



**RENEWAL  
COMMON POLICY DECLARATIONS**

Policy No.  
BOA 0072992 - 18

Issued By  
Continental Western Insurance Company  
One Acadia Commons  
Westbrook, Maine 04098

Named Insured and Address

Town Homes at Beechwood  
Condominium Association  
c/o Bishop Property Management  
PO Box 3562  
Nashua, NH 03061

Agent Name and Address 03081

(603)669-0704  
Infantine Insurance, Inc.  
PO Box 5125  
Manchester, NH 03108

Policy Period: From December 31, 2009 to December 31, 2010 12:01 a.m. Standard Time  
at your address shown above.

In return for payment of premium and subject to all terms of this policy, we agree  
with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is  
indicated. This premium is subject to adjustment by audit. Yes  No

	Premium
Businessowners Coverage Part	\$ 4,728.00
Total	\$ 4,728.00

This policy is:  Direct Bill  Pay Plan  
 Agent Billed

Forms applicable to all coverage parts:

Business Description: Condominium Association

Previous Policy BOA 0072992 - 17

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
(Authorized Signature)



RENEWAL

BUSINESSOWNERS POLICY DECLARATIONS

Issued By: Continental Western Insurance Company

Policy Number BOA 0072992 - 18

This policy is: X Direct Bill 9 Pay Plan Agent Billed

Policy Period: From December 31, 2009 to December 31, 2010 at 12:01 a.m. Standard Time at your address shown below.

Renewal of Policy BOA 0072992 - 17

<b>Named Insured and Address</b> Town Homes at Beechwood Condominium Association c/o Bishop Property Management PO Box 3562 Nashua, NH 03061	<b>Agency Name and Address</b> 03081 (603)669-0704 Infantine Insurance, Inc. PO Box 5125 Manchester, NH 03108
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**TOTAL PREMIUM \$ 4,728**

IN RETURN FOR THE 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.

Business Description: Condominium Association

Form of Business: Association

**FORMS APPLICABLE**

- BP0113 (10-08), BP0404 (01-06), BP0419 (01-06), BP0430 (01-06), BP0453 (01-06), BP0003 (01-06), BP0122 (07-02), BP0159 (08-08), BP0417 (07-02), BP0441 (01-06), BP0471 (07-02), BP0483 (07-02), BP0515 (01-08), BP0517 (01-06), BP0523 (01-08), BP0542 (01-08), BP0576 (01-06), BP0577 (01-06), BP0601 (01-07), BP1701 (01-06), CLBP0003 (07-08), CLBP0007 (12-07), CLBP0106 (07-02), CLBP0406 (12-07).

Countersigned \_\_\_\_\_ By \_\_\_\_\_ (Authorized Signature)



AI CD 03 03 02

SCHEDULE OF UNDERLYING INSURANCES

Named Insured Town Homes at Beechwood

Umbrella Policy No. CUA 0072993 - 18 Effective Date: From 12/31/2009 To 12/31/2010

Carrier	Coverage	Limits of Liability
Company Continental Western Insurance Company		
Policy No. BOA 0072992	Auto Liability	Combined Single Limits
Policy Period:	- Comprehensive Auto	\$ 1,000,000
From 12/31/2009	- Basic Auto	
To 12/31/2010	<input checked="" type="checkbox"/> Hired Auto	
	<input checked="" type="checkbox"/> Non Owned Auto	

Company Continental Western Insurance Company		
Policy No. BOA 0072992	Businessowners Liability	
Policy Period:		Combined Single Limits
From 12/31/2009	<input checked="" type="checkbox"/> General Aggregate Limit (Other Than Products & Completed Operations)	\$ 2,000,000
To 12/31/2010	<input checked="" type="checkbox"/> Products-Completed Operations Aggregate Limit	\$ 2,000,000
	<input checked="" type="checkbox"/> Personal & Advertising Injury	\$ Included
	<input checked="" type="checkbox"/> Each Occurrence Limit	\$ 1,000,000
	- Professional Liability	\$

An "X" marked indicates these coverages are provided in the underlying policies.



**COVERAGES PROVIDED**

- 1 Businessowners "Plus" Endorsement (CLBP0007)
- 2 Employee Dishonesty \$ 25,000 Limit
- 3 Forgery or Alteration \$ 5,000 Limit
- 4 Business Income - Time Period (BP0441)
- 5 Exclusion - Volunteers as Insureds (BP0471)
- 6 Hired Auto (BP0404) \$ 1,000,000 Per Occurrence
- 7 Non-Owned Auto (BP0404) \$ 1,000,000 Per Occurrence
- 8 Liquor Liability Exclusion - Exception For Scheduled Activities (BP0419)
- 9 Directors & Officers-Condo (CLBP0406) \$ 1,000,000 Per Occurrence  
\$ 500 Self-Insured Limit \$ 2,000,000 Aggregate

