Policy Number: **AM 9297300 01**

IRONWOOD ASSOCIATION
30 ASH ST
FRANKFORT IL 60423-1539

ATTACHED ARE DOCUMENTS FOR THE FOLLOWING NAMED INSURED:

IRONWOOD ASSOCIATION
30 ASH ST
FRANKFORT IL 60423-1539

Included in this mailing are documents for the following policies: 1 Policy
AM 9297300 01 Business Owners Policy

06-02-21

4200/2000 0001271 0000447 7555007 00004

COUNTRY FINANCIAL

Billing Number: 0004601193
Policy Number: AM 9297300 01

COMMON POLICY DECLARATIONS

COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Item 1. Named Insured and Mailing Address
IRONWOOD ASSOCIATION
30 ASH ST
FRANKFORT IL 60423-1539

Agent Name and Address
MALITO PAUL A
30 S. ASH
FRANKFORT IL 60423-0000

Agent No. 04617
Agent Phone No.: (815)464-0123

Item 2. Policy Period From: 07-01-2021 To: 07-01-2022
at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: CONDOMINIUM ASSOCIATION
Form of Business: ASSOCIATION

Item 4. 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.

		Premium
BUSINESSOWNERS	$	5,513.00

TAX OR SURCHARGE

Total Policy Premium / Total Advance Premium	$	5,513.00
Standard Payment Plan Charges	$	28.00
Policy Grand Total	$	5,541.00
Payment Plan		AMP

If you wish to request a copy of your policy, contact your COUNTRY Financial® representative or call our Customer Service Center at 1-888-211-2555.

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date: 06-02-21

By: _____
Authorized Representative

TO REPORT A CLAIM ANY TIME DAY OR NIGHT, CALL 1-866-COUNTRY.

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

AIL DS 03 03 20

Insured Copy

00004 7455007 000065 000129 0003/0024

COUNTRY FINANCIAL

Policy Number
AM 9297300 01

SCHEDULE OF LOCATIONS

COUNTRY Mutual Insurance Company

Named Insured IRONWOOD ASSOCIATION

Effective Date: 07-01-21
12:01 A.M., Standard Time

Agent Name MALITO PAUL A

Agent No. 04617

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	17009 ALBANY AVE # 17011, HAZEL CREST, IL 60429-1152	CONDOMINIUM

LOC-SCHED (01/97)

Insured Copy

00004 7455007 000054 000131 004/0024

COUNTRY FINANCIAL

Billing Number: 0004601193
Policy Number: AM 9297300 01

BUSINESSOWNERS POLICY DECLARATIONS
COUNTRY Mutual Insurance Company

Policy Period From: 07-01-2021 To: 07-01-2022 12:01 A.M. Standard Time

Named Insured: IRONWOOD ASSOCIATION

Effective Date: 07-01-2021
12:01 A.M., Standard Time

Representative Name: MALITO PAUL A

Representative No.: 04617

DESCRIBED PREMISES: **See Schedule of Locations**

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.

POLICY COVERAGES: **Limits of Insurance**

Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
001	001	Building		$ 3,576,200
		Replacement Cost Y		
		Actual Cash Value - Building Option N		
		Automatic Increase - Building Limit 4 %		
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS: **See Schedule of Mortgagees**

DEDUCTIBLES (Apply Per Location, Per Occurrence):

Property Ded: $ 2,500	Optional Coverage Ded: $ 500
Property Damage Liab Ded:	Earthquake: %

	OPTIONAL COVERAGES:	Limits of Insurance	
X	Employee Dishonesty	$ 25,000	Per occurrence
	Outdoor Signs		Per occurrence
	Burglary and Robbery (Named Perils only)		Inside the Premises
			Outside the Premises
	Money and Securities		Inside the Premises
			Outside the Premises
	Coverage Extensions - Optional Higher Limits		
	Accounts Receivable		
	Valuable Papers and Records		
X	Additional Coverages - Optional Higher Limits		
	Forgery and Alteration	$ 25,000	
	Business Income From Dependent Properties		
	Business Income - Extended Number of Days for Ordinary Payroll Expenses		Extended No. of Days
	Extended Business Income - Extended Number of Days		Extended No. of Days
X	Other (specify) - See Businessowners Optional Coverages Schedule		

