YOUR POLICY DOCUMENTS, AND THE CONTACT INFORMATION FOR A COMPANY REPRESENTATIVE FOLLOWS:

**NATIONWIDE INSURANCE COMPANY
ATTN: CUSTOMER RELATIONS DEPARTMENT
ONE WEST NATIONWIDE BLVD
COLUMBUS OH 43215 -2220
TOLL FREE: 877-669-6877
WEB: WWW.NATIONWIDE.COM**

IF YOUR AGENT OR A COMPANY REPRESENTATIVE IS UNABLE TO RESOLVE YOUR CONCERN, YOU MAY ALSO CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, CONSUMER SERVICES DIVISION AT:

**CALIFORNIA DEPARTMENT OF INSURANCE
CONSUMER SERVICES AND MARKET CONDUCT BRANCH
CONSUMER SERVICES DIVISION
300 SOUTH SPRING STREET, SOUTH TOWER
LOS ANGELES, CA 90013
1-800-927-HELP(4357)
1-800-482-4833 (TDD)
WEB: WWW.INSURANCE.CA.GOV**

You can always count on us to be there

We appreciate your business and look forward to continuing to serve you.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: **ABC ABC 555555555**

Named Insured: **SENSIBLE**

Mailing Address: **1234 TEST BLVD SAN
FRANCISCO, CA 94104**

Agency: **SENSEML INC**
Address: **SAN FRANCISCO CA 94104**

Agency Phone Number: **(555)555-5555**

Policy Period: Effective From **07-19-22** To **07-19-23**
12:01 AM Standard Time at your principal place of business.

Form of your business entity: **LIMITED LIABILITY CO**

Description of your business: **RESIDENTIAL APARTMENTS**

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

CONTINUATION PROVISION: If we offer to continue your coverage and you or your representative do not accept, this policy will automatically terminate on the expiration date of the current policy period stated above. Failure to pay the required premium when due shall mean that you have not accepted our offer to continue your coverage. This policy will terminate sooner if any portion of the current policy period premium is not paid when due.

RENEWAL POLICY NOTICE: In an effort to keep insurance premiums as low as possible, we have streamlined your renewal policy by not including printed copies of policy forms or endorsements that have not changed from your expiring policies, unless they include variable information that is unique to you. Refer to your prior policies for printed copies of these forms. If you have a need for any form, they are available by request from your agent.

IMPORTANT INFORMATION FOR CALIFORNIA POLICYHOLDERS: Companies writing property and casualty insurance in California are required to participate in the California Insurance Guarantee Association. If a company becomes insolvent, the California Insurance Guarantee Association settles unpaid claims and assesses each insurance company for its fair share. California law requires all companies to surcharge policies to recover these assessments. If your policy is surcharged, "CA Surcharge" with an amount will appear on your premium notice.

TOTAL POLICY PREMIUM \$ 6,822.00

Previous Policy Number	
ACP BPH 3029412016	ENTRY DATE 05-09-22
Countersignature _____ Date _____	

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

SCHEDULE OF NAMED INSURED

Policy Number: **ABC** **ABC** 5555555555

From **07-19-22**

Policy Period:
To **07-19-23**

Named Insured:

SENSIBLE

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ABC ABC 555555555**

Policy Period:
From **07-19-22** To **07-19-23**

Description of Premises Number: **001** Building Number: **001** Construction: **FRAME**
Premises Address **1234 TEST AVE** **SAN FRANCISCO** **CA 94104**
Premises ID

Occupancy **OO** Classification: **APARTMENT BUILDING - SINGLE BUILDING AT A PREMISES WITH 5
OR MORE UNITS - NO MERCANTILE OR OFFICE**
Described as: **APARTMENTS - SINGLE BUILDING W/5+ RESIDENTIAL UNITS (11121)**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 1,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$1,950,300
Business Personal Property - Replacement cost	\$11,000
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	18%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS	Included Limit	Additional Limit
Account Receivable	\$25,000	\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000	\$25,000
Forgery and Alteration	\$10,000	\$10,000
Money and Securities - Inside the Premises	\$10,000	\$10,000
Outside the Premises (Limited)	\$10,000	\$10,000
Outdoor Signs	\$2,500	\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000	\$10,000
Business Personal Property Away From Premises	\$15,000	\$15,000
Business Personal Property Away From Premises - Transit	\$15,000	\$15,000
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty	NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$273,000
Ordinance or Law Broadened	NOT PROVIDED
ADVANTAGE - Blanket Additional Limit	\$100,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

LIABILITY DECLARATIONS

Policy Period:

Policy Number: **ABC ABC 555555555**

From **07-19-22** To **07-19-23**

LIMITS OF INSURANCE

Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
Medical Payments Coverage Sub Limit	Per Person	\$5,000
Tenants Property Damage Legal Liability Sub Limit	Per Covered Loss	\$300,000
Personal and Advertising Injury	Per Person Or Organization	\$1,000,000
Products – Completed Operations Aggregate	All Occurrences	\$2,000,000
General Aggregate	All Occurrences	\$2,000,000
(Other than Products – Completed Operations)		

AUTOMATIC ADDITIONAL INSURED STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Hired Auto Liability Coverage	Included in Each Occurrence Limit of Insurance
Nonowned Auto Liability Coverage	Included in Each Occurrence Limit of Insurance

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Period:

Policy Number: **ABC ABC 555555555**

From **07-19-22** To **07-19-23**

FORM NUMBER	TITLE
LI0021	0101 NUCLEAR ENERGY LIABILITY EXCLUSION
PB0002	1114 PREMIER BUSINESSOWNERS
PB0006	1114 PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
PB0009	1114 PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS
PB0404	0101 HIRED AUTO AND NON-OWNED AUTO LIABILITY
PB0412	0101 LIMITATION OF COVERAGE TO DESIGNATED PREMISES
PB0523	0715 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
PB1504	1114 ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
PB2099	0411 BUSINESSOWNERS ADVANTAGE
PB2998	0908 EXCLUSION - VIOLATION OF CONSUMER PROTEC
PB2999	0215 EXCLUSION - FUNGI OR BACTERIA
PB9004	1220 CALIFORNIA AMENDATORY ENDORSEMENT
PB1203	0101 LOSS PAYABLE PROVISIONS

IMPORTANT NOTICES

IN0001	0416 CONSUMER COMPLAINTS AND INFORMATION
IN7406	0107 IMPORTANT FLOOD INSURANCE NOTICE
IN7809	1115 DATA BREACH & IDENTITY RECOVERY SERVICES