



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRU

MELISSA CEREBI

2 TILESTON ST #3

EVERETT, MA 02149

INVOICE NO. 74068		Page 1
ACCOUNT NO. OP	DATE	
TILES-1 MG	04/04/2017	
BOP Dec Page		
POLICY #		LOAN #
BP11005573		
COMPANY		
VERMONT MUTUAL INS. CO.		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
05/12/2017	05/12/2018	05/12/2017
AMOUNT PAID		AMOUNT DUE
		\$0.00

Itm #	Eff Date	Trn	Type	Description	Amount
391917	05/12/17	MEM	BOP	BOP COVERAGES \$956,776.	\$4,023.00

Invoice Balance: \$4,023.00

Policy Balance: \$0.00

THIS IS NOT A BILL

**VERMONT MUTUAL INSURANCE GROUP®**

PO Box 188, Montpelier, VT 05601-0188

Email - directbill@vermontmutual.com

Website: www.vermontmutual.com

For Billing Inquiries Call

PHONE: 1-800-231-7820

Date:03/30/2017

Notice Issued To:

TILESTON VILLAGE CONDO TRUST

C/O MELISSA CEREBI

2 TILESTON ST UNIT 3

EVERETT MA 021491917

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number: (617)387-9700

Please refer coverage questions to your agent.

Account Number:

Policy Number(s)	Policy Term Policy Type	Location Address: If multiple locations, only 1st location appears.
BP11005573	05/12/2017 - 05/12/2018 BUSINESSOWNERS	2 TILESTON ST EVERETT MA 02149

ELECTRONIC DEDUCTION NOTICE

Scheduled Monthly EFT Payment Plan - This plan deducts your insurance premium from your account on the same day each month. Changes made to your policies may result in additional EFT Deduction Notice.

Scheduled Monthly Electronic Funds Transfer Payment Plan					
Policy Number(s)	BP11005573				Amount to be Deducted
Dates					
05/15/2017	\$336.68	\$.00	\$.00	\$.00	\$336.68
06/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
07/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
08/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
09/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
10/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
11/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
12/15/2017	\$335.12	\$.00	\$.00	\$.00	\$335.12
01/15/2018	\$335.12	\$.00	\$.00	\$.00	\$335.12
02/15/2018	\$335.12	\$.00	\$.00	\$.00	\$335.12
03/15/2018	\$335.12	\$.00	\$.00	\$.00	\$335.12
04/15/2018	\$335.12	\$.00	\$.00	\$.00	\$335.12
Totals	\$4,023.00	\$.00	\$.00	\$.00	\$4,023.00

IMPORTANT NOTICE: This is an informational notice, NOT A BILL. Your premium is scheduled to be paid through electronic deduction. The first payment deducted for a policy/account(s) in a policy term may be higher due to the premium not being divisible by 12 equal payments. Should you have any questions regarding the deduction amounts, please contact the billing department at Vermont Mutual Insurance Group by calling 1-800-231-7820.

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

**VERMONT MUTUAL INSURANCE GROUP®**

PO Box 188, Montpelier, VT 05601-0188

Email - directbill@vermontmutual.comWebsite: www.vermontmutual.com

For Billing Inquiries Call

PHONE: 1-800-231-7820

Date: 05/26/2016

Notice Issued To:

TILESTON VILLAGE CONDO TRUST

C/O MELISSA CEREBI

2 TILESTON ST UNIT 3

EVERETT MA 021491917

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number: (617) 387-9700

Please refer coverage questions to your agent.

Account Number:

Policy Number(s)	Policy Term Policy Type	Location Address: If multiple locations, only 1st location appears.
BP11005573	05/12/2016 - 05/12/2017 BUSINESSOWNERS	2 TILESTON ST EVERETT MA 02149

ELECTRONIC DEDUCTION NOTICE

Scheduled Monthly EFT Payment Plan - This plan deducts your insurance premium from your account on the same day each month. Changes made to your policies may result in additional EFT Deduction Notice.

Scheduled Monthly Electronic Funds Transfer Payment Plan					
Policy Number(s)	BP11005573				Amount to be Deducted
Dates					
08/15/2016	\$316.54	\$.00	\$.00	\$.00	\$316.54
09/15/2016	\$319.37	\$.00	\$.00	\$.00	\$319.37
10/15/2016	\$319.37	\$.00	\$.00	\$.00	\$319.37
11/15/2016	\$319.37	\$.00	\$.00	\$.00	\$319.37
12/15/2016	\$319.37	\$.00	\$.00	\$.00	\$319.37
01/15/2017	\$319.37	\$.00	\$.00	\$.00	\$319.37
02/15/2017	\$319.37	\$.00	\$.00	\$.00	\$319.37
03/15/2017	\$319.37	\$.00	\$.00	\$.00	\$319.37
04/15/2017	\$319.37	\$.00	\$.00	\$.00	\$319.37
Totals	\$2,871.50	\$.00	\$.00	\$.00	\$2,871.50

IMPORTANT NOTICE: This is an informational notice, NOT A BILL. Your premium is scheduled to be paid through electronic deduction. The first payment deducted for a policy/account(s) in a policy term may be higher due to the premium not being divisible by 12 equal payments. Should you have any questions regarding the deduction amounts, please contact the billing department at Vermont Mutual Insurance Group by calling 1-800-231-7820.

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**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 03/29/2016

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2016 - 05/12/2017

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
65 MEACHAM ST
WILLIAMSTOWN MA 02067

RENEWAL INVOICE**DUE DATE 05/12/2016**

PREMIUM BALANCE \$3,834.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$3,834.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$962.50

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

Your next scheduled installment will be due on 07/17/2016

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 113, Brattleboro, VT 05302-0113
Visit www.vermontmutual.com to make an EFT payment.

