

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLICY CHANGES

Policy Change  
Number 1

POLICY NUMBER  BP11050909	POLICY CHANGES EFFECTIVE  07/01/2023	COMPANY  VERMONT MUTUAL INSURANCE CO
NAMED INSURED  HIGHLAND COLONY CONDOMINIUM		AUTHORIZED REPRESENTATIVE  MELCHER & PRESCOTT INSURANCE
COVERAGE PARTS AFFECTED  BUSINESSOWNERS		
CHANGES		
AMENDED DEDUCTIBLE THE FOLLOWING FORMS HAVE BEEN ADDED TO THE POLICY: VB0305 (09/15) PER UNIT DEDUCTIBLE		
<b>PREMIUM ADJUSTMENT</b>		
ADDITIONAL PREMIUM	RETURN PREMIUM	NEW ANNUALIZED PREMIUM
\$	\$ ( 1,270)	\$ 14,438
<b>REMOVAL PERMIT</b>	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.	

\_\_\_\_\_  
Authorized Representative Signature



**VERMONT MUTUAL GROUP**  
 89 State Street, PO Box 188  
 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

To report a claim call your Agent  
 or the Company at 800-435-0397

Policy Number: BP11050909 - CHANGED POLICY

Type of Billing: DIRECT BILL TO INSURED

**Named Insured / Address**

HIGHLAND COLONY CONDOMINIUM  
 PO BOX 400  
 PLYMOUTH, NH 03264-0400

**Agency / Address**

MELCHER & PRESCOTT INSURANCE  
 426 MAIN STREET  
 LACONIA, NH 03246-3722

(603) 524-4535

**POLICY PERIOD** From 04/12/2023

To 04/12/2024 at 12:01 A.M.\*

\*Standard Time at your mailing address shown above.

**INSURANCE PROVIDED BY:** VERMONT MUTUAL INS CO.

**TOTAL POLICY PREMIUM at inception is:** \$14,438 and at each anniversary.

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.

<b>BUSINESS DESCRIPTION</b>			
Form of Business: OTHER			
<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
001	001	TWO UNIT CONDO BLANKET 3 MURFIELD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 419,276	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:</b>			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			included
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ 100,000 per occurrence
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Inside the Premises
			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000
<b>LIABILITY AND MEDICAL PAYMENTS</b>			
Except for Fire Legal Liability, each paid claim for the following 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.			
		Limits of Insurance	
Liability and Medical Expenses	\$ 1,000,000		
Medical Expenses	\$ 5,000	Per person	
Fire Legal Liability	\$ 50,000	Any one fire or explosion	
<b>FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)</b>			

COUNTERSIGNED \_\_\_\_\_  
 (DATE)

BY \_\_\_\_\_  
 (AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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**VERMONT MUTUAL GROUP**  
 89 State Street, PO Box 188  
 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
002	001	2 UNIT CONDO BLANKET 7 MURFIELD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 435,922	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
003	001	2 UNIT CONDO BLANKET 13 MURFIELD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 466,386	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
004	001	2 UNIT CONDO BLANKET 31 MURFIELD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 490,614	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
005	001	2 UNIT CONDO BLANKET 30 MURFIELD LN HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 551,183	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
006	001	2 UNIT CONDO BLANKET 9 TROON TERR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 485,163	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
007	001	2 UNIT CONDO BLANKET 3 TROON TERR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 557,240	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			included
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ 100,000 per occurrence
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Inside the Premises
			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000





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DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
008	001	CLUB HOUSE BLANKET MT PROSPECT RD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 193,823	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000</b>		<b>OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$</b>	250
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
008	002	PUMP HOUSE/EQUIPMENT BLANKET MT PROSPECT RD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 101,578	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
008	003	POOL PUMP HOUSE BLANKET MT PROSPECT RD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 10,846	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
008	004	POOL BLANKET MT PROSPECT RD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 42,515	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
008	005	TENNIS COURT BLANKET MT PROSPECT RD HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 21,259	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
009	001	ONE UNIT CONDO BLANKET 3 SPRINGER LN HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 269,973	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



