

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

**COMMON POLICY DECLARATION**

Policy Number  
**AXCM23082 2019 0**

**Renewal of Number: AXCM23082**

**Named Insured and Mailing Address**  
MARY M FINNELL  
11 CLEVELAND CIRCLE  
SKILLMAN, NJ 08558

**PRODUCER - 107**  
BORDEN PERLMAN RUSSO  
250 PHILLIPS BLVD  
SUITE 280  
EWING, NJ 08618  
(609) 896-3434

**Policy Term:** From 08/01/2019 to 08/01/2020 12:01 A.M. Standard Time at your mailing address shown above.

**You are a:** PARTNERSHIP

**Your Business/Operation:** OFFICE -MANAGES OWNED PROPERTIES

IN RETURN FOR 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. THERE ARE EXCLUSIONS,  
CONDITIONS AND LIMITATIONS CONTAINED IN THE POLICY FORMS AND ENDORSEMENTS.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM  
MAY BE SUBJECT TO ADJUSTMENT.**

(N/A MEANS NO COVERAGE)  
ADVANCE PREMIUM

Commercial Property Coverage Part	\$	131
Commercial General Liability Coverage Part	\$	229 MP
Commercial Inland Marine Coverage Part	\$	90
Commercial Crime Coverage Part	\$	N/A
Commercial Glass Coverage Part	\$	N/A
Certified Terrorism Coverage	\$	N/A
 Total Advance Premium	 \$	 450
Surcharge NJ-PLIGA	\$	3

**COMMON POLICY DECLARATION****Policy No. AXCM23082**

These Declarations together with the Forms and Endorsements, if any, issued to form a part thereof, completes the above numbered policy.

<b>Form Edition</b>	<b>Description</b>
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The following forms and endorsements are applicable to the Common Coverage Part

AXIS 102 AIC (06/2015)	AXIS JACKET
MCM 418*(01/2015)	Non-Certified Acts of Terrorism Exclusions
MCM 820*(08/2015)	Mandatory Endorsement - New Jersey
SIPN-090*(01/16)	Notice to Policyholder - Boiler Inspections
MCM 412 (01/2015)	Certified Acts of Terrorism Exclusions
TPD12 (01/2015)	Notice Of Terrorism Insurance Coverage
MIM 141 (01/2015)	Certified Acts of Terrorism Exclusion

The following forms and endorsements are applicable to the Commercial General Liability Coverage Part

MCL 030* (10/2007)	Basic General Liability Form
MCL 143 (03/2014)	Data Breach Exclusion - Part II
MCL 178*(08/2000)	Exterior Insulation and Finish System Exclusion
MCL 189*(04/2007)	Lead/Lead Contamination and Asbestos Exclusions - Liability
MCL 191*(06/2002)	Sexual Abuse or Sexual Misconduct Exclusion
MCL 193*(06/2005)	Contractors New York State Bodily Injury Limitation - Part II
MCL 821*(06/2005)	Your Right to Loss Information
MCL 159 (06/2005)	Designated Premises Limitation

The following forms and endorsements are applicable to the Commercial Property Coverage Part

MCP 010 (01/2008)	General Property Form
SIIL-7000*(09/11)	Software Loss Exclusion
SIIL-7001 (09/11)	Equipment Breakdown Coverage Schedule
MCP 011 (01/2005)	Supplemental Declarations
MCP 515	Deletes certain coverage for loss
MCP 520	Provides Replacement Coverage
SICP-7005 (09/11)	Equipment Breakdown Coverage Form

The following forms and endorsements are applicable to the Commercial Inland Marine Coverage Part

MIM 143 (01/2015)	Non-Certified Acts of Terrorism Exclusions	
MIM 010 (06/2007)	Inland Marine Common Provisions Form	
MIM 100 (09/2005)	Computer Coverage	\$ 90
MIM 102 (04/2007)	Computer Hacking and Virus Exclusion	

\* Mandatory Forms

07/02/2019

Countersignature Date

By:



Representative

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

**COMMERCIAL PROPERTY POLICY DECLARATION**

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**AXCM23082 2019 0**

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11 CLEVELAND CIRCLE  
SKILLMAN, NJ 08558