Agent:
FRANCIS J LAROVERE INS AG INC

Policy Number BP11005573
Policy Period 05/12/2016 - 05/12/2017

0001 BP11005573 160512 81 00383400 00096250 4

Named Insured
TILESTON VILLAGE CONDO TRUST

Change of address

Invoice Due Date 05/12/2016
To Pay in Full \$ 3,834.00

Minimum Amount Due \$ 962.50

Amount Paid

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 12/14/2015

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2015 - 05/12/2016

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
65 MEACHAM ST
WILLIAMSTOWN MA 02067

INSTALLMENT INVOICE**DUE DATE 01/11/2016**

PREMIUM BALANCE \$917.50	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$917.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$917.50

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 10/13/2015 - \$921.50CR - THANK YOU

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 113, Brattleboro, VT 05302-0113
Visit www.vermontmutual.com to make an EFT payment.

Agent:
FRANCIS J LAROVERE INS AG INC

Policy Number BP11005573

Policy Period 05/12/2015 - 05/12/2016

0001 BP11005573 150512 81 00091750 00091750 1

Named Insured
TILESTON VILLAGE CONDO TRUST

Change of address

Invoice Due Date 01/11/2016
To Pay in Full \$ 917.50

Minimum Amount Due \$ 917.50

Amount Paid

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 09/14/2015

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2015 - 05/12/2016

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
65 MEACHAM ST
WILLIAMSTOWN MA 02067

INSTALLMENT INVOICE**DUE DATE 10/12/2015**

PREMIUM BALANCE \$1,835.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$1,835.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$921.50

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 07/07/2015 - \$913.50CR - THANK YOU

Your next scheduled installment will be due on 01/11/2016

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 113, Brattleboro, VT 05302-0113
Visit www.vermontmutual.com to make an EFT payment.

Agent:
FRANCIS J LAROVERE INS AG INC

Policy Number BP11005573
Policy Period 05/12/2015 - 05/12/2016

0001 BP11005573 150512 81 00183500 00092150 1

Named Insured
TILESTON VILLAGE CONDO TRUST

Change of address

Invoice Due Date 10/12/2015
To Pay in Full \$ 1,835.00

Minimum Amount Due \$ 921.50

Amount Paid

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 06/17/2015

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2015 - 05/12/2016

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON MA 020673026

INSTALLMENT INVOICE**DUE DATE 07/17/2015**

PREMIUM BALANCE \$2,744.50	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,744.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$917.50

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 05/08/2015 - \$917.50CR - THANK YOU

Your next scheduled installment will be due on 10/12/2015

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 113, Brattleboro, VT 05302-0113
Visit www.vermontmutual.com to make an EFT payment.

Agent:
FRANCIS J LAROVERE INS AG INC

Policy Number BP11005573
Policy Period 05/12/2015 - 05/12/2016

0001 BP11005573 150512 81 00274450 00091750 7

Named Insured
TILESTON VILLAGE CONDO TRUST

Change of address

Invoice Due Date 07/17/2015
To Pay in Full \$ 2,744.50

Minimum Amount Due \$ 917.50

Amount Paid

PAYMENT PLAN INFORMATION

4 PAYMENT PLAN

Four scheduled installments will be generated.

First installment will invoice for 25% of your premium which includes a \$4.00* service fee. No service fee is included in the pay in full amount for the first installment. This invoice will be due 20 days from policy issuance, or by the effective date of the policy, whichever is later.

Second installment will invoice for 25% of your premium, which includes a \$4.00 service fee and will be due 66 days after the effective date of the policy.

Third installment will invoice for 25% of your premium, which includes a \$4.00 service fee and will be due 153 days after the effective date of the policy.

Fourth installment will invoice for 25% of your premium, which includes a \$4.00 service fee and will be due 244 days after the effective date of the policy.

ANY PRIOR BILLS YOU MAY HAVE RECEIVED MUST BE PAID BY THEIR DUE DATES.

*Special rules applicable to NH.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820

Invoice Date: 03/30/2015

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2015 - 05/12/2016

RENEWAL INVOICE

DUE DATE 05/12/2015

PREMIUM BALANCE \$3,654.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$3,654.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$917.50

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O CHARLES DIBLASI

774 MOUNTAIN ST

SHARON MA 020673026

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

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Your next scheduled installment will be due on 07/17/2015

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to - VERMONT MUTUAL INSURANCE CO, PO Box 113, Brattleboro, VT 05302-0113

Visit www.vermontmutual.com to make an EFT payment.Agent:
FRANCIS J LAROVERE INS AG INC

Policy Number BP11005573

Policy Period 05/12/2015 - 05/12/2016

0001 BP11005573 150512 81 00365400 00091750 2

Named Insured

TILESTON VILLAGE CONDO TRUST

Change of address

Invoice Due Date 05/12/2015
To Pay in Full \$ 3,654.00

Minimum Amount Due \$ 917.50

Amount Paid

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 01/11/2015**

Invoice Date: 12/12/2014

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2014 - 05/12/2015

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$872.25	\$.00	\$872.25
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$872.25

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON MA 020673026

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 10/08/2014 - \$868.25CR - THANK YOU

872.25 pd ck# 10914
1/5/15

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 10/12/2014**

Invoice Date: 09/12/2014

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2014 - 05/12/2015

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$1,736.50	\$.00	\$1,736.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$868.25

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON MA 020673026

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 05/07/2014 - \$872.25CR - THANK YOU

Your next scheduled installment will be due on 01/11/2015

PLEASE DO NOT STAPLE CHECK TO BILL STUB.