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

ABP DS 02 02 21

Copyright, Insurance Services Office, Inc., 2010

Insured Copy

00004 7956007 000017 000133 0005/0024

COUNTRY FINANCIAL

Billing Number: 0004601193
Policy Number: AM 9297300 01

BUSINESSOWNERS POLICY DECLARATIONS

COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Policy Period From: 07-01-2021 To: 07-01-2022 12:01 A.M. Standard Time

Effective Date: 07-01-2021
12:01A.M. Standard Time

Insured Name and Address
IRONWOOD ASSOCIATION

Agent Name MALITO PAUL A Agent Number: 04617

OPTIONAL COVERAGES - OTHER

Loc. No.	Bldg. No.	Coverage	Limit of Insurance
		DIRECTORS & OFFICERS	$2,000,000
		EMPLOYEE DISHONESTY - FORGERY	INCL.
		EMPLOYEE DISHONESTY	INCL.

This document is part of your policy. Please keep it with your other documents.

ABP DS 04 06 06

Insured Copy

00004 7455007 0000846 0001315 0006/0024

LIABILITY AND MEDICAL PAYMENTS		
Except For Damage To Premises Rented To You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.		
	Limits of Insurance	
Liability and Medical Expenses / General Aggregate	$ 2,000,000/	$ 4,000,000
Medical Expenses	$ 5,000	Per person
Products / Completed Operations / Aggregate	$ 4,000,000	
Damage To Premises Rented To You	$ 50,000	Any one fire or explosion
Tenants Liability		
Damage To Premises Rented To You (In Excess of $50,000)		
Self-storage Facilities		
Customer Goods Legal Liability		Per occurrence
Sale and Disposal Liability		
Motels		
Liability For Guests' Property (Subject to Base Property Deductible)		Per guest
		Per occurrence
Liability For Guests' Property in Safe Deposit Boxes		Per occurrence
ANNUAL PREMIUM AUDITS		
Policy Subject to Premium Audit: YES Liability Exposure Base:		(Sales or Payroll)
Subcontracted Work:		(Cost)
FORMS AND ENDORSEMENTS **See Schedule of Forms and Endorsements**		
BLANKET INSURANCE:		

Blanket #	Type of Property	Limit of Insurance

Minimum Premium:	$400.00
Total BOP Premium / Total BOP Advance Premium	$5,513.00

00004 7555007 000965 000137 0007/0024

COUNTRY FINANCIAL

Policy Number
AM 9297300 01

SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTRY Mutual Insurance Company

Named Insured IRONWOOD ASSOCIATION

Effective Date: 07-01-21
12:01 A.M., Standard Time

Agent Name MALITO PAUL A

Agent No. 04617

COMMON POLICY FORMS AND ENDORSEMENTS

FORM-SCHED	01-97	SCHEDULE OF FORMS AND ENDORSEMENTS
AIL DS 03	03-20	COMMON RENEWAL POLICY DECLARATION
LOC-SCHED	01-97	SCHEDULE OF LOCATIONS
AIL 10 09	09-14	MUTUAL POLICY CONDITIONS
AIL 10 11	05-14	PUNITIVE DAMAGES EXCL
AIL 10 19	07-17	POLLUTION AMENDATORY ENDT
AIL 10 37	06-06	NO ACTION AGAINST RELATED ENTITIES
AIL 10 67	08-11	NOTICE OF CANCEL TO CERTIFICATE HOLDERS

