AXIS INSURANCE COMPANY 411 S. STATE ST, SUITE 1A NEWTOWN, PA 18940

BUSINESSOWNERS POLICY DECLARATIONS

Policy Number: AXB50000664

AMENDED: 4/27/2018 Endorsement #1

Named Insured and Mailing Address
JUDITH COCHE ANDERSON, PHD &
JOHN EDWARDS ANDERSON &
THE COCHE CENTER LLC
C/O DOMUS & FELICITAS
1723 SPRUCE STREET
PHILADELPHIA, PA 19103

PRODUCER - 128 J BYRNE AGENCY INC 5200 NEW JERSEY AVENUE PO BOX 1409 WILDWOOD, NJ 08260 (609) 522-3406

2. Policy Term: 12:01 A.M. Standard Time From 04/01/2018 to 04/01/2019

Policy Changes

AMENDED MAILING ADDRESS

AXIS INSURANCE COMPANY 411 S. STATE ST, SUITE 1A NEWTOWN, PA 18940

BUSINESSOWNERS POLICY DECLARATIONS

Policy Number

AXB500000664 2018 1 ☐ BASIC PLUS ☐ EXPANDED

AMENDED: 4/27/2018 Endorsement #1

1. Named Insured and Mailing Address
JUDITH COCHE ANDERSON, PHD &
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2. Policy Term: 12:01 A.M. Standard Time From 04/01/2018 to 04/01/2019

3. You are a: INDIVIDUAL

4. Your Business/Operation: OFFICE

IN RETURN FOR THE PAYMENT OF PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THERE ARE EXCLUSIONS, CONDITIONS AND LIMITATIONS CONTAINED IN THE POLICY FORMS AND ENDORSEMENTS.

5. SCHEDULE OF PREMISES

Location 1 Building 1 Rating Territory Construction Occupancy Rating Class
1420 LOCUST STREET PHILADELPHIA D 51 Basic: (9) Exp: 11
SUITE 410

PHILADELPHIA, PA 19102

PART I - BUSINESS PROPERTY AND LOSS OF BUSINESS INCOME

LIMIT OF LIABILITY COVERAGES

2			33.114.626		
Lo	ocation 1	Building 1	\$1000 < Deductible - Coverages A and B		
\$	NIL		A. Building		
\$	50,000		B. Business Personal Property		
\$	50,000		C. Loss of Business Income		
\$	10,000		D. Money and Securities - On Premises - All Locations		
\$	2,000		Money and Securities - Off Premises - All Locations		

PART II - BUSINESS LIABILITY

LIMIT OF LIABILITY	COVERAGES
\$ 1,000,000	Each Occurrence Limit - Coverage E and F
\$ 5,000	Medical Payments (Cov. F) - Limit Per Person
\$ 2,000,000	General Aggregate/Total Limits - All Other Than Products / Completed Operations
\$ 1,000,000	General Aggregate/Total Limits - Products / Completed Operations

THIS POLICY CONTAINS AGGREGATE LIMITS: REFER TO LIMITS OF INSURANCE SECTION PART II A OF THE COVERAGE FORM FOR DETAILS.

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7. FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY					
Form Edition	Description				
BU 01 43*(03/2014)	Data Breach Exclusion - Part II				
BU 01 77*(09/2007)	Computer Software Professional Activities Exclusion				
BU 01 78*(09/2007)	Exterior Insulation & Finish System Exclusion				
BU 01 81*(09/2007)	Sexual Abuse or Sexual Misconduct Exclusion				
BU 01 87*(09/2007)	Lead/Lead Contamination and Asbestos Exclusion				
BU 04 01*(12/2007)	Businessowners Policy				
BU 04 03*(01/2007)	Declarations Supplement - Pennsylvania				
BU 08 10*(10/2015)	Mandatory Endorsement - Pennsylvania				
MCM 419*(01/2015)	Non-Certified Acts of Terrorism Exclusions - Parts I & II				
SIBU-0003*(09/11)	Identity Recovery Coverage				
SIPN-090*(01/16)	Notice to Policyholder - Boiler Inspections				
SIIL-7000*(09/11)	Software Loss Exclusion - Part I				
BU 05 07 (01/2003)	Operations/Coverage Exclusion - Part II				
MCM 413 (01/2015)	Certified Acts of Terrorism Exclusions - Parts I and II				
SIIL-7001 (09/11)	Equipment Breakdown Coverage Schedule				
TPD12 (01/2014)	Notice Of Terrorism Insurance Coverage				
BU 05 04 (01/2003)	Premises Limitation - Part II				
SIBU-0006 (09/11)	Equipment Breakdown Coverage				
* PA Mandatory Forms					
\$ 589	< Annual Premium				
\$ 0	< Additional/Return Premium				
\$ 0	\sim \sim \sim \sim \sim				
03/06/2019	By: My Jon				
Countersignature Date Representative					