*Pd.
ck #1066
oct-3-14*

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 10/12/2013**

Invoice Date: 09/12/2013

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2013 - 05/12/2014

PREMIUM BALANCE \$1,601.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$1,601.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$802.50

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

pd 10/5

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 07/01/2013 - \$798.50CR - THANK YOU

Your next scheduled installment will be due on 01/11/2014

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 07/17/2013**

Invoice Date: 06/17/2013

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2013 - 05/12/2014

PREMIUM BALANCE \$2,395.50	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,395.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$798.50

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

PLEASE NOTE: A fee of \$25.00 will be charged for each late payment which results in the issuance of a notice of cancellation due to non-payment. A fee of \$20.00 will be charged for any payments returned due to insufficient funds.

LAST PAYMENT RECEIVED 04/10/2013 - \$802.50CR - THANK YOU

pd 6/28

Your next scheduled installment will be due on 10/12/2013

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

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Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 04/02/2013

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2013 - 05/12/2014

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

RENEWAL INVOICE**DUE DATE 05/12/2013**

PREMIUM BALANCE \$3,194.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$3,194.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$802.50

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

pd 4/8

Your next scheduled installment will be due on 07/17/2013

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 09/12/2012

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2012 - 05/12/2013

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

INSTALLMENT INVOICE**DUE DATE 10/12/2012**

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$1,510.50	\$.00	\$1,510.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$757.25

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

pd 9/22

LAST PAYMENT RECEIVED 07/11/2012 - \$753.25CR - THANK YOU

Your next scheduled installment will be due on 01/11/2013

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820

Invoice Date: 06/18/2012

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2012 - 05/12/2013

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O MEAGAN BOSSONG

2 TILESTON ST #2

EVERETT MA 021491917

INSTALLMENT INVOICE

DUE DATE 07/17/2012

PREMIUM BALANCE \$2,259.75	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,259.75
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$753.25

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

pd 7/9

LAST PAYMENT RECEIVED 04/09/2012 - \$757.25CR - THANK YOU

Your next scheduled installment will be due on 10/12/2012

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820**RENEWAL INVOICE****DUE DATE 05/12/2012**

Invoice Date: 03/29/2012

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2012 - 05/12/2013

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$3,013.00	\$.00	\$3,013.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$757.25

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O MEAGAN BOSSONG

2 TILESTON ST #2

EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

pd 4/7

Your next scheduled installment will be due on 07/17/2012

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 12/12/2011

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2011 - 05/12/2012

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

INSTALLMENT INVOICE**DUE DATE 01/11/2012**

PREMIUM BALANCE \$729.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$729.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$729.00

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 10/11/2011 - \$729.00CR - THANK YOU

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 10/12/2011**

Invoice Date: 09/12/2011

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2011 - 05/12/2012

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$1,454.00	\$.00	\$1,454.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$729.00

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

*pd.
online 10/7
conf # 11100576152558*

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 07/11/2011 - \$725.00CR - THANK YOU

Your next scheduled installment will be due on 01/11/2012

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

Invoice Date: 06/17/2011

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2011 - 05/12/2012

Bill To:
TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

INSTALLMENT INVOICE**DUE DATE 07/17/2011**

PREMIUM BALANCE \$2,175.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,175.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$725.00

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 04/11/2011 - \$729.00CR - THANK YOU

Your next scheduled installment will be due on 10/12/2011

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

pd 4/8

Invoice Date: 03/29/2011

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2011 - 05/12/2012

RENEWAL INVOICE**DUE DATE 05/12/2011**

PREMIUM BALANCE \$2,900.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,900.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$729.00

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

Your next scheduled installment will be due on 07/17/2011

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 01/11/2011**

Invoice Date: 12/13/2010

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2010 - 05/12/2011

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$718.75	\$.00	\$718.75
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$718.75

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

pd 12/20

LAST PAYMENT RECEIVED 10/07/2010 - \$718.75CR - THANK YOU

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to VERMONT MUTUAL INSURANCE CO. PO Box 113, Brattleboro, VT 05302-0113

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820**INSTALLMENT INVOICE****DUE DATE 10/12/2010**

Invoice Date: 09/13/2010

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2010 - 05/12/2011

PREMIUM BALANCE \$1,433.50	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$1,433.50
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$718.75

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O MEAGAN BOSSONG

2 TILESTON ST #2

EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 07/02/2010 - \$718.75CR - THANK YOU

Your next scheduled installment will be due on 01/11/2011

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 07/17/2010**

Invoice Date: 06/18/2010

Policy Number: BP11005573
Policy Type: BUSINESS OWNERS
Policy Period: 05/12/2010 - 05/12/2011

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT MA 021491917

PREMIUM BALANCE \$2,148.25	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,148.25
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$718.75

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC
Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 04/19/2010 - \$718.75CR - THANK YOU

Your next scheduled installment will be due on 10/12/2010

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820**RENEWAL INVOICE****DUE DATE 05/12/2010**

PREMIUM BALANCE \$2,859.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,859.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$718.75

Invoice Date: 03/29/2010

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2010 - 05/12/2011

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O MEAGAN BOSSONG

2 TILESTON ST #2

EVERETT MA 021491917

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

Your next scheduled installment will be due on 07/17/2010

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

Please make check payable to VERMONT MUTUAL INSURANCE CO. PO Box 113, Brattleboro, VT 05302-0113

VERMONT MUTUAL INSURANCE CO

PO Box 113
Brattleboro, VT 05302-0113

For Billing Inquiries Call
Phone: 1-800-231-7820
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF CANCELLATION DUE TO NONPAYMENT OF PREMIUM

Date: 01/19/2010

Mail To:
TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON, MA 02067-3026

Effective Date and Time of Cancellation: 02/11/2010 12:01 A.M. Standard Time		
PREMIUM BALANCE \$709.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$709.00
MINIMUM AMOUNT DUE		\$709.00

Policy Number: BP1 1-00-55-73
Policy Period: 05/12/2009 - 05/12/2010
Policy Type: BUSINESS OWNERS

Original Invoice was due by: 01/11/2010
Mortgagee Loan No.:
Agent: FRANCIS J LAROVERE INS AG INC
Phone Number: (617) 387-9700

Named Insured: TILESTON VILLAGE CONDO TRUST
Location Address: 2 TILESTON ST EVERETT MA 02149
(If multiple locations, only 1st location appears.)