BUSINESSOWNERS FORMS AND ENDORSEMENTS

ABP 10 63	08-12	ILLINOIS PREMIUM AUDIT ENDORSEMENT
N IL AIL 2	09-15	IMP INF HIRED & NO AUTO LIAB & UM/UIM IL
ABP DS 02	02-21	BUSINESSOWNERS POLICY DECLARATIONS
ABP DS 04	06-06	BOP OPTIONAL COVERAGES SCHED DEC.
BP 01 54	01-18	ILLINOIS CHANGES
BP 06 43	04-06	ILLINOIS CHANGES - DEFENSE COSTS
BP 17 06	07-13	IL CHANGES - CONDO ASSOCIATION COV
ABP 10 66	05-14	AMENDMENT - PAVED SURFACES
ABP 10 71	05-15	WATER BACK-UP AND SUMP OVERFLOW
ABP 10 74	09-15	LIMITED HIRED AUTO & NON-OWNED AUTO LIAB
ABP 10 77	06-15	IL CONDOMINIUM ASSOC-GOLD SERIES END
ABP 10 79	07-16	EXCL - UNMANNED AIRCRAFT - BUS LIAB COV
ABP 10 84	07-17	LEAD LIABILITY EXCLUSION
ABP 10 85	07-17	ASBESTOS EXCLUSION
ABP 10 86	02-18	INCLUDE DESIGNATED AGENTS AS EMPLOYEES
ABP 10 87	02-18	INCL SPECIFIED NONCOMP OFFICERS AS EMPLS
AIL 10 04	08-13	DIRECTORS & OFFICERS LIABILITY COVERAGE
AIL 10 06	07-09	CHANGES IN POLICY - TWO OR MORE POLICIES
AIL 10 12	05-14	EQUIPMENT BREAKDOWN
AIL 10 21	06-06	DEFENSE EXPENSE AMENDMENT (D&O)
AIL 10 26	08-13	ADDITIONAL INSURED - MULTIPLE INTERESTS
AIL 10 44	02-12	IL UM & UIM COV - H OR NO AUTO
AIL 10 45	06-06	ILLINOIS CHANGES
AIL 10 83	06-15	IL CHANGES - D&O LIAB COV FOR COMMUNITY
AIL 1039	07-08	PROF LIAB POLLUTION AMENDATORY ENDT
BP 00 03	07-13	BUSINESSOWNERS COVERAGE FORM
BP 03 12	01-10	WINDSTORM OR HAIL PERCENTAGE DED
BP 04 17	01-10	EMPLOYMENT - RELATED PRACTICES EXCLUSION
BP 04 39	07-02	ABUSE OR MOLESTATION EXCLUSION
BP 04 46	07-13	ORDINANCE OR LAW COVERAGE
BP 04 50	07-13	ADDL INSD-OWNERS LESSEES OR CONTRACTORS
BP 04 54	01-06	NEWLY ACQUIRED ORGANIZATION
BP 04 56	07-13	UTILITY SERVICES - DIRECT DAMAGE
BP 04 57	07-13	UTILITY SERVICES - TIME ELEMENT
BP 04 83	01-10	REMOVAL OF INS-TO-VALUE PROVISION
BP 05 15	12-20	DISCLOSURE PURSUANT/TERROR INS ACT
BP 05 23	01-15	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR
BP 05 47	07-13	COMPUTER FRAUD AND FUNDS TRANSFER FRAUD
BP 05 77	01-06	FUNGI OR BACTERIA EXCLUSION (LIABILITY)
BP 05 98	07-13	AMENDMENT OF INSURED CONTRACT DEFINITION
BP 14 78	07-13	EXCL OF LOSS DUE TO BY-PRODS RENTAL PROP
BP 15 04	05-14	EXCL-DISCL OF CONFI INFO & DATA-REL LIAB

Insured Copy

0004 7455007 0000074 0003475 0004/2004

POLICY NUMBER: AM 9297300 01 **ABP 10 71 05 15**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATER BACK-UP AND SUMP OVERFLOW

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Covered Property Annual Aggregate Limit Of Insurance	Business Income And Extra Expense Annual Aggregate Limit Of Insurance
001	$ 5,000	$ 5,000
	$	$
	$	$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. We will pay for direct physical loss or damage to Covered Property, covered under **Section I – Property**, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph **A.2.**, we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

B. The coverage described in Paragraph **A.** of this endorsement does not apply to loss or damage resulting from:

1. An insured's failure to keep a sump pump or its related equipment in proper working condition;
2. An insured's failure to perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions; or
3. Sump pump failure which is caused by or results from failure of power, unless this policy is endorsed to cover power failure affecting the described premises.

C. The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Covered Property Annual Aggregate Limit of Insurance. That limit is $5,000 per location, unless a different Covered Property Annual Aggregate Limit Of Insurance is indicated in the Schedule of this endorsement.

The applicable Covered Property Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.

Includes copyrighted materials of Insurance Services Offices, Inc. with its permission, 2012

Insured Copy

00004 7954007 0000731 0001143 0004/002H

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE DESIGNATED AGENTS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Capacity Of Agent
PROPERTY MANAGER
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following changes apply to **SECTION 1 – PROPERTY** item **G.3. Employee Dishonesty**:

1. In the Employee Dishonesty Optional Coverage, Paragraph **j.** is deleted and replaced by:

   j. With respect to the Employee Dishonesty Optional Coverage in Paragraph **G.3.**, employee means:

   (1) Any natural person:

   (a) While in your service or for 30 days after termination of service;

   (b) Who you compensate directly by salary, wages or commissions; and

   (c) Who you have the right to direct and control while performing services for you;

   (2) Any natural person who is furnished temporarily to you:

   (a) To substitute for a permanent employee as defined in Paragraph **(1)** above, who is on leave; or

   (b) To meet seasonal or short-term workload conditions;

   (3) Any natural person who is leased to you under a written agreement between you and a labor leasing firm, to perform duties related to the conduct of your business, but does not mean a temporary employee as defined in Paragraph **(2)** above;

   (4) Any natural person who is a former employee, director, partner, member, manager, representative or trustee retained as a consultant while performing services for you; or

   (5) Any natural person who is a guest student or intern pursuing studies or duties, excluding, however, any such person while having care and custody of property outside any building you occupy in conducting your business.

