

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

COMMON POLICY DECLARATION

Policy Number
AXCM17102 2018 0

Renewal of Number: AXCM17102

Named Insured and Mailing Address
MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

PRODUCER - 109
USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Term: From 03/01/2018 to 03/01/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: CORPORATION

Your Business/Operation: 24 UNIT CONDO BLDG

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	\$ 15,233
Commercial General Liability Coverage Part	\$ 1,804
Commercial Inland Marine Coverage Part	\$ N/A
Commercial Crime Coverage Part	\$ 187
Commercial Glass Coverage Part	\$ N/A
Certified Terrorism Coverage	\$ N/A

Total Advance Premium	\$ 17,224
Surcharge NJ-PLIGA	\$ 103

COMMON POLICY DECLARATION

Policy No. AXCM17102

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

Form Edition**Description**

The following forms and endorsements are applicable to the Common Coverage Part

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

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

MCL 010* (10/2007)	General Liability Form	
MCL 143 (03/2014)	Data Breach Exclusion - Part II	
MCL 159 (06/2005)	Designated Premises Limitation	
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 412 (08/2008)	Hired/NonOwned Automobile Liability	\$ 100
MCL 821*(06/2005)	Your Right to Loss Information	
MCL 205 (06/2005)	Knowledge/Notice of an Injury or Occurrence	

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

MCP 602 (04/2006)	Statement of Values
SICP-7001 (09/11)	Condominium Association Form
SIIL-7000*(09/11)	Software Loss Exclusion
SIIL-7001 (09/11)	Equipment Breakdown Coverage Schedule
MCP 250 (01/2005)	Building Code/Law Coverage - Blanket Insurance
MCP 507	Modifies Water Damage Exclusion
MCP 520	Provides Replacement Coverage
MCP 560	Weather Related Coverage - Deductible
SICP-7000 (09/11)	Building Code/Law Coverage Modifications
SICP DS 08 (09/11)	Supplemental Declarations
SICP-7006 (09/11)	Equipment Breakdown Coverage Form - Condo

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

MCP 070 (06/1994)	Crime Supplemental Declaration	
MCP 170 (10/2004)	Crime Common Provisions Form	
MCP 172 (10/2004)	Forgery or Alterations Crime Coverage (Form B)	\$ 31
SICP-7004 (09/11)	Employee Dishonesty Coverage (Form A)	\$ 156

* Mandatory Forms

02/25/2019

Countersignature Date

By:



Representative

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

COMMERCIAL PROPERTY POLICY DECLARATION

Policy Number
AXCM17102 2018 0

Renewal of Number: AXCM17102

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MEADOWINDS ASSN INC
C/O DAISY HOULI
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CONDITIONS AND LIMITATIONS CONTAINED IN THE POLICY FORMS AND ENDORSEMENTS.

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

See MCP 601/602

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	3,294,000	Blanket Building	Expanded	100%	\$ 1,000	\$ 15,062
Prem No.	1 Bldg No.	1	50,000	Business Income/Extra Expense		100%	N/A	\$ 165
Total Premium							\$	15,233

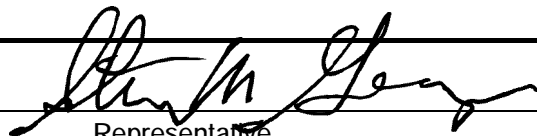
MORTGAGEE(S) & MAILING ADDRESS

N/A

02/25/2019

Countersignature Date

By:


Representative

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

COMMERCIAL CRIME POLICY DECLARATION

Policy Number
AXCM17102 2018 0

Renewal of Number: AXCM17102

Named Insured and Mailing Address
MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

PRODUCER - 109
USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
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Policy Term: From 03/01/2018 to 03/01/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: CORPORATION

Your Business/Operation: 24 UNIT CONDO BLDG

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.

LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY

See Attached Location of Premises Supplemental for Details

For PERILS COVERED see applicable forms attached

See Attached Coverages Supplemental for Details

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

Form Edition	Description	Premium
The following forms and endorsements are applicable to all Coverage Parts:		
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	
MCP 070 (06/1994)	Crime Supplemental Declaration	
MCP 170 (10/2004)	Crime Common Provisions Form	
MCP 172 (10/2004)	Forgery or Alterations Crime Coverage (Form B)	\$ 31
SICP-7004 (09/11)	Employee Dishonesty Coverage (Form A)	\$ 156

* Mandatory Forms

TOTAL PREMIUM FOR THIS COVERAGE PART: \$ 187

02/25/2019

Countersignature Date

By:


Representative

Prem No. 1 Bldg No. 1
COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

Prem No. 1 Bldg No. 2
COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

Prem No. 1 Bldg No. 3
COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

<u>ITEM NO.</u>	<u>LIMIT OF INSURANCE</u>	<u>DEDUCTIBLE</u>	<u>COVERAGE PLAN</u>	<u>DESCRIPTION</u>
1	50,000	500		CRIME FORM B - INSIDE

TOTAL LIMIT OF LIABILITY: 50,000

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

COMMERCIAL GENERAL LIABILITY POLICY DECLARATION

Policy Number
AXCM17102 2018 0

Renewal of Number: AXCM17102

Named Insured and Mailing Address
MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

PRODUCER - 109
USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Term: From 03/01/2018 to 03/01/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: CORPORATION

Your Business/Operation: 24 UNIT CONDO BLDG

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.

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	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
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

See Attached Location of Premises Supplemental for Details

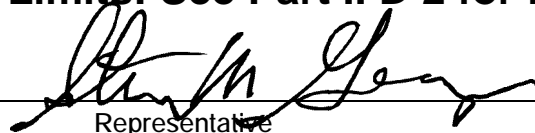
ALL KNOWN EXPOSURES AT INCEPTION OF THE POLICY TERM ARE LISTED BELOW:

See Attached Premium Basis Supplemental for Details

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

02/25/2019
Countersignature Date

By:


Representative

LOCATION OF PREMISES SUPPLEMENTAL

Policy # AXCM17102

SCHEDULE

Location of Premises you own, rent or occupy

Prem No. 1 **Bldg No.** 1

COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

Prem No. 1 **Bldg No.** 2

COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

Prem No. 1 **Bldg No.** 3

COUNTY LINE RD&BREWERS BRIDGE
LAKEWOOD, NJ 08701

PREMIUM BASIS SUPPLEMENTAL

Policy # AXCM17102

SCHEDULE

<u>Classification</u>		<u>Code</u>	<u>Premium Basis</u>		<u>Advance Premium</u>	
<u>Prem No.</u>	<u>Bldg No.</u>		<u>Prem Ops</u>	<u>PR/CO</u>	<u>Prem Ops</u>	<u>PR/CO</u>
Prem No. 1	Bldg No. 1	2031	A) 9,400	R)	\$ 563	\$ 5
CONDOMINIUM / TOWNHOUSE ASSOCIATIONS						
Prem No. 1	Bldg No. 2	2031	A) 9,400	R)	\$ 563	\$ 5
CONDOMINIUM / TOWNHOUSE ASSOCIATIONS						
Prem No. 1	Bldg No. 3	2031	A) 9,400	R)	\$ 563	\$ 5
CONDOMINIUM / TOWNHOUSE ASSOCIATIONS						
Prem Ops and Pr/Co Premium					\$ 1,689	\$ 15
Endorsement Premium					\$ 100	
Total Advance Premium					\$ 1,804	

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:
\$ 1,363.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage. Sign and return this form to us by <u>03/31/2018</u> .
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Policyholder/Applicant's Signature

MEADOWINDS ASSN INC

Print Name

Date

AXIS INSURANCE COMPANY

Insurance Company

AXCM17102

Policy Number

STATEMENT OF VALUES • PART I

This provides the Statement of Values for Average Rates for the Subject Causes of Loss, and may also be used for development of Multiple Location Risk Dispersion Credit. Show Values in Schedule.

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.

1. Policy No. AXCM17102 of AXIS INSURANCE COMPANY Insurance Company.
2. Your Name (Insured): MEADOWINDS ASSN INC MEADOWINDS ASSN INC
3. Your Address: C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731-0000
4. Form to which these rates apply: _____
5. Cause of Loss Options for which Average Rates are requested:
 .. Option 1 (Fire) .. Option 2 (Basic) .. Option 3 (Broad)
 .. Option 4 (Sprinkler Leakage) x Option 5 (Expanded) .. Option 6 (Earthquake)
6. ☐ Check if Multiple Location Risk Dispersion Credit is also Requested.

Sign the Following if Requested by Insurance Company.

