

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

02/25/2019

Countersignature Date

By:

A handwritten signature in black ink, appearing to read "John M. George", written over a horizontal line.

Representative

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

COMMERCIAL PROPERTY POLICY DECLARATION

Policy Number

AXCM800002568 2018 0

Renewal of Number: AXCM800002568

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

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

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

02/25/2019

Countersignature Date

By:

Representative

SICP DS 09 (0911)

Issue Date 06/04/2018

PRODUCER COPY

Page 1

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

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
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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

| ITEM NO. | LIMIT OF INSURANCE | DEDUCTIBLE | COVERAGE PLAN | DESCRIPTION |
|---------------------|-------------------------------|-------------------|--------------------------|------------------------------|
| 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

02/25/2019

Countersignature Date

By:


Representative

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

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

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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

02/25/2019

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:
\$ 884.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage. Sign and return this form to us by <u>08/09/2018</u> . |
|--------------------------|--|

Policyholder/Applicant's Signature

AXIS INSURANCE COMPANY
Insurance Company

SONIA HOSPITALITY CORP &
Print Name

AXCM800002568
Policy Number

Date

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*.