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**LOCATION, CONSTRUCTION AND OCCUPANCY OF PREMISES YOU OWN, RENT OR OCCUPY**

<b>Prem No.</b>	1	<b>Bldg No.</b>	1	<b>Construction</b>	<b>Occupancy</b>	<b>File No.</b>
			11 CLEVELAND CIRCLE SKILLMAN, NJ 08558	2	0070	

**COVERAGES PROVIDED**

<u>Premises</u> <u>Building or Coverage Item #</u>	<u>Limits of</u> <u>Insurance</u>	<u>Coverage</u>	<u>Cause of Loss</u> <u>Options</u>	<u>Coinsurance</u> <u>Factor</u>	<u>Deductible</u>	<u>Premium</u>
Prem No. 1 Bldg No. 1	10,000	Bus. Pers. Property	Expanded	80%	\$ 500	\$ 131
<b>Total Premium</b>						<b>\$ 131</b>

**MORTGAGEE(S) & MAILING ADDRESS**

N/A

07/02/2019  
Countersignature Date

By:

Representative

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

**COMMERCIAL GENERAL LIABILITY POLICY DECLARATION**

Policy Number  
**AXCM23082 2019 0**

**Renewal of Number: AXCM23082**

**Named Insured and Mailing Address**  
MARY M FINNELL  
11 CLEVELAND CIRCLE  
SKILLMAN, NJ 08558

**PRODUCER - 107**  
BORDEN PERLMAN RUSSO  
250 PHILLIPS BLVD  
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EWING, NJ 08618  
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**Your Business/Operation:** OFFICE -MANAGES OWNED PROPERTIES

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LIMITS OF INSURANCE	(N/A MEANS NO COVERAGE)
Each Occurrence Limit	\$ 1,000,000
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ N/A
Personal and Advertising Injury Limit	\$ N/A
Fire Legal Liability Limit	\$ 50,000 Any One Fire
Medical Expense Limit	\$ 5,000 Any One Person

**LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY**

**Prem No. 1 Bldg No. 1**  
11 CLEVELAND CIRCLE SKILLMAN, NJ 08558

**ALL KNOWN EXPOSURES AT INCEPTION OF THE POLICY TERM ARE LISTED BELOW:**

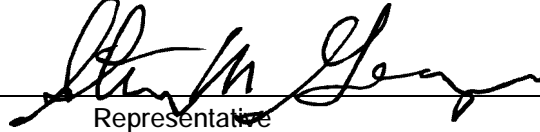
<u>Classification</u>	<u>Code</u>	<u>Premium Basis</u>		<u>Advance Premium</u>	
		<u>Prem Ops</u>	<u>PR/CO</u>	<u>Prem Ops</u>	<u>PR/CO</u>
Prem No. 1 Bldg No. 1 NOC - OFFICES	0070	A)	650 R)	\$ 174	
Prem Ops and Pr/Co Premium				\$ 174	
Endorsement Premium				\$ 0	
Total Advance Premium				\$ 229 MP	

**This Policy Contains Aggregate Limits: See Part II D 2 for Details**

07/02/2019

Countersignature Date

By:



Representative

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

**COMMERCIAL INLAND MARINE POLICY DECLARATION**

Policy Number  
**AXCM23082 2019 0**

**Renewal of Number: AXCM23082**

**Named Insured and Mailing Address**  
MARY M FINNELL  
11 CLEVELAND CIRCLE  
SKILLMAN, NJ 08558

**PRODUCER - 107**  
BORDEN PERLMAN RUSSO  
250 PHILLIPS BLVD  
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EWING, NJ 08618  
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**You are a:** PARTNERSHIP  
**Your Business/Operation:** OFFICE

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
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**LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY**

Prem No. 1 Bldg No. 1  
11 CLEVELAND CIRCLE SKILLMAN, NJ 08558

**COVERAGES PROVIDED**

<u>Premises</u> <u>Building or Coverage Item #</u>	<u>Limits of</u> <u>Insurance</u>	<u>Coverage</u>	<u>Total Premium</u>	<u>Deductible</u> \$	<u>Premium</u>
					90

**MORTGAGEE(S), LOSS PAYEE(S) & MAILING ADDRESS**

N/A

07/02/2019

Countersignature Date

By:

  
Representative

# POLICYHOLDER DISCLOSURE

## NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If you accept this coverage, any terrorism exclusions for acts of terrorism, *as defined in the Act*, already contained in your policy or included in an endorsement are nullified.