**VERMONT MUTUAL GROUP**  
 89 State Street, PO Box 188  
 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
010	001	ONE UNIT CONDO BLANKET 5 SPRINGER HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 257,771	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



**VERMONT MUTUAL GROUP**  
 89 State Street, PO Box 188  
 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
011	001	ONE UNIT CONDO BLANKET 8 HIGHLAND VIEW HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 316,337	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000





**VERMONT MUTUAL GROUP**  
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 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
012	001	2 UNIT CONDO BLANKET 13 FAIRWAY DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 431,069	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
013	001	ONE UNIT CONDO BLANKET 4 HIGHLAND VIEW LN HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 280,598	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
014	001	ONE UNIT CONDO BLANKET 6 HIGHLAND HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 304,137	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:</b>			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
015	001	ONE UNIT CONDO BLANKET 10 HIGHLAND VIEW HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 310,528	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
016	001	ONE UNIT CONDO BLANKET 24 FAIRWAY HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 401,755	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
017	001	2 UNIT CONDO BLANKET 23 FAIRWAY DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 401,755	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
018	001	TWO UNIT CONDO BLANKET 2 HIGHLAND VIEW HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 316,337	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



**VERMONT MUTUAL GROUP**  
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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
019	001	2 UNIT CONDO BLANKET 19 FAIRWAY DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 484,557	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000





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**BUSINESSOWNERS POLICY DECLARATIONS**

Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
020	001	ONE UNIT CONDO BLANKET 41 WEDGEWOOD DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 340,743	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

**Policy Number:** BP11050909 - CHANGED POLICY

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
021	001	ONE UNIT CONDO BLANKET 43 WEDGEWOOD DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 377,353	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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Policy Number: BP11050909 - CHANGED POLICY

Named Insured: HIGHLAND COLONY CONDOMINIUM

<b>DESCRIBED PREMISES</b>			
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Location/Occupancy</b>	<b>Mortgageholder Name and Address</b>
022	001	2 UNIT CONDO BLANKET 18 FAIRWAY DR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 401,755	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



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**BUSINESSOWNERS POLICY DECLARATIONS**

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Named Insured: HIGHLAND COLONY CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
023	001	2 UNIT CONDO BLANKET 7 TROON TERR HOLDERNESS, NH 03245	(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)
<b>PROPERTY - Limits of Insurance for</b>			
<b>BUILDINGS</b>		\$ 385,223	
• Actual Cash Value - Buildings Option (Y/N)		N	
• Automatic Increase - Building Limit (pct.)		8%	
<b>BUSINESS PERSONAL PROPERTY</b>		\$	
<b>EARTHQUAKE DEDUCTIBLE (pct)</b>		%	
<b>DEDUCTIBLE \$ 10,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250</b>			
<b>OPTIONAL COVERAGES</b> - Applicable only if an "X" is shown in the boxes below:			<b>Limits of Insurance</b>
1. <input type="checkbox"/> Outdoor Signs			\$ per occurrence
2. <input type="checkbox"/> Tenant's Exterior Building Glass			\$ included
3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors			\$ 100,000 per occurrence
4. <input checked="" type="checkbox"/> Employee Dishonesty			\$ Inside the Premises
5. <input type="checkbox"/> Money & Securities (Special Form Only)			\$ Outside the Premises
<b>COVERAGE EXTENSIONS</b>			
1. Optional Higher Limits - Accounts Receivable			\$
2. Optional Higher Limits - Valuable Papers			\$
<b>ADDITIONAL COVERAGES</b> Optional Higher Limits - Forgery and Alteration			\$ 100,000



**VERMONT MUTUAL GROUP**  
 89 State Street, PO Box 188  
 Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS  
 SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

**FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY:**

BCEPLUS	(06/19)	COVERAGE ENHANCEMENT ENDT PLUS
BPEBC1	(11/99)	EQUIPMENT BREAKDOWN ENDT
BP0002	(12/99)	SPECIAL PROPERTY COVERAGE FORM
BP0006	(01/97)	LIABILITY COVERAGE FORM
BP0009	(01/97)	COMMON POLICY CONDITIONS
BP0514	(01/03)	WAR LIABILITY EXCLUSION
BP0523	(01/15)	CAP LOSSES CERT. ACTS OF TERR.
BP1701	(01/97)	CONDOMINIUM ASSOC COVERAGE
NO104	(04/15)	BUSINESSOWNERS POLICY JACKET
NP2882	(03/22)	NOTICE - BOP - NH CHANGES
TRIADIS2	(01/21)	OFFER OF TERRORISM COV./PREM.
VB0006	(12/17)	AMEND- PERSONAL OR ADVERTISING
VB0067	(12/17)	EXCL- REC OR DISTRIB OF INFO
VB0305	(09/15)	PER UNIT DEDUCTIBLE
VB0576	(02/04)	LIMITED FUNGI OR BACTERIA COV
VB0577	(02/04)	FUNGI OR BACTERIA EXCLUSION
VB1201	(07/04)	BLANKET INSURANCE ENDORSEMENT
VB1400	(07/99)	CONDOMINIUM ASSOC COVERED PROP
VB1504	(12/17)	EXCL- DISCL CONF OR PERS INFO
VB2021	(09/05)	ADD'L INS'D VOLUNTEER WORKERS
VB2502	(09/04)	AGTS AS EMPLOYEES
VL0402	(03/01)	DIRECTORS & OFFICERS LIABILITY
VMAE	(06/19)	ADVANTAGE ENDORSEMENT
VM16	(01/98)	GENERAL ENDORSEMENT

**FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001**

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

**FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001 BUILDING NO.: 001**

VB0446	(02/04)	ORDINANCE OR LAW COVERAGE
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**FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 002**

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT

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**BUSINESSOWNERS POLICY DECLARATIONS  
 SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 002 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 003 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 004 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES

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**BUSINESSOWNERS POLICY DECLARATIONS  
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**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 005 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 006 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 007 BUILDING NO.: 001  
 VB0446 (02/04) ORDINANCE OR LAW COVERAGE

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE

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**BUSINESSOWNERS POLICY DECLARATIONS  
SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

VM0122	(03/11)	STANDARD FIRE POLICY PROVISION	
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW	
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	008 001
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	008 002
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	008 003
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	008 004
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	008 005
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD	009 001
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB	
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT	
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT	
VB0022	(01/10)	EFFECTIVE TIME CHANGES	
VB0113	(03/22)	NEW HAMPSHIRE CHANGES	
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE	
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION	
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW	
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
VB0446	(02/04)	ORDINANCE OR LAW COVERAGE	009 001
FORMS / ENDORSEMENTS APPLICABLE		TO DESCRIBED PREMISES NO.:	BUILDING NO.:
BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD	010 001
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB	
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT	
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT	
VB0022	(01/10)	EFFECTIVE TIME CHANGES	
VB0113	(03/22)	NEW HAMPSHIRE CHANGES	
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE	
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION	
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW	

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**BUSINESSOWNERS POLICY DECLARATIONS  
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**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 010 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 011  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 011 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 012  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 012 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 013  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

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**BUSINESSOWNERS POLICY DECLARATIONS  
SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 013 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 014  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 014 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 015  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 015 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 016  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

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**BUSINESSOWNERS POLICY DECLARATIONS  
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**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 016 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 017  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 017 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 018  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 018 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 019  
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD  
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB  
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT  
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT  
VB0022 (01/10) EFFECTIVE TIME CHANGES  
VB0113 (03/22) NEW HAMPSHIRE CHANGES  
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE  
VM0122 (03/11) STANDARD FIRE POLICY PROVISION  
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

