

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

COMMERCIAL UMBRELLA POLICY DECLARATIONS

Policy Number

AXUM700001099 2018 0

Renewal of Number: AXUM700001099

Named Insured and Mailing Address
HUFFMAN'S FLOOR COVERING LLC
602 LAWNSIDE ROAD
TOWNBANK, NJ 08204

PRODUCER - 128
J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Term: From 07/31/2018 to 07/31/2019 12:01 A.M. Standard Time at your mailing address shown above.

You are a: LLC

Your Business/Operation: RETAIL CARPET STORE

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

COVERAGE G	•EACH OCCURRENCE LIMIT	\$ 1,000,000
COVERAGE H	•PERSONAL and ADVERTISING INJURY LIMIT	\$ 1,000,000
COVERAGE G	•PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 1,000,000
COVERAGE G & H	•GENERAL AGGREGATE LIMIT	\$ 1,000,000

RETAINED LIMIT \$10,000

SCHEDULE OF UNDERLYING INSURANCE

	COVERAGES	LIMITS OF LIABILITY	
		Each Occurrence Limit	General Aggregate Limit
Insurer: AXIS INSURANCE Policy Number: AXB500002132 Policy Period: 07/31/2018 to 07/31/2019	General Liability	\$ 1,000,000	\$ 2,000,000
	Personal Injury -		
	Advertising Injury	\$ 1,000,000	
	Products-Completed Operations	Each Occurrence Limit \$ 1,000,000	Aggregate Limit \$ 1,000,000

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

Form Number & Edition	Form Title
MCL 050*(03/2008)	Commercial Umbrella Liability Form
MCL 708*(03/2008)	Sexual Abuse/Harassment/Molestation Exclusion
MCL 712*(04/1993)	Cross Suits Exclusion
MCL 718*(04/1993)	Following-Form Limitation
MCL 731*(04/1993)	Unimpaired Aggregate
MCL 732*(03/2008)	Lead/Lead Contamination Exclusion
MCL 733*(09/1997)	Uninsured Premises Exclusion
MCL 745*(03/2008)	Employment-Related Practices Exclusion
MCL 754*(03/2008)	Contractors New York State Bodily Injury Exclusion
MCL 758 (05/2014)	Data Breach Exclusion
MCL 763*(01/2015)	Non-Certified Acts of Terrorism Exclusion
MCL 790*(08/2015)	Mandatory Endorsement - New Jersey
MCL 704 (04/1993)	Auto Liability Exclusion
MCL 717 (03/2008)	Employers' Liability Exclusion
MCL 719 (03/2008)	Designated Premises Limitation
MCL 761 (01/2015)	Certified Acts of Terrorism Exclusion
TPD12 (01/2015)	Notice Of Terrorism Insurance Coverage

* Mandatory Forms

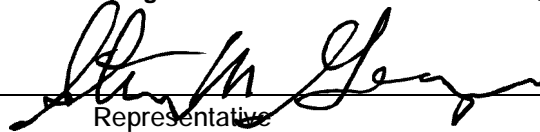
Minimum Policy Premium \$ 550

Total Advance Premium \$ 550
Surcharge NJ-PLIGA \$ 3

02/26/2019

Countersignature Date

By:


Representative

Policy: AXUM700001099

Expiration Date: 07/31/2019

LOCATION(S) OF PREMISES COVERED:

Loc. # 1 **Building # 1**

3860 BAYSHORE ROAD

UNIT 5A

NORTH CAPE MAY, NJ 08204

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:
\$ 33.

I hereby elect to purchase terrorism coverage. Sign and return this form to us by <u>08/30/2018</u> .
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Policyholder/Applicant's Signature

AXIS INSURANCE COMPANY
Insurance Company

HUFFMAN'S FLOOR COVERING LLC
Print Name

AXUM700001099
Policy Number

Date

DESIGNATED PREMISES LIMITATION

This endorsement limits coverage under the Commercial Umbrella Liability Form. The required information may be shown below or elsewhere in the policy.

The provisions of this endorsement apply only when the endorsement number is listed in the Declarations. Except as provided below, all other provisions of the Commercial Umbrella Liability Form are unchanged.

Policy# 700001099

SCHEDULE

DESIGNATED PREMISES

Description / Location of Subject Premises:

RETAIL FLOORING STORE

3860 BAYSHORE RD UNIT 5A NORTH CAPE MAY NJ 08204

ADDITIONAL LIMITATION - DESIGNATED PREMISES

This insurance applies only to liability arising out of the following:

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

Any change in conditions must be reported to us within 30 days.