

AXIS INSURANCE COMPANY
411 S. STATE ST, SUITE 1A NEWTOWN, PA 18940
SPECIAL MULTI-PERIL POLICY DECLARATIONS

Policy Number : **AXCM800000855**

AMENDED: 7/10/2019

Endorsement #1

Named Insured and Mailing Address

KAMINSKI HAMILTON LLC
C/O WILLIAM & HALINA HAMILTON
24 HAMILTON COURT
LAWRENCEVILLE, NJ 08648

PRODUCER - 108

BORDEN PERLMAN RUSSO
20 DENOW ROAD
LAWRENCEVILLE, NJ 08648
(609) 896-1021

2. Policy Term: 12:01 A.M. Standard Time From 09/24/2018 to 09/24/2019

Policy Changes

AMENDED NAMED INSURED
AMENDED MAILING ADDRESS
AMENDED ENTITY TYPE

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

COMMON POLICY DECLARATION

Policy Number

AXCM800000855 2018 1

AMENDED: 7/10/2019

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Policy Term: From 09/24/2018 to 09/24/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: LLC

Your Business/Operation: BUILDING OWNER

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	\$	1,723
Commercial General Liability Coverage Part	\$	252 MP
Commercial Inland Marine Coverage Part	\$	N/A
Commercial Crime Coverage Part	\$	N/A
Commercial Glass Coverage Part	\$	38
Certified Terrorism Coverage	\$	92
Total Advance Premium	\$	2,105
Surcharge NJ-PLIGA	\$	13
Additional/Return Premium	\$	0
Additional/Return NJ - PLIGA	\$	0

COMMON POLICY DECLARATION**Policy No. AXCM800000855**

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

AXIS 102 AIC (06/2015)	AXIS JACKET	
MCM 414 (01/2015)	Certified Terrorism Loss Coverage Disclosure	
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 411 (01/2015)	Certified Terrorism Loss Coverage	\$ 92

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 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 107 (01/2005)	Water Damage - Sewer/Drain Backup Coverage
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 Glass Coverage Part

MCP 031 (07/1992)	Glass Supplemental
MCP 131 (01/2005)	Glass Coverage

* Mandatory Forms

07/11/2019

Countersignature Date

By:



Representative

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

COMMERCIAL PROPERTY POLICY DECLARATION

Policy Number
AXCM800000855 2018 1

AMENDED: 7/10/2019

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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	2	0041	
1150 BRUNSWICK AVENUE LAWRENCEVILLE, NJ 08648				

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	253,350	Building	Expanded	80%	\$ 1,000	\$ 1,623
Prem No. 1 Bldg No. 1	20,000	Business Income/Extra Expense		80%	N/A	\$ 100
Total Premium						\$ 1,723

MORTGAGEE(S) & MAILING ADDRESS

N/A

07/11/2019

Countersignature Date

By:

Representative

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

COMMERCIAL GENERAL LIABILITY POLICY DECLARATION

Policy Number
AXCM800000855 2018 1

AMENDED: 7/10/2019

Endorsement #1

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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
1150 BRUNSWICK AVENUE LAWRENCEVILLE, NJ 08648

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

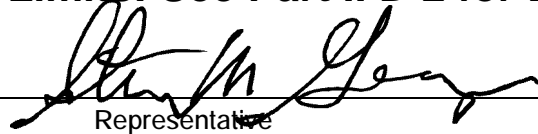
<u>Classification</u>		<u>Code</u>		<u>Premium Basis</u>			<u>Advance Premium</u>	
				<u>Prem Ops</u>		<u>PR/CO</u>	<u>Prem Ops</u>	<u>PR/CO</u>
Prem No. 1	Bldg No. 1	0950		A)	500	R)	\$ 69	\$ 9
NOC								
Prem No. 1	Bldg No. 1	1018		U)	1	R)	\$ 89	\$ 9
DWELLINGS - ONE FAMILY								
Prem Ops and Pr/Co Premium							\$ 158	\$ 18
Endorsement Premium							\$ 0	
Total Advance Premium							\$ 252 MP	

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

07/11/2019

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	\$ 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 # **800000855**

SCHEDULE

DESIGNATED PREMISES

Description / Location of Subject Premises:

LRO-OFFICE & APARTMENT

1150 BRUNSWICK AVENUE LAWRENCEVILLE NJ 08648

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: LRO-OFFICE/APARTMENT			
1150 BRUNSWICK AVENUE LAWRENCEVILLE, 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.

WATER DAMAGE — SEWER / DRAIN BACKUP COVERAGE •PART I

This endorsement establishes coverage for loss by water damage resulting from sewer or drain backup. 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 # **800000855**

SCHEDULE

Number*	Limit (\$5,000 if blank)
Location 1	\$ 25,000
Building 1	

*** Item No. or Location / Building No. as Shown in the Declarations**

COVERAGE MODIFICATION

With regard to the described premises shown in the Schedule, Exclusion B of the WATER DAMAGE EXCLUSION in Part I F is amended as follows:

1. *We cover damage caused by water or sewage which backs up through sewers or drains or overflows from a sump up to the applicable limit of liability.*
2. *Our limit of liability per each loss occurrence for such damage is \$5,000 unless another limit is shown above.*

GLASS SUPPLEMENTAL DECLARATIONS - MCP 031 07 92

MCP 031 is used with MCP 131 when providing glass coverage. Unless otherwise stated below, the glass is plain flat glass with all edges in frames.

\$ 0 < Glass Deductible \$ 0 < 50 / 50 Retention Amount

SCHEDULE OF PREMISES AND COVERAGES

* Number		Number of Plates	Dimensions (in inches) (Sq. Ft.)			Description of Glass, Lettering and Ornamentation Position in Building	Limit of Liability (Optional)	Replacement Plates for Large Plates (Optional)
			L	W	Area			
Location	1	1	33	71	16.271	PLATE GLASS		
Building	1							
Location	1	1	38	72	19	PLATE GLASS		
Building	1							

* Item No. or Location / Building Nos. as Shown in the Declarations.

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 # **800000855**

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*.

CERTIFIED TERRORISM LOSS COVERAGE DISCLOSURE

This endorsement provides a disclosure of the premium and federal share of insured losses. The premium 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 # 800000855

Certified Terrorism Loss Coverage Premium \$

Coverage provided by this policy for losses caused by *certified acts of terrorism* is partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act. Under this formula, the United States Government pays a percentage of *certified terrorism losses* exceeding the statutorily established deductible retained by *us*. The percentage paid by the United States Government will gradually decrease from 85% to 80% as follows:

Calendar Year	Percentage
Beginning January 1, 2015	85%
Beginning January 1, 2016	84%
Beginning January 1, 2017	83%
Beginning January 1, 2018	82%
Beginning January 1, 2019	81%
Beginning January 1, 2020	80%

The premium charged for this coverage does not include any charges for the portion of loss covered by the federal government under the Act.

The total reimbursement for all insured *certified terrorism losses* in any one annual period is limited to \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, *your* coverage may be reduced.