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**BUSINESSOWNERS POLICY DECLARATIONS  
SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 019 BUILDING NO.: 001
VB0446 (02/04) ORDINANCE OR LAW COVERAGE
FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 020
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT
VB0022 (01/10) EFFECTIVE TIME CHANGES
VB0113 (03/22) NEW HAMPSHIRE CHANGES
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE
VM0122 (03/11) STANDARD FIRE POLICY PROVISION
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW
FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 020 BUILDING NO.: 001
VB0446 (02/04) ORDINANCE OR LAW COVERAGE
FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 021
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT
VB0022 (01/10) EFFECTIVE TIME CHANGES
VB0113 (03/22) NEW HAMPSHIRE CHANGES
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE
VM0122 (03/11) STANDARD FIRE POLICY PROVISION
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW
FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 021 BUILDING NO.: 001
VB0446 (02/04) ORDINANCE OR LAW COVERAGE
FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 022
BP0146 (02/96) NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404 (01/96) HIRED & NON-OWNED AUTO LIAB
BP0419 (06/89) LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496 (10/01) PREMIUM AUDIT ENDORSEMENT
VB0022 (01/10) EFFECTIVE TIME CHANGES
VB0113 (03/22) NEW HAMPSHIRE CHANGES
VB9019 (01/21) EXCLUSION OF LOSS-COMM DISEASE
VM0122 (03/11) STANDARD FIRE POLICY PROVISION
VM2801 (09/02) NH CHANGES-CANC & NON-RENEW

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**VERMONT MUTUAL GROUP**

89 State Street, PO Box 188

Montpelier, VT 05601-0188

**BUSINESSOWNERS POLICY DECLARATIONS  
SCHEDULE OF FORMS AND ENDORSEMENTS**

**Policy Number:** BP11050909

**Named Insured:** HIGHLAND COLONY CONDOMINIUM

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 022 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 023

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0404	(01/96)	HIRED & NON-OWNED AUTO LIAB
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 023 BUILDING NO.: 001  
VB0446 (02/04) ORDINANCE OR LAW COVERAGE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ALL COVERED CAUSES OF LOSS - PER UNIT DEDUCTIBLE**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

**SCHEDULE**

Premises Number	Per "Unit" Deductible
ALL	\$ 25,000
	\$
	\$
	\$

**A. The following paragraph is added to Section D.1. Deductibles:**

Additionally, if there is covered loss or damage to any "unit", we will not pay for loss or damage to Covered Property described in paragraph A.1.a. until the amount of loss or damage to any one "unit" exceeds the Per "Unit" Deductible shown in the Schedule above, but in no event shall the total of all Per "Unit" Deductibles taken in any single occurrence be less than the Deductible shown in the Declarations.

**B. For the purposes of this endorsement, "Unit" means the portion of the buildings or structures designed for separate ownership and occupancy. Unit boundaries are as defined in your Condominium Declarations, Master Deed or By-Laws.**

**C. Examples**

**Example 1 – Application of Deductible:**

A 10-unit building with:

1. A \$1,000 Per "Unit" Deductible, and
2. A \$5,000 Deductible shown in the Declarations

is damaged by a covered cause of loss, as follows:

	<u>Amount of Loss</u>	<u>Per "Unit" Deductible</u>
Unit #1	\$3,800	\$1,000
Unit #2	\$1,550	\$1,000
Unit #3	\$5,400	\$1,000
Unit #4	\$1,250	\$1,000
Unit #5	\$8,750	\$1,000
Unit #6	\$4,350	\$1,000
<b>Totals</b>	<b>\$25,100</b>	<b>\$6,000</b>

The total Deductible taken in Example 1 is \$6,000

because the total Per "Unit" Deductible [\$1,000 per unit x 6 units] exceeds the Deductible shown in the Declarations.

The payable loss is \$19,100 [\$25,100 Loss - \$6,000 Per Unit Deductible].

**Example 2 – Application of Deductible:**

A 10-unit building with:

1. A \$1,000 Per "Unit" Deductible, and
2. A \$5,000 Deductible shown in the Declarations

is damaged by a covered cause of loss, as follows:

	<u>Amount of Loss</u>	<u>Per "Unit" Deductible</u>
Unit #1	\$2,500	\$1,000
Unit #2	\$3,250	\$1,000
Unit #3	\$7,400	\$1,000
<b>Totals</b>	<b>\$13,150</b>	<b>\$3,000</b>

The total Deductible taken in Example 2 is \$5,000 because the total Per "Unit" Deductible taken in any single occurrence shall not be less than the Deductible shown in the Declarations.

The payable loss is \$8,150 [\$13,150 Loss - \$5,000 Deductible shown in the Declarations].