I certify that all values shown in the Values Schedule are correct to the best of my knowledge:

Name
 Title
 Date

Statement of Values submitted by (if not *Insured*):

Name of Representative
 Contact Person (If Another Person)
 Address
 Agent's Signature (If Requested by Company)

1. Policy No. AXCM17102 of AXIS INSURANCE COMPANY Insurance Company

2. Your Name (Insured): MEADOWINDS ASSN INC MEADOWINDS ASSN INC

*Complete Above Only When This is an Additional Page (Page 3)**

SCHEDULE

(a) Nos.	Description/Location Of Subject Property (b)	Values(c)	
		Actual Cash Value	Replacement Value (d)
1-1	8 UNIT CONDO BUILDING, FRAME, COVERAGE A - BUILDING COUNTY LINE RD&BREWERS BRIDGE LAKEWOOD, NJ 08701-0000		1,098,000
1-2	8 UNIT CONDO BUILDING, FRAME, COVERAGE A - BUILDING COUNTY LINE RD&BREWERS BRIDGE LAKEWOOD, NJ 08701-0000		1,098,000
1-3	8 UNIT CONDO BUILDING, FRAME, COVERAGE A - BUILDING COUNTY LINE RD&BREWERS BRIDGE LAKEWOOD, NJ 08701-0000		1,098,000
	TOTAL COVERAGES B & C - CONTENTS		6,400,000
	TOTAL BLANKET COVERAGE		8,596,000
	TOTAL COVERAGES A - BUILDINGS		3,294,000
	TOTAL COVERAGES D - FLOOD INSURANCE		-
	TOTAL AGGREGATE VALUE OF ALL PROPERTIES		14,890,000

(a) Item No. or Build/Loc. Nos.

(b) Specify Building (Coverage A) or Business Personal Property (Coverage B)

(c) Show 100% of Values (ACV or Replacement as Applicable)

(d) Show Replacement Cost Value When MCP 520 Applies to the Subject Property

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
<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	\$ 1,000
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

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.

Policy # **17102**

SCHEDULE

DESIGNATED PREMISES

Description / Location of Subject Premises:

24 UNIT CONDO. BLDG.

COUNTY LINE RD & BREWERS BRIDGE, LAKEWOOD, NJ 08701

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.

SUPPLEMENTAL DECLARATIONS - SICP DS 08 09 11

The following special limits and rating factors apply to the designated coverages, in accordance with the provisions of Condominium Association Coverage Form SICP-7001.

	(A) POLICY <u>LIMIT / FACTOR</u>	(B) REVISED <u>LIMIT / FACTOR</u>
PART I B		
SUPPLEMENTAL COVERAGES		
Location 1	Business Description: 24 UNIT CONDO BUILDING	
1. Annual Inflation Extension	—	
2. Building Extension		
B. Glass		
Limit	\$ 1,000	\$
Per Item Limit	\$ 100	\$
C. Outdoor Signs		
1. Not Attached to Buildings	\$ 5,000	\$
2. Attached to Buildings	\$ 5,000	\$
Deductible Per Occurrence	\$ 250	\$
3. Building Code / Law Coverage	0.10	
4. Debris Removal		
B. Factor (Covered Loss Times):	0.25	—
C. Additional Limit	\$ 5,000	\$
6. Fire Expense Coverages		
A. Fire Department Service Charge	\$ 1,000	—
B. Fire Extinguisher Recharge Expense	\$ 1,000	—
7. Lock Replacement	\$ 500	
8. Newly Acquired Property		
1. Coverage A		
Coverage A Limit Times:	0.25	—
Maximum Limit per Building	\$ 250,000	—
2. Coverage D		
Coverage D Limit Times	0.10	—
Maximum Limit per Location	\$ 100,000	—
9. Off Premises Property		
A. At Other Locations	\$ 5,000	\$
B. In Transit	\$ 5,000	\$

	(A) POLICY <u>LIMIT / FACTOR</u>	(B) REVISED <u>LIMIT / FACTOR</u>
PART I B		
SUPPLEMENTAL COVERAGES		
10. Outdoor Property		
Limit	\$ 5,000	\$
Per Item Limit	\$ 500	\$
11. Personal Property		
B. Personal Effects	\$ 3,000	\$
C. Property of Others	\$ 5,000	\$
D. <i>Valuable Papers / Records</i>	\$ 3,000	\$
12. Pollution Clean Up	\$ 10,000	—