   (6) Any natural person, partnership or corporation you appoint in writing to act as your agent in the capacity shown in the Schedule while acting on your behalf or while in possession of covered property. These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this insurance may have been amended by endorsement to provide such coverage on other employees. Only coverage for dishonest acts applies to the agents scheduled above.

   Each such agent and the partners, officers and employees of that agent are considered to be, collectively, one employee for the purposes of this insurance. However, Paragraph **f.** in the Employee Dishonesty Optional Coverage applies individually to each of them.

   But employee does not mean:

   (1) Any agent not included in Paragraph **(6)** above, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character; or

   (2) Any "manager", director or trustee except while performing acts coming within the usual duties of an employee.

Includes copyrighted material of Insurance Services Office, Inc., with their permission 2012.

00004 7954007 000002 000143 001/002/004

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Names Or Titles Of Non-compensated Officers
PRESIDENT
TREASURER
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following changes apply to **SECTION 1 – PROPERTY** item **G.3. Employee Dishonesty**:

1. The following is added to Paragraph **j.** and included in the meaning of employee with respect to the Employee Dishonesty Optional Coverage in Paragraph **G.3.**:

Your non-compensated officers shown in the Schedule.

Includes copyrighted material of Insurance Services Office, Inc., with their permission 2012.

00004 7956007 000073 000145 001/01/2024

THIS FORM PROVIDES CLAIMS-MADE COVERAGE. PLEASE READ THIS ENTIRE FORM CAREFULLY.

DIRECTORS AND OFFICERS LIABILITY COVERAGE FOR COMMUNITY ASSOCIATIONS COVERAGE FORM

SCHEDULE

1. Named Insured: IRONWOOD ASSOCIATION
2. Named Insured Address:
   30 ASH ST
   FRANKFORT, IL 60423-1539
3. Coverage Period: from 07-01-2021 to 07-01-2022
4. Retroactive Date: 06-01-2015
5. Limit of Insurance, Each Claim: $_____
6. Aggregate Limit of Insurance: $_____

Premium: $

(If no entry appears above, information required to complete this form will be shown in the Declarations as applicable to this form.)

Throughout this form, the words "you" and "your" refer to the Named Insured shown in the Schedule and any other person or organization qualifying as a Named Insured under this form. The words "we", "us" and "our" refer to the Company providing this insurance. The word "insured" means any person or organization qualifying as such under **Section II – Who Is An Insured.**

I. INSURING AGREEMENT

A. We will pay those sums that the insured becomes legally obligated to pay as compensatory "damages" because of any "wrongful act" to which this insurance applies. We will have the right and duty to defend any "suit" seeking those "damages". However, we will have no duty to defend the insured against any "suit" seeking damages because of a "wrongful act" to which this insurance does not apply. We may, at our discretion, investigate any "wrongful act" and settle any claim or "suit" that may result, subject to the following:

1. The amount we will pay for "damages" or "defense expenses" is limited as described in **Section III – Limit of Insurance;**
2. The coverage and duty to defend provided by this policy will end when we have used up the applicable Limit of Insurance for "defense expenses" or the payment of judgments or settlements.

No other obligation or liability to pay sums, such as civil or criminal fines, imposed on you or any other insured, or to perform acts or services is covered unless explicitly provided for under **Section I – Insuring Agreement**, item E., **Supplementary Payments.**

B. This insurance applies to "wrongful acts" committed on or after the Retroactive Date, if any, if shown above and prior to the termination of this coverage under this policy but only if:

1. The "wrongful act" took place in the "coverage territory"; and

Includes copyrighted material of Insurance Services Office, Inc., with its permission, 2001.