Dear Policyholder: Your business is important to us!

Our records indicate that we have not received your payment. If we do not receive payment, your policy will be cancelled according to the policy provisions on the effective date of cancellation and time shown above.

To prevent this from happening, please forward the minimum amount due shown above without delay. Any other bills you may have received or may receive must be paid by their due dates to avoid additional cancellation notices.

A reinstatement notice will be sent to you when we receive your payment. If the payment for the reinstatement is in the form of a check or draft, or any form of electronic transmission of funds and the financial institution on which the check, draft or any form of electronic transmission of funds is drawn does not honor it on presentment, the reinstatement will be void as of its inception and your policy will terminate on the date and time shown on the cancellation notice issued for non-payment of premium.

We hope this reminder will prevent a lapse in your coverage. We value our relationship with you. If you have any questions, please contact your agent as soon as possible. Please refer to the reverse side of this notice for names of other recipients of this notice.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820

pd. 9/29

Invoice Date: 09/14/2009

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2009 - 05/12/2010

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O CHARLES DIBLASI

774 MOUNTAIN ST

SHARON MA 020673026

INSTALLMENT INVOICE

DUE DATE 10/12/2009

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$1,414.00	\$.00	\$1,414.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$709.00

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 07/06/2009 - \$709.00CR - THANK YOU

Your next scheduled installment will be due on 01/11/2010

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113

Email - directbill@vermontmutual.comWebsite - www.vermontmutual.com**NOTICE OF PREMIUM DUE**

For Billing Inquiries Call

Phone: 1-800-231-7820

Invoice Date: 03/30/2009

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2009 - 05/12/2010

Bill To:

TILESTON VILLAGE CONDO TRUST

C/O CHARLES DIBLASI

774 MOUNTAIN ST

SHARON MA 020673026

RENEWAL INVOICE

DUE DATE 05/12/2009

PREMIUM BALANCE \$2,820.00	PRIOR TERM BALANCE \$.00	TO PAY IN FULL \$2,820.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$709.00

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

*paid 9/16/09
Ck # 209*

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617)387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

Your next scheduled installment will be due on 07/17/2009

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.

**VERMONT MUTUAL INSURANCE COMPANY**

PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE

For Billing Inquiries Call
Phone: 1-800-231-7820

INSTALLMENT INVOICE**DUE DATE 07/17/2009**

Invoice Date: 06/17/2009

Policy Number: BP11005573

Policy Type: BUSINESS OWNERS

Policy Period: 05/12/2009 - 05/12/2010

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$2,119.00	\$.00	\$2,119.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$709.00

Bill To:

TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON MA 020673026

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

paid July 1-09

Agent: FRANCIS J LAROVERE INS AG INC

Phone Number (617) 387-9700

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: TILESTON VILLAGE CONDO TRUST

Location Address: 2 TILESTON ST EVERETT MA 02149

(If multiple locations, only 1st location appears.)

LAST PAYMENT RECEIVED 04/20/2009 - \$709.00CR - THANK YOU

Your next scheduled installment will be due on 10/12/2009

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT. PLEASE DO NOT STAPLE CHECK TO BILL STUB.



FRANCIS J. LaROVERE
INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149
TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702
www.larovere.com

TILESTON VILLAGE CONDO TR
~~MEAGAN BOSSONG~~
~~65 MEACHAM ST~~
~~WILLIAMSTOWN, MA 01267~~

INVOICE NO. 72311		Page 1
ACCOUNT NO.	OP	DATE
TILES-1	CM	04/02/2016
BOP Dec Page		
POLICY #	LOAN #	
BP11005573		
COMPANY		
VERMONT MUTUAL INS. CO.		
EFFECTIVE	EXPIRATION	BALANCE DUE ON
05/12/2016	05/12/2017	05/12/2016
AMOUNT PAID	AMOUNT DUE	
	\$0.00	

Itn #	Eff Date	Trn	Type	Description	Amount
381176	05/12/16	MEM	BOP	BOP COVERAGES	\$3,834.00

Invoice Balance:	\$3,834.00
Policy Balance:	\$0.00

THIS IS NOT A BILL

THANK YOU FOR RENEWING WITH US

TILESTON VILLAGE CONDOMINIUM TRUST

UTA DATED MAY 12 2004
MEAGAN BOSSONG TTEE
2 TILESTON ST. APT. 2
EVERETT, MA 02149-1917

1081

DATE 5-6-14

5-7017/2110
501

PAY TO THE ORDER OF Vermont Mutual

\$ 872.25

 **Citizens Bank**
Massachusetts

EFT. Payment

DOLLARS  Security Features Details on Back

FOR

VOID

⑈001081⑈ ⑆211070175⑆ 1321650040⑈

Re: **ENDORSEMENT**

ENCLOSED IS AN ENDORSEMENT CHANGING THE MAILING ADDRESS
AS REQUESTED. PLEASE REVIEW THE CHANGES AND CALL IF YOU
HAVE ANY QUESTIONS.

THANK YOU.



F.J.LaROVERE INS. AGENCY, INC.