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

- |   |   |    |   |    |        |                       |
|---|---|----|---|----|--------|-----------------------|
| 1 | 1 | 1  | Accounts Receivable                                       | \$ | 25,000 | at Described Premises |
|   |   | 2  | Business Income Waiting Period                            |    | No     | Waiting Period        |
|   |   | 3  | Business Income From Dependent Properties                 | \$ | 5,000  | Limit                 |
|   |   | 4  | Business Income - Ordinary Payroll                        |    | 60     | # of Days             |
|   |   | 5  | Business Income (Extended) - Extended Period of Indemnity |    | 60     | # of Days             |
|   |   | 6  | Mechanical Breakdown (CLBP0003)                           |    |        |                       |
|   |   | 7  | Money and Securities                                      | \$ | 20,000 | Inside the Premises   |
|   |   |    |   | \$ | 10,000 | Outside the Premises  |
|   |   | 8  | Outdoor Signs   | \$ | 10,000 | Limit                 |
|   |   | 9  | Valuable Papers   | \$ | 25,000 | at Described Premises |
|   |   | 10 | Water Back-Up & Sump Overflow (BP0453)                    | \$ | 5,000  | Limit                 |
|   |   |    |   |    |        |                       |
| 1 | 2 | 1  | Accounts Receivable                                       | \$ | 25,000 | at Described Premises |
|   |   | 2  | Business Income Waiting Period                            |    | No     | Waiting Period        |
|   |   | 3  | Business Income From Dependent Properties                 | \$ | 5,000  | Limit                 |
|   |   | 4  | Business Income - Ordinary Payroll                        |    | 60     | # of Days             |
|   |   | 5  | Business Income (Extended) - Extended Period of Indemnity |    | 60     | # of Days             |
|   |   | 6  | Mechanical Breakdown (CLBP0003)                           |    |        |                       |
|   |   | 7  | Money and Securities                                      | \$ | 20,000 | Inside the Premises   |
|   |   |    |   | \$ | 10,000 | Outside the Premises  |
|   |   | 8  | Outdoor Signs   | \$ | 10,000 | Limit                 |
|   |   | 9  | Valuable Papers   | \$ | 25,000 | at Described Premises |

**DESCRIBED PREMISES**

Prem.  
No. Location

1 Beech Hill Avenue  
Manchester, NH 03108

**SECTION I - PROPERTY**

Property Coverage Limits of Insurance:

Prem.#-Bldg.#:	ACV Building Option	FBV Option	Automatic Increase Building Lmt	Building Limit	Business Personal Property Limit
1-1, 1-2,			8.00 %	Blanket Bldg \$ 2,614,242	

Policy Deductible \$ 1000

Optional Coverage/Glass Deductible \$ 500

Property Damage Liability Deductible \$ 0

ACV = Actual Cash Value

FBV = Functional Building Valuation

**SECTION II - LIABILITY AND MEDICAL EXPENSES**

Except for Damage to Premises Rented to you, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability, Paragraph D. 4. in the Businessowners Coverage Form and any attached endorsements.

	Limits of Insurance
Liability and Medical Expenses	\$ 1,000,000 each occurrence
Medical Expenses	\$ 5,000 per person
Damage to Premises Rented to You Limit	\$ 50,000 any one premises
Other-Than Products Completed Operations Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000

Countersigned





RENEWAL  
COMMERCIAL UMBRELLA POLICY - DECLARATIONS PAGE

Policy No.  
CUA 0072993-18

Issued By:  
Acadia Insurance Company

Named Insured and Address

Town Homes at Beechwood  
Condominium Association  
c/o Bishop Property Management  
PO Box 3562  
Nashua, NH 03061

Agent Name and Address 3081  
(603)669-0704

Infantine Insurance, Inc.  
PO Box 5125  
Manchester, NH 03108

Policy Period: From December 31, 2009 to December 31, 2010 12:01 a.m. Standard Time  
at your address shown below.

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with you to provide the insurance as stated in this policy.

Limit of Insurance (Per Occurrence)	\$ 3,000,000
General Aggregate Limit	\$ 3,000,000
Products-Completed Operations Aggregate Limit	\$ 3,000,000
Bodily Injury by Disease Aggregate Limit	\$ 3,000,000

Form of Business:  Individual  Corporation  Partnership  
 Joint Venture  Other Association

Business Description: Condominium Association

Terrorism Premium \$ 21.00

Total Premium \$ 1,059.00

This policy is:  Direct Bill  Agent Billed  Pay Plan

Endorsements Attached To This Policy:

AICD03 (03-02), AICU01 (10-02), AICU08 (12-02), AICU16 (03-02), AICU23 (03-02),  
AICU24 (03-02), AICU30 (03-02), AICU31 (03-02), CLCU1045 (01-08), CLCU2118 (03-02),  
CLCU2124 (08-02), CLCU2125 (07-02), CLCU9915 (01-08), CLCU9921 (01-08).

Previous Policy CUA 0072993 - 17

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
(Authorized Signature)