00004 7945007 00007H 00014Y 0012/0024

5. "Damages" resulting from:
   a. Any claim made or "suit" brought prior to or pending as of the inception date of the coverage period as shown in the Schedule. However, if this insurance is a renewal of the same or similar coverage provided by us, this exclusion applies to claims made or "suits" brought prior to or pending as of the date such coverage was first provided by us.
   b. Any subsequent claims made or "suits" brought that arise from or are based upon substantially the same matters as alleged in the pleadings of such prior or pending claims or "suits".
   c. Any act of any insured which gave rise to such prior or pending claim or "suit".
   d. Any claim or "suit" that may be reasonably anticipated as of the inception date of the coverage period as shown in the Schedule.
6. "Damages" resulting from:
   a. The actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any "fungi" or bacteria on or within a building or structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
   b. Any loss, cost or expenses arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "fungi" or bacteria, by any insured or by any other person or entity.

      This exclusion does not apply to any "fungi" or bacteria that are, are on, or are contained in, a good or product intended for consumption.

E. Supplementary Payments

We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

1. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.
2. All interest on the full amount of any judgment which accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment which is within the applicable limit of insurance.

But we will not pay interest on the amount of any judgment which constitutes punitive or exemplary damages. These payments will not reduce the limit of insurance.

II. WHO IS AN INSURED

A. If you are designated in the Schedule above, then you are an insured.

B. Your directors, trustees or officers are also insureds, but only while acting within the scope of their duties for you. This includes:

1. Those who currently are directors, trustees or officers;
2. Those who were directors, trustees or officers when the "wrongful act" took place;
3. Those who become directors, trustees or officers after the effective date of this form but only for subsequent "wrongful acts".

C. Your "employees" and members are insureds, but only while acting at your direction and within the scope of their duties for you.

Includes copyrighted material of Insurance Services Office, Inc., with its permission, 2001.

00004 7456007 000075 00034949 0013/0024

f. We will determine the additional premium in accordance with our rates and rules. The additional premium will not exceed 100% of the annual premium for this coverage.

g. Once in effect, the Supplemental Extended Reporting Period endorsement may not be terminated.

B. Bankruptcy

Bankruptcy or insolvency of the insured will not relieve us of our obligations under this insurance.

C. Insured's Duties in the Event of a "Wrongful Act", Claim or "Suit".

1. In the event of a "wrongful act", you must see to it that we are notified as soon as is practicable. To the extent possible, notice should include:
   a. How, when and where the "wrongful act" took place;
   b. The nature of the "wrongful act"; and
   c. The names and addresses of injured parties and witnesses.

   Notice of such "wrongful act" does not constitute notice of a claim.
2. If a claim is received by any insured, you must immediately record the specifics of the claim and the date received and notify us immediately. Written notice should be provided as soon as is practicable.
3. You and any other involved insured must;
   a. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
   b. Authorize us to obtain records and other information;
   c. Cooperate with us in the investigation of any "wrongful act" or settlement of the claim or defense against the "suit"; and
   d. Assist us, upon our request, in the enforcement of any right against any person or organization that may be liable to any insured because of "damages" to which this insurance applies.
4. No insureds will, except at that insured's own expense, voluntarily make a payment, assume any obligation, or incur any expenses without our consent.

D. Legal Action Against Us

No person or organization has a right under this insurance:

1. To join us as a party or otherwise bring us into a "suit" asking for "damages" from an insured; or
2. To sue us on this insurance unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured obtained after an actual trial, but we will not be liable for "damages" that are not payable under the terms of this insurance or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

E. Other Insurance

This insurance is excess over any other valid and collectible insurance available to any insured, whether primary, excess, contingent or on any other basis unless such other insurance was purchased specifically to be excess over the limits of insurance this insurance provides.

Includes copyrighted material of Insurance Services Office, Inc., with its permission, 2001.

00004 7954007 000074 000153 004/0024

C. "Damages" means monetary compensation to a claimant for loss caused by the "wrongful act" of an insured. The term "damages" does not include any amounts due under the terms of a contractual obligation including back pay, salary, wages, or other forms of compensation including interest thereon. "Damages" also does not include punitive or exemplary damages, except that if a "suit" is brought against the insured with respect to a claim for acts or alleged acts falling within the coverage hereof, seeking both compensatory and punitive or exemplary damages, then we will afford a defense to such action, without however extending coverage for such punitive or exemplary damages.

D. "Defense expenses" means fees charged by an attorney as designated, in writing, by us, and all other fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a claim, "suit" or proceeding arising in connection therewith, if incurred by us or by an insured with our written consent.

E. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".