FRANCIS J. LaROVERE
INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRUST

CHARLES DiBLASI

774 MOUNTAIN STREET

SHARON, MA 02067



MEMO

Page 1

ACCOUNT NO.	OP	DATE
TILES-1	MG	04/07/14
POLICY INFORMATION		
POLICY #		
BP11005573		
TYPE	EFFECTIVE	EXPIRATION
BOP	05/12/14	05/12/15

Pl. 872.25
Ct # 1542244097

Re: **ENDORSEMENT**

ENCLOSED IS AN ENDORSEMENT CHANGING THE MAILING ADDRESS
AS REQUESTED. PLEASE REVIEW THE CHANGES AND CALL IF YOU
HAVE ANY QUESTIONS.

THANK YOU.

F.J.LaROVERE INS. AGENCY, INC.



FRANCIS J. LaROVERE
INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149
TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702
www.larovere.com

TILESTON VILLAGE CONDO TRUST
774 MOUNTAIN STREET
SHARON, MA 02067

INVOICE # 68410		Page 1
ACCOUNT NO. TILES-1	OP MG	DATE 04/02/14
POLICY INFORMATION		
POLICY # BP11005573		
COMPANY VERMONT MUTUAL INS. CO.		
EFFECTIVE 05/12/14	EXPIRATION 05/12/15	BALANCE DUE ON 05/12/14
AMOUNT PAID		AMOUNT DUE \$ 0.00

Itm #	Eff Date	Trn	Type	Description	Amount
INVOICE #	68410				
357633	05/12/14	MEM	BOP	BUSINESS OWNERS POLICY	\$ 3,473.00
Invoice Balance:					\$ 3,473.00
Policy Balance:					\$ 0.00

THIS IS NOT A BILL



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRUST

2 TILESTON ST #2

EVERETT, MA 02149

INVOICE # 66345		Page 1
ACCOUNT NO. TILES-1	OP MG	DATE 04/05/13
POLICY INFORMATION		
POLICY # BP11005573		
COMPANY VERMONT MUTUAL INS. CO.		
EFFECTIVE 05/12/13	EXPIRATION 05/12/14	BALANCE DUE ON 05/12/13
AMOUNT PAID		AMOUNT DUE \$ 0.00

Itm #	Eff Date	Trn Type	Description	Amount
INVOICE #	66345			
344712	05/12/13	MEM BOP	BUSINESS OWNERS POLICY	\$ 3,194.00
Invoice Balance:				\$ 3,194.00
Policy Balance:				\$ 0.00

THIS IS NOT A BILL



FRANCIS J. LaROVERE
INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149
TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702
www.larovere.com

TILESTON VILLAGE CONDO TRUST
2 TILESTON ST #2
EVERETT, MA 02149

INVOICE # 63809		Page 1
ACCOUNT NO. TILES-1	OP MG	DATE 04/02/12
POLICY INFORMATION		
POLICY # BP11005573		
COMPANY VERMONT MUTUAL INS. CO.		
EFFECTIVE 05/12/12	EXPIRATION 05/12/13	BALANCE DUE ON 05/12/12
AMOUNT PAID		AMOUNT DUE \$ 0.00

Itn #	Eff Date	Trn	Type	Description	Amount
INVOICE #	63809				
330682	05/12/12	MEM	BOP	BUSINESS OWNERS POLICY	\$ 3,013.00
Invoice Balance:					\$ 3,013.00
Policy Balance:					\$ 0.00

THIS IS NOT A BILL



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

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TILESTON VILLAGE CONDO TRUST

2 TILESTON ST #2
EVERETT, MA 02149

INVOICE # 60705		Page 1
ACCOUNT NO. TILES-1	OP MG	DATE 04/04/11
POLICY INFORMATION		
POLICY # BP11005573		
COMPANY VERMONT MUTUAL INS. CO.		
EFFECTIVE 05/12/11	EXPIRATION 05/12/12	BALANCE DUE ON 05/12/11
AMOUNT PAID		AMOUNT DUE \$ 0.00

Itm #	Eff Date	Trn	Type	Description	Amount
INVOICE #	60705				
313493	05/12/11	MEM	BOP	BUSINESS OWNERS POLICY	\$ 2,900.00
Invoice Balance:					\$ 2,900.00
Policy Balance:					\$ 0.00

THIS IS NOT A BILL



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRUST

C/O MEGAN BOSSONG

2 TILESTON ST #2

EVERETT, MA 02149

MEMO

Page 1

ACCOUNT NO.

OP

DATE

TILES-1

KR

02/23/2010

POLICY INFORMATION

POLICY #

BP11005573

TYPE

EFFECTIVE

EXPIRATION

BOP

05/12/2009 05/12/2010

MEGAN

Re: ENDORSEMENT

ENCLOSED IS AN ENDORSEMENT CHANGING YOUR ADDRESS AS REQUESTED. PLEASE REVIEW THE CHANGES AND CALL IF YOU HAVE ANY QUESTIONS.

THANK YOU.

LAROVERE INSURANCE



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRUST

**2 TILESTON ST #2
EVERETT, MA 02149**

INVOICE # 57232

Page 1

ACCOUNT NO.

OP

DATE

TILES-1

MG

04/01/10

POLICY INFORMATION

POLICY #

BP11005573

COMPANY

VERMONT MUTUAL INS. CO.

