

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

COMMON POLICY DECLARATION

Policy Number

AXCM800002568 2018 0

Renewal of Number: AXCM800002568

Named Insured and Mailing Address

SONIA HOSPITALITY CORP &
ISAN MANAGEMENT CORP
630 WHITE HORSE PIKE
ABSECON, NJ 08201

PRODUCER - 128

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

Policy Term: From 07/10/2018 to 07/10/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: CORPORATION

Your Business/Operation: MOTEL

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	\$	5,381
Commercial General Liability Coverage Part	\$	5,554
Commercial Inland Marine Coverage Part	\$	N/A
Commercial Crime Coverage Part	\$	88
Commercial Glass Coverage Part	\$	N/A
Certified Terrorism Coverage	\$	N/A

Total Advance Premium	\$	11,023
Surcharge NJ-PLIGA	\$	66

COMMON POLICY DECLARATION

Policy No. AXCM800002568

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	\$ 200
MCL 821*(06/2005)	Your Right to Loss Information	

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 250 (01/2005)	Building Code/Law Coverage - Blanket Insurance
MCP 515	Deletes certain coverage for loss
MCP 520	Provides Replacement Coverage
SICP-7000 (09/11)	Building Code/Law Coverage Modifications
SICP-7005 (09/11)	Equipment Breakdown Coverage Form

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 171 (10/2004)	Employee Dishonesty Coverage (Form A)	\$ 72
MCP 175 (10/2004)	Robbery and Safe Burglary Crime Coverage (Form D)	\$ 16

* Mandatory Forms

03/12/2019

Countersignature Date

By:



Representative

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

COMMERCIAL PROPERTY POLICY DECLARATION

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

Prem No.	1	Bldg No.	1	Construction	Occupancy	File No.
630 WHITE HORSE PIKE	ABSECON, NJ	08201	1	0010		

COVERAGES PROVIDED

Premises Building or Coverage Item #	Limits of Insurance	Coverage	Cause of Loss Options	Coinsurance Factor	Deductible	Premium
Prem No. 1 Bldg No. 1	1,639,090	Building	Expanded	80%	\$ 2,500	\$ 3,905
Prem No. 1 Bldg No. 1	116,925	Bus. Pers. Property	Expanded	80%	\$ 2,500	\$ 461
Prem No. 1 Bldg No. 1	450,000	Business Income/Extra Expense		80%	N/A	\$ 1,027
Total Premium					\$	5,381

MORTGAGEE(S) & MAILING ADDRESS

See Attached Additional Interests Supplemental for Details

03/12/2019
Countersignature Date

By:


Representative

ADDITIONAL INTEREST SUPPLEMENTAL DECLARATIONS

Policy # AXCM800002568

SCHEDULE

Location	1	Building 1
Interest	Primary Mortgagee	
Name	FIRST NATIONAL BANK OF ELMER	
Address	PO BOX 980 ELMER, NJ 08318	

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

COMMERCIAL CRIME POLICY DECLARATION

Policy Number

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LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY

Prem No. 1 Bldg No. 1
630 WHITE HORSE PIKE ABSECON, NJ 08201

For PERILS COVERED see applicable forms attached

<u>ITEM NO.</u>	<u>LIMIT OF INSURANCE</u>	<u>DEDUCTIBLE</u>	<u>COVERAGE PLAN</u>	<u>DESCRIPTION</u>
1	10,000	200		CRIME FORM A - INSIDE
1	10,000	250		CRIME FORM D - BURGLARY
2	10,000	250		CRIME FORM D - SAFE BURGLARY
3		250		CRIME FORM D - OUTSIDE

TOTAL LIMIT OF LIABILITY: 30,000

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 171 (10/2004)	Employee Dishonesty Coverage (Form A)	\$ 72
MCP 175 (10/2004)	Robbery and Safe Burglary Crime Coverage (Form D)	\$ 16

* Mandatory Forms

TOTAL PREMIUM FOR THIS COVERAGE PART: \$ 88

03/12/2019

Countersignature Date

By:


Representative

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

COMMERCIAL GENERAL LIABILITY POLICY DECLARATION

Policy Number
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ABSECON, NJ 08201

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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	\$ 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

Prem No. 1 Bldg No. 1
630 WHITE HORSE PIKE ABSECON, NJ 08201

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

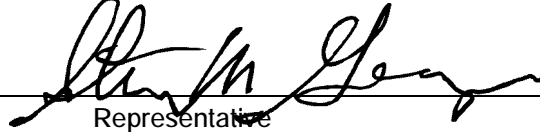
<u>Classification</u>		<u>Code</u>		<u>Premium Basis</u>		<u>Advance Premium</u>	
<u>Prem No.</u>	<u>Bldg No.</u>	<u>Code</u>	<u>Prem Ops</u>	<u>PR/CO</u>	<u>Prem Ops</u>	<u>PR/CO</u>	
Prem No. 1	Bldg No. 1	0010	U)	35	R)		\$ 3,932
MOTELS AND TOURIST CABINS							
Prem No. 1	Bldg No. 1	5922	U)	1	R)		\$ 1,422
POOLS - CAMPGROUNDS, HOTELS, MOTELS AND MOBILEHOME PARK							
Prem Ops and Pr/Co Premium							\$ 5,354
Endorsement Premium							\$ 200
Total Advance Premium							\$ 5,554

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

03/12/2019

Countersignature Date

By:



Representative

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	\$ 2,500
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 # **800002568**

SCHEDULE

DESIGNATED PREMISES

Description / Location of Subject Premises:

MOTEL WITH POOL-NO DIVE/SLIDE

630 WHITE HORSE PIKE ABSECON NJ 08201

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 — 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 ⁽¹⁾	NUMBER ⁽⁵⁾
PART I B					
SUPPLEMENTAL COVERAGES					
Location 1	Building 1	Business Description: MOTEL			
630 WHITE HORSE PIKE					
ABSECON, 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 ⁽²⁾				
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 ⁽¹⁾	NUMBER ⁽⁵⁾ Location 1 Building 1
PART I B SUPPLEMENTAL COVERAGES				
11. Off Premises Property				
A. At Other Locations	\$ 5,000	\$	\$	
B. In Transit ⁽³⁾	\$ 1,000	\$	\$	
Option MCP 505	—	\$	\$	
Optional Theft Limit ⁽⁴⁾	—	\$	\$	
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	\$	\$	

**PART I D
PROPERTY LIMITATIONS**

4. Coverages B / C				
A. Furs	\$ 3,000	—	—	
B. Jewelry Type Property				
Limit	\$ 3,000	—	—	
Per Item Limit	\$ 100	—	—	

**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	—	—	

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.

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 171	\$ 10,000	\$ 200	\$ 72
.. MCP 172			
.. MCP 173			
.. Inside the Premises			
.. Outside the Premises			
X MCP 175		\$ 250	
X Robbery Inside the Premises	\$ 10,000		\$ 10
X Robbery Outside the Premises	\$ 10,000		\$ 10
.. 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:			

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 # **800002568**

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*.