F. "Fungi" means any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents or by-products produced or released by fungi.

G. "Leased worker" means a person leased to you by a labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

H. "Personal and advertising injury" means injury, other than "bodily injury", arising out of one or more of the following offenses:

1. False arrest, detention or imprisonment;
2. Malicious prosecution;
3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, by or on behalf of its owner, landlord or lessor;
4. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
5. Oral or written publication, in any manner, of material that violates a person's right of privacy;
6. Misappropriation of advertising ideas or style of doing business; or
7. Infringement of copyright, title or slogan.

I. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

J. "Property damage" means:

1. Physical injury to tangible property, including all resulting loss of use of that property; or
2. Loss of use of tangible property that is not physically injured.

K. "Suit" means a civil proceeding in which "damages" because of a "wrongful act" to which this insurance applies are alleged. "Suit" includes:

1. An arbitration proceeding in which such "damages" are claimed and to which the insured must submit or does submit with our consent; or
2. Any other alternative dispute resolution proceeding in which such "damages" are claimed and to which the insured submits with our consent.

Includes copyrighted material of Insurance Services Office, Inc., with its permission, 2001.

00004 7955007 000077 000153 0015/0024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Windstorm Or Hail Deductible Percentage (Enter 1%, 2% Or 5%)
001	2%
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The following provisions apply to **Section I – Property:**

The Windstorm or Hail Deductible, as shown in the Schedule and set forth in this endorsement, applies to covered loss or damage caused directly or indirectly by Windstorm or Hail. This Deductible applies to each occurrence of Windstorm or Hail.

With respect to Covered Property at a premises identified in the Schedule, no other deductible applies to Windstorm or Hail.

Nothing in this endorsement implies or affords coverage for any loss or damage that is excluded under the terms of the Water Exclusion or any other exclusion in this policy. If this policy is endorsed to cover Flood under the Flood Coverage Endorsement (or if you have a flood insurance policy), a separate Flood Deductible applies to loss or damage attributable to Flood, in accordance with the terms of that endorsement or policy.

WINDSTORM OR HAIL DEDUCTIBLE CALCULATION

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained loss or damage. This Deductible is calculated separately for, and applies separately to:

1. Each building that sustains loss or damage;
2. The personal property at each building at which there is loss or damage to personal property;
3. Personal property in the open.

If there is damage to both a building and personal property in that building, separate deductibles apply to the building and to the personal property.

We will not pay for loss or damage until the amount of loss or damage exceeds the Deductible. We will then pay the amount of loss or damage in excess of the Deductible, up to the applicable Limit(s) of Insurance.

When property is covered under the Coverage Extension for Newly Acquired Or Constructed Property: In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to a percentage of the value(s) of the property at the time of loss. The applicable percentage for Newly Acquired Or Constructed Property is the highest percentage shown in the Schedule for any described premises.

EXAMPLE – APPLICATION OF DEDUCTIBLE

The amounts of loss to the damaged property are $60,000 (building) and $40,000 (personal property in building).

The actual Limits of Insurance on the damaged property are $80,000 on the building and $64,000 on the personal property.

The Deductible is 2%.

BUILDING

Step **(1):** $80,000 X 2% = $1,600

Step **(2):** $60,000 – $1,600 = $58,400

00004 7155007 000078 000155 0014/0024

 © Insurance Services Office, Inc., 2009

Insured Copy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ORDINANCE OR LAW COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Building Number	Coverage 1 (Check if applies)	Coverage 2 Limit Of Insurance	Coverage 3 Limit Of Insurance	Coverages 2 And 3 Combined Limit Of Insurance*
		☐	$	$	$
		☐	$	$	$
		☐	$	$	$
Business Income And Extra Expense Optional Coverage (Enter Yes or No):					
Number Of Hours' Waiting Period For Period Of Restoration Applicable To Business Income And Extra Expense Optional Coverage:					
*Do **not** enter a Combined Limit of Insurance if individual Limits of Insurance are selected for Coverages **2** and **3**, or if one of these Coverages is not applicable.					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations or another applicable Schedule on the policy.					