EFFECTIVE

EXPIRATION

BALANCE DUE ON

05/12/10

05/12/11

05/12/10

AMOUNT PAID

AMOUNT DUE

\$ 0.00

Itm #	Eff Date	Trn	Type	Description	Amount
INVOICE #	57232				
295689	05/12/10	MEM	BOP	BUSINESS OWNERS POLICY	\$ 2,859.00
				Invoice Balance:	\$ 2,859.00
				Policy Balance:	\$ 0.00

THIS IS NOT A BILL



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

MEMO

Page 1

ACCOUNT NO.
TILES-1

OP
MG

DATE
01/20/10

POLICY INFORMATION

POLICY #
BP11005573

TYPE
BOP

EFFECTIVE
05/12/09

EXPIRATION
05/12/10

TILESTON VILLAGE CONDO TRUST

CHARLES DIBLASI

774 MOUNTAIN ST

SHARON, MA 02067

CHARLES

Re: CANCELLATION

WE RECEIVED NOTICE FROM THE INSURANCE COMPANY THAT YOUR POLICY IS
PENDING CANCELLATION FOR NON-PAYMENT OF PREMIUM.

PAYMENT DUE: \$709.00

CANCELLATION DATE: 2/11/10, 12:01 AM

PLEASE BE ADVISED THAT THE ABOVE PAYMENT MUST BE RECEIVED PRIOR TO THE
CANCELLATION DATE SHOWN ABOVE, OR YOU WILL NOT HAVE INSURANCE COVERAGE.

IF YOU HAVE ALREADY SUBMITTED PAYMENT, DISREGARD THIS NOTICE.

PLEASE CALL IF YOU HAVE ANY QUESTIONS.

THANK YOU.

F.J.LaROVERE INS. AGENCY



FRANCIS J. LaROVERE

INSURANCE AGENCY, INC.

492 BROADWAY, EVERETT, MASSACHUSETTS 02149

TELEPHONE: (617) 387-9700 • FAX: (617) 387-9702

www.larovere.com

TILESTON VILLAGE CONDO TRUST

774 MOUNTAIN ST
SHARON, MA 02067

INVOICE # 53832		Page 1
ACCOUNT NO. TILES-1	OP MG	DATE 04/03/09
POLICY INFORMATION		
POLICY # BP11005573		
COMPANY VERMONT MUTUAL INS. CO.		
EFFECTIVE 05/12/09	EXPIRATION 05/12/10	BALANCE DUE ON 05/12/09
AMOUNT PAID		AMOUNT DUE \$ 0.00

Itm #	Eff Date	Trn	Type	Description	Amount
INVOICE #	53832				
277868	05/12/09	MEM	BOP	BUSINESS OWNERS POLICY	\$ 2,820.00
Invoice Balance:					\$ 2,820.00
Policy Balance:					\$ 0.00

THIS IS NOT A BILL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER BP11005573	POLICY CHANGES EFFECTIVE 05/12/2014	COMPANY VERMONT MUTUAL INSURANCE CO
NAMED INSURED TILESTON VILLAGE CONDO TRUST		AUTHORIZED REPRESENTATIVE FRANCIS J LAROVERE INS AG INC
COVERAGE PARTS AFFECTED BUSINESSOWNERS		
CHANGES AMENDED INSURED'S MAILING ADDRESS.		
PREMIUM ADJUSTMENT		
ADDITIONAL PREMIUM \$ 0	RETURN PREMIUM \$ 0	NEW ANNUALIZED PREMIUM \$ 3,473
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.	

Authorized Representative Signature



VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

To report a claim call your Agent
or the Company at 800-435-0397

Policy Number: BP11005573 - CHANGED POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON, MA 02067-3026

Agency / Address

FRANCIS J LAROVERE INS AG INC
492 BROADWAY
EVERETT, MA 02149-3617

POLICY PERIOD From 05/12/2014

(617) 387-9700
To 05/12/2015 at 12:01 A.M.*

*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.

TOTAL POLICY PREMIUM at inception is: \$3,473 and at each anniversary.

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			
Form of Business: OTHER			
DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
001	001	THREE UNIT CONDOMINIUM 2 TILESTON ST EVERETT, MA 02149	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
PROPERTY - Limits of Insurance for			
BUILDINGS		\$ 850,570	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		4%	
BUSINESS PERSONAL PROPERTY		\$	
EARTHQUAKE DEDUCTIBLE (pct)		%	
DEDUCTIBLE \$ 1,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250			
OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:			Limits of Insurance
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ per occurrence
4. <input type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
COVERAGE EXTENSIONS			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration			\$
LIABILITY AND MEDICAL PAYMENTS			
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.			
		Limits of Insurance	
Liability and Medical Expenses	\$ 1,000,000		
Medical Expenses	\$ 5,000	Per person	
Fire Legal Liability	\$ 50,000	Any one fire or explosion	
FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)			

COUNTERSIGNED

(DATE)

BY

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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04/03/2014 (TREP)

**VERMONT MUTUAL GROUP**

89 State Street, PO Box 188

Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS
SCHEDULE OF FORMS AND ENDORSEMENTS****Policy Number:** BP11005573**Named Insured:** TILESTON VILLAGE CONDO TRUST**FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY:**

BPEBC1	(11/99)	EQUIPMENT BREAKDOWN ENDT
BP0002	(12/99)	SPECIAL PROPERTY COVERAGE FORM
BP0006	(01/97)	LIABILITY COVERAGE FORM
BP0009	(01/97)	COMMON POLICY CONDITIONS
BP0514	(01/03)	WAR LIABILITY EXCLUSION
BP0523	(01/08)	CAP LOSSES CERT. ACTS OF TERR.
BP1707	(01/97)	MA CONDOMINIUM ASSOCIATION COV
NO104	(10/12)	BUSINESSOWNERS POLICY JACKET
TRIADIS2	(07/11)	OFFER OF TERRORISM COV./PREM.
VB0577	(02/04)	FUNGI OR BACTERIA EXCLUSION
VB0698	(09/06)	MA LIMITED FUNGI OR BACTERIA
VB2021	(09/05)	ADD'L INS'D VOLUNTEER WORKERS
VMAE	(03/11)	ADVANTAGE ENDORSEMENT