DECLARATIONS SUPPLEM	ENT - PENNSYLVANIA	1		BU 04 03 01 07
Policy No: AXB500000664		Effective:	04/01/2018	
Part I - CONTINUED	Location	1 Building	1	
Pollution Clean-Up	Basic Limit: Revised Limit:	\$ \$	10,000	
	Separate, Specific Deductible:	\$	U	
Property Restrictions ⁽¹⁾ ● Furs	Basic Limit:	\$	3,000	
• Jewelry	Basic Limit:	•	3,000	
(Jewelry Value Waiver Limit)		\$	100	
Replacement Threshold	Limit	\$	2,000	
Trees, Shrubs, and Plants	Basic Limit per Occurrence:	\$	1,000	
Basic Limit or	Any One Tree, Plant or Shrub:	\$	250	
Valuable Papers and Records ⁽¹⁾	Basic Limit: Revised Limit:	\$ \$	3,000 0	
Water Damage-Sewer / Drain Backup				
When BU 50 03 applies:	Basic Limit:	\$	0	
	Revised Limit:	\$	0	
Outdoor (Exterior) Building Glass	Linear:		0	
	Deductible per Occurrence:	\$	0	
Note: (1) Applies Only With Coverage I	3			
The following limits app	oly if limits for such are not sh	nown in the Decl	arations.	
PART II				
Fire and Explosion Liability	Basic Limit:	\$	50,000	
The dia Explosion Elability	Revised Limit:	\$	0	
Personal Injury / Advertising Injury	Basic Limit: Revised Limit:	\$ \$	0 1,000,000	
OTHER SPECIAL POLICY CONDITIO	NS			
Computer Coverage				
When SIBU-0005 applies:	Limit	\$		
Liquor Receipts		\$	0	
Ed. 1				
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EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

Subject to any applicable limits on the Declarations, the Equipment Breakdown Limit is the most we will pay for loss or damage arising from any one Accident.

These coverages apply to all locations covered on the policy, unless otherwise specified.

Coverages			Limits		
	Equipment Breakdown Limit	\$	Per Policy Property Limits		
	Loss of Use / Loss of Income (including Extra Expense if shown as covered)	\$	Per Policy Limits		
	Expediting Expense	\$	25,000		
	Hazardous Substances	\$	25,000		
	Spoilage	\$	25,000		
	Computer Equipment	\$	25,000		
	Data Restoration	\$	25,000		
Deductibles					
	Combined, All Coverages	\$	1,000		
	Direct Coverages	\$	N/A		
	Indirect Coverages	\$_	N/A or N/A hrs. or ADV		
	Spoilage	\$_	N/A or N/A %		

Other Conditions

OPERATIONS / COVERAGE EXCLUSION • PART II

This endorsement excludes the operations / coverages as described. The required information may be shown below or elsewhere in this policy.

The provisions of this endorsement apply only when the endorsement number is listed in the Declarations. Except as provided below, all other provisions in this policy are unchanged.

Policy # 500000664

SCHEDULE

Location #: 0 Building #: 0

Operations / Coverage Excluded •List location if not applicable to all locations.

- **1.** O If checked, Part II does not include any liability included within the *products / completed* operations hazard. Location No:
- **2.** O If checked, The *Personal Injury / Advertising Injury* Supplemental Coverage in Part II does not apply.

COVERAGE MODIFICATION

PART II does not apply to the operations or coverages described in the Schedule, including any premises used in connection with the described operations.