If you accept this offer of coverage, you should know that coverage that may be provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under this formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

### ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. Your renewal policy does not include this coverage, but includes an exclusion for terrorism losses.

You may accept this coverage by signing and returning this notice to us by the date listed below. If you elect to accept this coverage, the premium is payable according to your billing notice.

The portion of your annual premium that is for the coverage for terrorism, as defined in this Act, if you accept this coverage is:  
\$ 21.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage. Sign and return this form to us by <u>08/31/2019</u> .
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\_\_\_\_\_  
Policyholder/Applicant's Signature

MARY M FINNELL  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
AXIS INSURANCE COMPANY  
Insurance Company

AXCM23082  
\_\_\_\_\_  
Policy Number



**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.**

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**Coverages**

	<b>Limits</b>
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
<i>Hazardous Substances</i>	\$ 25,000
Spoilage	\$ 25,000
<i>Computer Equipment</i>	\$ 25,000
<i>Data Restoration</i>	\$ 25,000

**Deductibles**

Combined, All Coverages	\$ 200
Direct Coverages	\$ N/A
Indirect Coverages	\$ <u>N/A</u> or <u>N/A</u> hrs. or ADV
Spoilage	\$ <u>N/A</u> or <u>N/A</u> %

**Other Conditions**

## SUPPLEMENTAL DECLARATIONS — MCP 011 01 05

*The following special limits and rating factors apply to the designated coverages, in accordance with the provisions of Coverage Form MCP 010.*

		(A) POLICY LIMIT/FACTOR	(B) REVISED POLICY LIMIT/FACTOR	(C) REVISED ITEM LIMIT/FACTOR <sup>(1)</sup>	NUMBER <sup>(5)</sup>
PART I B					
SUPPLEMENTAL COVERAGES					
Location 1	Building 1	Business Description: OFFICE			
11 CLEVELAND CIRCLE					
SKILLMAN, NJ					
1.	Accounts Receivable	\$ 3,000	\$	\$	
2.A.	Automatic Increase (Annual Inflation) Factor	—			
	Coverage A	—			
	Coverage B	—			
2.B.	Peak Season Factor	—			
3.	Building Extension				
A.	Glass				
	Limit	\$ 1,000	\$	\$	
	Per Item Limit	\$ 100	\$	\$	
B.	Outdoor Signs				
1.	Not Attached to Buildings	\$ 1,000	\$	\$	
2.	Attached to Building	\$ 1,000	\$	\$	
	Deductible	\$	\$	\$	
4.	Building Code / Law Coverage	0.10			
6.	Consequent Loss <sup>(2)</sup>				
1.	Loss of Utility Service	\$ 1,000	\$	\$	
2.	Mechanical Breakdown	\$ 500	\$	\$	
7.	Debris Removal				
B.	Factor (Covered Loss Times):	0.25	—	—	
C.	Additional Limit	\$ 5,000	\$	\$	
9.	Fire Expense Coverages				
A.	Fire Department Service Charge	\$ 1,000	—	—	
B.	Fire Extinguisher Recharge Expense	\$ 1,000	—	—	
10.	Newly Acquired Property				
1.	Coverage A				
	Coverage A Limit Times:	0.25	—	—	
	Maximum Limit per Building	\$ 250,000	—	—	
2.	Coverage B				
	Coverage B Limit Times:	0.10	—	—	
	Maximum Limit per Location	\$ 100,000	—	—	
3.	Coverage D. 1				
	Coverage D Limit Times:	0.10	—	—	
	Maximum Limit per Location	\$ 100,000	—	—	