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001

BCEE	(03/11)	COVERAGE ENHANCEMENT ENDT
BP0143	(11/94)	MA LEAD POISONING ENDORSEMENT
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
DISSBP	(11/95)	MA SUMMARY DISCLOSURE FORM
LEADQA	(07/06)	Q&A:LEAD POISON/RESID RENT
VB0108	(02/12)	MASSACHUSETTS CHANGES

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER BP11005573	POLICY CHANGES EFFECTIVE 03/27/2014	COMPANY VERMONT MUTUAL INSURANCE CO
NAMED INSURED TILESTON VILLAGE CONDO TRUST		AUTHORIZED REPRESENTATIVE FRANCIS J LAROVERE INS AG INC
COVERAGE PARTS AFFECTED BUSINESSOWNERS		
<p style="text-align: center;">CHANGES</p> <p>AMENDED INSURED'S MAILING ADDRESS.</p>		
PREMIUM ADJUSTMENT		
ADDITIONAL PREMIUM \$ 0	RETURN PREMIUM \$ 0	NEW ANNUALIZED PREMIUM \$ 3,194
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.	

Authorized Representative Signature



VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

To report a claim call your Agent
or the Company at 800-435-0397

Policy Number: BP11005573 - CHANGED POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

TILESTON VILLAGE CONDO TRUST
C/O CHARLES DIBLASI
774 MOUNTAIN ST
SHARON, MA 02067-3026

Agency / Address

FRANCIS J LAROVERE INS AG INC
492 BROADWAY
EVERETT, MA 02149-3617

(617) 387-9700

POLICY PERIOD From 05/12/2013

To 05/12/2014 at 12:01 A.M.*

*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.

TOTAL POLICY PREMIUM at inception is: \$3,194 and at each anniversary.

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			
Form of Business: OTHER			
DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
001	001	THREE UNIT CONDOMINIUM 2 TILESTON ST EVERETT, MA 02149	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
PROPERTY - Limits of Insurance for			
BUILDINGS		\$ 817,856	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		4%	
BUSINESS PERSONAL PROPERTY		\$	
EARTHQUAKE DEDUCTIBLE (pct)		%	
DEDUCTIBLE \$ 1,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250			
OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:			Limits of Insurance
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ per occurrence
4. <input type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
COVERAGE EXTENSIONS			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration			\$
LIABILITY AND MEDICAL PAYMENTS			
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.			
	Limits of Insurance		
Liability and Medical Expenses	\$ 1,000,000		
Medical Expenses	\$ 5,000	Per person	
Fire Legal Liability	\$ 50,000	Any one fire or explosion	
FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)			

COUNTERSIGNED _____
(DATE)

BY _____
(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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04/03/2014 (TREP)



VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS
SCHEDULE OF FORMS AND ENDORSEMENTS**

Policy Number: BP11005573

Named Insured: TILESTON VILLAGE CONDO TRUST

FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY:

BPEBC1	(11/99)	EQUIPMENT BREAKDOWN ENDT
BP0002	(12/99)	SPECIAL PROPERTY COVERAGE FORM
BP0006	(01/97)	LIABILITY COVERAGE FORM
BP0009	(01/97)	COMMON POLICY CONDITIONS
BP0514	(01/03)	WAR LIABILITY EXCLUSION
BP0523	(01/08)	CAP LOSSES CERT. ACTS OF TERR.
BP1707	(01/97)	MA CONDOMINIUM ASSOCIATION COV
NO104	(10/12)	BUSINESSOWNERS POLICY JACKET
TRIADIS2	(07/11)	OFFER OF TERRORISM COV./PREM.
VB0577	(02/04)	FUNGI OR BACTERIA EXCLUSION
VB0698	(09/06)	MA LIMITED FUNGI OR BACTERIA
VB2021	(09/05)	ADD'L INS'D VOLUNTEER WORKERS
VMAE	(03/11)	ADVANTAGE ENDORSEMENT

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001

BCEE	(03/11)	COVERAGE ENHANCEMENT ENDT
BP0143	(11/94)	MA LEAD POISONING ENDORSEMENT
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
DISSBP	(11/95)	MA SUMMARY DISCLOSURE FORM
LEADQA	(07/06)	Q&A:LEAD POISON/RESID RENT
VB0108	(02/12)	MASSACHUSETTS CHANGES

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VERMONT MUTUAL INSURANCE GROUP®

89 STATE STREET - PO BOX 369
MONTPELIER, VERMONT 05601-0369
Claims 800-435-0397
Property/Liability Claims Fax 802-229-7647
Auto Claims Fax 802-229-8941
E-Mail claims@vermontmutual.com

April 2, 2013

Tileston Village Condo Trust
C/o Meagan Bossong
2 Tileston St #2
Everett, MA 02149-1917

RE: Insured: Tileston Village Condo Trust
Claim No.: BOP45793
Policy No.: BP11005573
Date of Loss: 03/25/13

Dear Ms. Bossong:

This letter follows our conversation concerning your damaged property. You indicated that there was a car accident in front of the building and one of the vehicles struck the fence and did damage.

I am sending you this written explanation of why the policy will not be able to provide coverage for this loss. This claim is being declined for payment because the policy will only pay for damage to a fence if the damage to the fence is caused by Fire, Lightning, Explosion, Riot or Civil Commotion or Aircraft. Since the fence was not damaged by a named peril listed above, your policy will not be able to provide coverage for this claim. You can find the policy language outlining these provisions on pages 2 and 8 of coverage form BP 00 02 12 99, as follows:

BUSINESSOWNERS

BP 00 02 12 99

BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

A. Coverage

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.