Section I – Property is amended as follows:

A. Each Coverage – Coverage **1**, Coverage **2** and Coverage **3** – is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for the Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement applies only if both **B.1.** and **B.2.** are satisfied and are then subject to the qualifications set forth in **B.3.**

1. The ordinance or law:

a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

2. The building sustains direct physical damage:

a. That is covered under this policy and as a result of such damage, you are required to comply with the ordinance or law; or

b. That is covered under this policy and direct physical damage that is not covered under this policy, and as a result of the building damage in its entirety, you are required to comply with the ordinance or law.

c. But if the damage is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

© Insurance Services Office, Inc., 2012

Insured Copy

00004 7956007 000075 001157 0012/0024

E. Loss Payment

1. All following loss payment Provisions **E.2.** through **E.5.** are subject to the apportionment procedure set forth in Section **B.3.** of this endorsement:

2. When there is a loss in value of an undamaged portion of a building to which Coverage **1** applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:

   a. If the property is repaired or replaced on the same or another premises, we will not pay more than the lesser of:

      (1) The amount you actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or

      (2) The Limit Of Insurance shown in the Declarations as applicable to the covered building.

   b. If the property is **not** repaired or replaced, we will not pay more than the lesser of:

      (1) The actual cash value of the building at the time of loss; or

      (2) The Limit Of Insurance shown in the Declarations as applicable to the covered building.

3. Unless Paragraph **E.5.** applies, loss payment under Coverage **2** – Demolition Cost Coverage will be determined as follows:

   We will not pay more than the lesser of the following:

   a. The amount you actually spend to demolish and clear the site of the described premises; or

   b. The applicable Limit Of Insurance shown for Coverage **2** in the Schedule above.

4. Unless Paragraph **E.5.** applies, loss payment under Coverage **3** – Increased Cost Of Construction Coverage will be determined as follows:

   a. We will not pay under Coverage **3:**

      (1) Until the property is actually repaired or replaced, at the same or another premises; and

      (2) Unless the repair or replacement is made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

   b. If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage **3** is the lesser of:

      (1) The increased cost of construction at the same premises; or

      (2) The applicable Limit Of Insurance shown for Coverage **3** in the Schedule above.

   c. If the ordinance or law requires relocation to another premises, the most we will pay under Coverage **3** is the lesser of:

      (1) The increased cost of construction at the new premises; or

      (2) The applicable Limit Of Insurance shown for Coverage **3** in the Schedule above.

5. If a Combined Limit Of Insurance is shown for Coverages **2** and **3** in the Schedule above, Paragraphs **E.2.** and **E.3.** of this endorsement do not apply with respect to the building property that is subject to the Combined Limit, and the following loss payment provisions apply instead:

   The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost Of Construction, is the Combined Limit Of Insurance shown for Coverages **2** and **3** in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

   a. For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.

   b. With respect to the Increased Cost Of Construction:

      (1) We will not pay for the increased cost of construction:

         (a) Until the property is actually repaired or replaced, at the same or another premises; and

         (b) Unless the repair or replacement is made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

00004 7545007 000060 0001579 0018/0024

© Insurance Services Office, Inc., 2012

Insured Copy

(2) The date when business is resumed at a new permanent location.

"Period of restoration" includes any increased period required to repair or reconstruct the property to comply with the minimum standards of any ordinance or law, in force at the time of loss, that regulates the construction or repair, or requires the tearing down of any property.

The expiration date of this policy will not cut short the "period of restoration".

00004 7955007 00000 1 0001 14100 0019/4/2024

© Insurance Services Office, Inc., 2012

Insured Copy

POLICY NUMBER: AM 9297300 01

BUSINESSOWNERS
BP 04 56 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTILITY SERVICES – DIRECT DAMAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Building Number	Utility Services Limit Of Insurance	Water Supply Property ("X" If Applies)	Communication Supply Property	Power Supply Property
				Overhead Transmission Lines Enter Either "Included" Or "Not Included" (If Applicable)	
All	All	$ 2,500	X	Included	Included
Covered Property:					
		$			
Covered Property:					
		$			
Covered Property:					
		$			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

The coverage provided by this endorsement is subject to the provisions of Section I – Property, including Paragraph **D.** Deductibles, except as provided below.

A. The following is added to Paragraph **A. Coverage:**

We will pay for loss of or damage to Covered Property described in the Schedule, caused by the interruption of service to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to the property described in Paragraph **C.** of this endorsement if such property is indicated by an "X" in the Schedule.

B. Exception

Coverage under this endorsement for loss or damage to Covered Property does not apply to loss or damage to "electronic data", including destruction or corruption of "electronic data".

C. Utility Services

1. Water Supply Property, meaning the following types of property supplying water to the described premises:
   a. Pumping stations; and
   b. Water mains.