	(A) POLICY LIMIT / FACTOR	(B) REVISED POLICY LIMIT / FACTOR	(C) REVISED ITEM LIMIT / FACTOR <sup>(1)</sup>	NUMBER <sup>(5)</sup> Location 1 Building 1
<b>PART I B SUPPLEMENTAL COVERAGES</b>				
11. Off Premises Property				
A. At Other Locations	\$ 5,000	\$	\$	
B. In Transit <sup>(3)</sup>	\$ 1,000	\$	\$	
Option MCP 505	—	\$	\$	
Optional Theft Limit <sup>(4)</sup>	—	\$	\$	
12. Outdoor Property				
Limit	\$ 1,000	\$	\$	
Per Item Limit	\$ 250	\$	\$	
13. Personal Property				
B. Personal Effects	\$ 3,000	\$	\$	
C. Property of Others	\$ 3,000	\$	\$	
D. Valuable Papers / Records	\$ 3,000	\$	\$	
14. Pollution Clean Up	\$ 10,000	—	—	
15. Precious Metals	\$ 3,000	\$	\$	
<b>PART I D PROPERTY LIMITATIONS</b>				
4. Coverages B / C				
A. Furs	\$ 3,000	—	—	
B. Jewelry Type Property				
Limit	\$ 3,000	—	—	
Per Item Limit	\$ 100	—	—	
<b>PART I G SPECIAL PART I CONDITIONS</b>				
2. Replacement Threshold (C.1)	\$ 3,000	—	—	
2. Special Condition (E / F)				
Limit	\$ 10,000	—	—	
Factor	0.05	—	—	

**NOTES:**

- With the exception of Supplemental Coverages 6 (Item 2) and 14, the limits and factored amounts of insurance are aggregate limits per occurrence. With regard to 6 (Item 2) and 14 the limits are aggregate limits per policy year for all covered occurrences.
- Column (A) shows Basic Policy Limits / Factors: " — " means coverage not applicable.
- Columns (B) and (C) show the Revised Limits / Factors, which replace those shown in Column (A): " — " means no change permitted.
- The Revised Limits / Factors, shown in Column (C) apply only with regard to the Item or Building / Location, numbered per Declarations, specified: list Item / Number and applicable Revised Limit / Factor.

(1) Or see MCP 012, if listed as applicable to this policy.

(2) Coverage may be deleted by showing zero dollars (\$0) in Column (B).

(3) When Option MCP 505 applies, this coverage and limit is replaced by MCP 505.

(4) When shown, the theft sub-limit applies to such losses in lieu of the MCP 505 limit otherwise applicable.

(5) Item No. or Location / Building Nos. Shown in the Declarations.

**DESIGNATED PREMISES LIMITATION •PART II**

*This endorsement limits insurance to the designated premises and business / operations associated with the designated premises.*

**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.**

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Policy # **23082**

**SCHEDULE**

**DESIGNATED PREMISES**

**Description / Location of Subject Premises:**

**OFFICE**

**1 PALMER SQUARE 3RD FLOOR PRINCETON NJ 08542 MERCER COUNTY**

**ADDITIONAL LIMITATION - DESIGNATED PREMISES**

*We insure **bodily injury, property damage, personal injury or advertising injury** arising out of only the following:*

- The ownership, maintenance, or use of the designated premises or any property located on the premises.
- Operations on such premises (or elsewhere) which are necessary / related to the ownership, maintenance, or use of such premises; and
- Goods or products manufactured at or distributed from such premises.

**CONTRACTORS NEW YORK STATE BODILY INJURY LIMITATION •PART II**

*This endorsement provides limited liability coverage for bodily injury arising out of an accident occurring in the State of New York.*

**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.**

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Policy # 23082

**SCHEDULE**

**Limit of Liability**

**\$ 15,000**

**COVERAGE MODIFICATIONS**

Coverage E is extended to include, up to the limit of liability shown in the Schedule of this endorsement, *bodily injury to your employees, contractors, or employees of your contractors* arising out of an accident occurring in the State of New York, or arising out of *your* doing business in the State of New York.

**ADDITIONAL DEFINITION**

*Employee* means a person employed by *you* and includes a *leased worker*. *Employee* does not include a *temporary worker*.

*Leased worker* means a person who is leased to *you* by a labor leasing firm under an agreement between *you* and such firm to perform duties related to the conduct of *your* business / operations. *Leased worker* does not include a *temporary worker*.

*Temporary worker* means a person who is furnished to *you* as a substitute for a permanent *employee* on leave or to meet seasonal or other short-term workload conditions. *Temporary worker* does not include a *leased worker*.