2. Property Not Covered

Covered Property does not include:

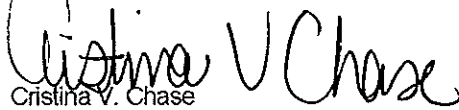
- e. Outdoor fences, radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers, signs (other than signs attached to buildings), trees, shrubs or plants, all except as provided in the:
 - (1) Outdoor Property Coverage Extension; or
 - (2) Outdoor Signs Optional Coverage;

We hope you have found this information of assistance in understanding your policy's coverage. If you have any questions regarding your coverage, please do not hesitate to contact me at the number below.

While the foregoing constitutes the present basis for Vermont Mutual Insurance Co's denial of coverage, Vermont Mutual Insurance Co reserves the right to rely upon any additional grounds supporting its position that become known to it.

Should there be further developments or facts which you believe would have a bearing on the question of coverage or Vermont Mutual Insurance Co's determinations thereon, please notify me immediately of the same. Vermont Mutual Insurance Co will fairly reassess its position in light of any new developments.

Sincerely,

A handwritten signature in cursive script that reads "Cristina V Chase". The signature is written in dark ink and is positioned above the printed name and title.

Cristina V. Chase
Claim Representative

Extension: 7610

cchase@vermontmutual.com

c Francis J Larovere Ins Ag Inc

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER BP11005573	POLICY CHANGES EFFECTIVE 02/10/2010	COMPANY VERMONT MUTUAL INSURANCE CO
NAMED INSURED TILESTON VILLAGE CONDO TRUST		AUTHORIZED REPRESENTATIVE FRANCIS J LAROVERE INS AG INC
COVERAGE PARTS AFFECTED BUSINESSOWNERS		
CHANGES AMENDED INSUREDS MAILING ADDRESS		
PREMIUM ADJUSTMENT		
ADDITIONAL PREMIUM	RETURN PREMIUM	NEW ANNUALIZED PREMIUM
\$ 0	\$ 0	\$ 2,820
REMOVAL PERMIT	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.	


Authorized Representative Signature



VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

Policy Number: BP11005573 - CHANGED POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

TILESTON VILLAGE CONDO TRUST
C/O MEAGAN BOSSONG
2 TILESTON ST #2
EVERETT, MA 02149-1917

Agency / Address

FRANCIS J LAROVERE INS AG INC
492 BROADWAY
EVERETT, MA 02149-3617

(617) 387-9700

POLICY PERIOD From 05/12/2009 To 05/12/2010 at 12:01 A.M.*

*Standard Time at your mailing address shown above. *Exceptions: 12:00 noon in New Hampshire.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.

TOTAL POLICY PREMIUM at inception is: \$2,820 and at each anniversary.

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			
Form of Business: OTHER			
DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
001	001	THREE UNIT CONDOMINIUM 2 TILESTON ST EVERETT, MA 02149.	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
PROPERTY - Limits of Insurance for			
BUILDINGS		\$ 685,800	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8 %	
BUSINESS PERSONAL PROPERTY		\$	
EARTHQUAKE DEDUCTIBLE (pct)		%	
DEDUCTIBLE \$ 1,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250			
OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:			Limits of Insurance
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			included
4. <input type="checkbox"/> Employee Dishonesty			\$ per occurrence
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Inside the Premises
			\$ Outside the Premises
COVERAGE EXTENSIONS			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
ADDITIONAL COVERAGES - Optional Higher Limits - Forgery and Alteration			\$
LIABILITY AND MEDICAL PAYMENTS			
Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form.			
		Limits of Insurance	
Liability and Medical Expenses		\$ 1,000,000	
Medical Expenses		\$ 5,000 Per person	
Fire Legal Liability		\$ 50,000 Any one fire or explosion	

FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)

COUNTERSIGNED 2/23/10
(DATE)

BY [Signature]
(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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02/17/2010

(MCKI)

**VERMONT MUTUAL GROUP**

89 State Street, PO Box 188
Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS
SCHEDULE OF FORMS AND ENDORSEMENTS****Policy Number:** BP11005573**Named Insured:** TILESTON VILLAGE CONDO TRUST**FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY:**

BPEBC1	(11/99)	EQUIPMENT BREAKDOWN ENDT
BP0002	(12/99)	SPECIAL PROPERTY COVERAGE FORM
BP0006	(01/97)	LIABILITY COVERAGE FORM
BP0009	(01/97)	COMMON POLICY CONDITIONS
BP0514	(01/03)	WAR LIABILITY EXCLUSION
BP0523	(01/08)	CAP LOSSES CERT. ACTS OF TERR.
BP1707	(01/97)	MA CONDOMINIUM ASSOCIATION COV
NO104	(04/03)	BUSINESSOWNERS POLICY JACKET
TRIADIS2	(01/08)	OFFER OF TERRORISM COV./PREM.
VB0053	(01/06)	AMENDMENT - WATER EXCLUSION
VB0577	(02/04)	FUNGI OR BACTERIA EXCLUSION
VB0698	(09/06)	MA LIMITED FUNGI OR BACTERIA
VB0999	(09/05)	AMENDMENT-LIAB/MED EXPENSE
VB2021	(09/05)	ADD'L INS'D VOLUNTEER WORKERS
VMBP10	(08/97)	AMEND PROP LOSS CONDITIONS
VMBP11	(08/97)	BUS INCOME CHANGES-NO WAITING

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001

BP0108	(03/98)	MASSACHUSETTS CHANGES
BP0143	(11/94)	MA LEAD POISONING ENDORSEMENT
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
DISSBP	(11/95)	MA SUMMARY DISCLOSURE FORM
LEADQA	(07/06)	Q&A:LEAD POISON/RESID RENT

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