PART I F
WATER DAMAGE — SEWER / DRAIN BACKUP

10 When MCP 507 applies	\$ 5,000	
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PART I G
SPECIAL PART I CONDITIONS

2. Replacement Threshold (C. 1.)	\$ 3,000	—
2. Special Condition (E / F)		
Limit	\$ 10,000	—
Factor	0.05	—

OTHER SPECIAL POLICY CONDITIONS — PART II

Directors' and Officers' Liability

When SIBU-0001 applies:

General Coverage Limit	—	\$ 0
Aggregate / Total Limit	—	\$ 0
Retroactive date:	—	

NOTES:

- With the exception of Supplemental Coverage 12, the limits and factored amounts of insurance are aggregate limits per occurrence. With regard to Supplemental Coverage 12, the limits are aggregate limits per policy year for all covered occurrences.
- Column A shows Basic Policy Limits / Factors: ("—" means not applicable).
- Columns B shows the Revised Limits / Factors, which replace those shown in Column A: ("—" means no change permitted).

CRIME SUPPLEMENTAL DECLARATIONS - MCP 070 06 94

MCP 070 is used with MCP 170 and one or more of the Crime Coverage Forms when providing crime insurance.

Location:1

Building: 1

<u>Coverage</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>
X MCP 172	\$ 50,000	\$ 500	\$ 39
.. MCP 173			
.. Inside the Premises			
.. Outside the Premises			
.. MCP 175			
.. Robbery Inside the Premises			
.. Robbery Outside the Premises			
.. Safe Burglary Inside the Premises			
.. MCP 177			
.. MCP 179			
.. Theft Inside the Premises			
.. Robbery Outside the Premises			
.. MCP 181			
.. Per Guest Limit			
.. Aggregate / Total Limit			
.. MCP 183			
.. Robbery Inside the Premises			
.. Robbery Outside the Premises			
.. Safe Burglary Inside the Premises			
.. MCP 185			
.. Storekeepers Burglary and Robbery			
.. Storekeepers Broad Form			
.. Additional Conditions applicable to the following forms:			

EMPLOYEE DISHONESTY COVERAGE (FORM A)

This endorsement together with the Crime Common Provisions Form provides crime insurance for employee dishonesty. 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 # 17102

SCHEDULE — DECLARATIONS SUPPLEMENT

\$	50,000	<	Limit of Liability
\$	500	<	Deductible

COVERAGE MODIFICATION**Coverage**

We cover, up to the limit of liability shown above, loss to money, securities and property other than money and securities resulting directly from dishonest or fraudulent acts involving employees (whether acting alone or in collusion with others).

ADDITIONAL EXCLUSIONS

In addition to the Crime Common Exclusions, we do not provide insurance for any sort of loss consisting of or resulting from the following:

A. Employee Cancelled Under Prior Insurance

Loss caused by anyone for whom similar prior insurance has been cancelled and not reinstated since the last such cancellation.

B. Inventory Shortages

Loss where proof of the existence of, or amount of, such loss is dependent upon an inventory computation or a profit and loss computation. But, such can be used to support a claim which you otherwise prove.

ADDITIONAL CONDITIONS**A. Cancellation**

Condition 3 of the General Conditions is amended as follows:

1. This insurance is automatically cancelled on any *employee* immediately upon discovery by *you* or *your* directors, officers, partners or trustees of such dishonesty or fraud by the *employee*, whether before or after becoming employed by *you* and whether or not *you* make claim or report to *us*.
2. We may cancel this insurance on any *employee* by mailing or delivering to the *first named insured* written notice of such cancellation not less than 30 days prior to the effective date of the cancellation. We will mail or deliver such notice to the *first named insured's* last mailing address known to *us*. If notice is mailed, proof of mailing is sufficient proof of notice.

B. Duties When Loss Occurs

The Duties Condition is further amended as follows:

If a loss is less than the deductible amount, *you* must still give immediate written notice to *us* of such loss, and, at *our* request, submit to *us* a statement describing the loss.

- C. A \$200 deductible per occurrence applies, unless a greater deductible amount is shown for this coverage.

ADDITIONAL DEFINITIONS

Occurrence means all loss caused by, or involving, one or more *employees*, whether the result of a single act or a series of acts.

Employee also includes property managers and managing agents.

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.

Policy # 17102

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*.