00004 7955007 00000262 00031E3 0200/0200

© Insurance Services Office, Inc., 2012
Insured Copy

POLICY NUMBER: AM 9297300 01

BUSINESSOWNERS
BP 04 57 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTILITY SERVICES – TIME ELEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Building Number	Utility Services Limit Of Insurance	Water Supply Property ("X" If Applies)	Waste-water Removal Property	Communication Supply Property	Power Supply Property
					Overhead Transmission Lines Enter Either "Included" Or "Not Included" (If Applicable)	
All	All	$ 25,000	X	X	Included	Included
		$				
		$				
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.						

The coverage provided by this endorsement is subject to the provisions of Section I – Property, except as provided below.

A. The following is added to Paragraph **A. Coverage:**

We will pay for loss of Business Income or Extra Expense at the described premises caused by the interruption of service to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to the property described in Paragraph **C.** of this endorsement if such property is indicated by an "X" in the Schedule.

B. Exception

Coverage under this endorsement does not apply to Business Income loss or Extra Expense related to interruption in utility service which causes loss or damage to "electronic data", including destruction or corruption of "electronic data".

C. Utility Services

1. Water Supply Property, meaning the following types of property supplying water to the described premises:
   - **a.** Pumping stations; and
   - **b.** Water mains.
2. Wastewater Removal Property, meaning a utility system for removing wastewater and sewage from the described premises, other than a system designed primarily for draining storm water. The utility property includes sewer mains, pumping stations and similar equipment for moving the effluent to a holding, treatment or disposal facility, and includes such facilities.

   Coverage under this endorsement does not apply to interruption in service caused by or resulting from a discharge of water or sewage due to heavy rainfall or flooding.

00004 7955007 0000003 0001555 02/01/2024

© Insurance Services Office, Inc., 2012
Insured Copy

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I
Terrorism Premium (Certified Acts) $ Included
Additional information, if any, concerning the terrorism premium:
The portion of your annual premium attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act (TRIA) is included in your policy premium based on its ordinary coverage. There is no additional premium for terrorist acts that is attributable to TRIA.
For policies providing coverage in the following states with special fire policy laws, small fire insurance charges may apply related to terrorism. However, these charges are not attributable to TRIA. CA, CT, GA, HI, IA, IL MA, ME, MO, NC, NJ, NY, OR, RI, VA, WA, WI, WV
SCHEDULE – PART II
Federal share of terrorism losses **80 %** (Refer to Paragraph **B.** in this endorsement.)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

00004 7554007 000084 000167 0022/0024

© Insurance Services Office, Inc., 2020
Insured Copy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following provisions are added to the Businessowners Policy and apply to Property and Liability Coverages:

A. CAP ON CERTIFIED TERRORISM LOSSES

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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 aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for loss or injury or damage that is otherwise excluded under this Policy.

00004 7456007 0000085 0001471 0023/0024

 © Insurance Services Office, Inc., 2015

Insured Copy

POLICY NUMBER: AM 9297300 01

BUSINESSOWNERS
BP 14 78 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF PRODUCTION OR PROCESSING OPERATIONS (RENTAL PROPERTIES)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Premises Number	Building Number	Description Of Rental Unit
ALL	ALL	ALL
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

Section I – Property is amended as follows:

A. The terms of this endorsement apply to the rental unit(s) described in the Schedule, and to the building(s) in which such unit(s) are located, including any contents of such unit(s) and building(s), all of which constitute the described premises for the purpose of this endorsement.

B. We will not pay for loss or damage to the described premises, caused by or resulting from smoke, vapor, gas or any substance released in the course of production operations or processing operations performed at the rental unit(s) described in the Schedule. This exclusion applies regardless of whether such operations are:

1. Legally permitted or prohibited;
2. Permitted or prohibited under the terms of the lease; or
3. Usual to the intended occupancy of the premises.

This exclusion does not apply to loss or damage by fire or explosion that results from the release of a by-product of the production or processing operation.

C. If the loss or damage described in Paragraph **B.** of this endorsement results in Business Income loss or Extra Expense, there is no coverage for such loss or expense under the Business Income or Extra Expense Additional Coverages.

D. The conduct of a tenant's production or processing operations will not be considered to be vandalism of the rental premises regardless of whether such operations are:

1. Legally permitted or prohibited;
2. Permitted or prohibited under the terms of the lease; or
3. Usual to the intended occupancy of the premises.

00004 7554007 000004b 0001?1 0024/0024

© Insurance Services Office, Inc., 2012
Insured Copy