



**Your Avenues
Businessowners Insurance Policy**

**BUSINESSOWNERS DECLARATION
BUSINESSOWNERS DECLARATIONS**

28

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
OBV-8717841-00	05/24/2010	05/24/2011	CITIZENS INSURANCE COMPANY OF AMERICA	280137400

Named Insured and Address

BELLAMY RIVER CONDOMINIUM ASSO
C/O CP MANAGEMENT INC
11 COURT STREET STE 100
EXETER, NH 03833

Agent

603-569-2515
J CLIFTON AVERY AGENCY
21 SO MAIN ST
PO BOX 1510
WOLFEBORO, NH 03894

Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.

Business Type: CORPORATION (SINGLE).

Mortgagee/Loss Payable:

Business of the Named Insured:

CONDOMINIUM.

In consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the Schedule below and with respect to those coverages and kinds of property for which a specific Limit of Insurance is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof:

LOCATION SCHEDULE

Described Premises:

NO. 1 41-43 CLEARWATER DRIVE, DOVER, NH 03820

Property Coverage	Limits of Insurance					
	Loc No 001	Bldg No 000	Loc No	Bldg No	Loc No	Bldg No
Deductible Amt	\$ 2,500		\$		\$	
Building Amount Valuation	\$ 9,154,250 RC					
Bus Personal Prop Valuation	NOT COVERED					
Business Income	ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS					
Business Income Waiting Period	Excluded / None / 24 hour / 48 hour / 72 hour 24 HOUR					
Coverage	Limits of Insurance					
Liability and Medical Payments:	Except for Property Damage Legal Liability, each paid claim for the following coverages reduced the Amount of Insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of Section II-Liability of the Businessowners Coverage form.					
Business Liability	\$ 2,000,000		Per Occurrence		\$ 4,000,000 Aggregate	
Medical Expenses	\$ 5,000		Each Person			
Property Damage Legal Liability	\$ 300,000		Any one Fire, Explosion, Lightning, Smoke or Leakage			

Form 391-1002 (6-05)

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Date issued: 05/26/2010

ORIGINAL/INSURED

Payment Type: DIRECT BILL

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Additional Property Coverages and Extensions:

See attached Schedule for Additional Coverages provided for under this Policy.

Additional Liability Coverages: General Liability Broadening Endorsement

General Liability Class: 62003

Description: CONDO ASSN:RESIDENTIAL 11 - 30 UNITS

Liability Exposure: 28 UNITS

Policy Forms, Endorsements and Optional Coverages Attached:

See Forms and Endorsements Schedule

TOTAL BOP COVERAGE PREMIUM:	\$11,979.00
BOP TERRORISM COVG (INCLUDED IN TOTAL POLICY PREMIUM)	\$ 101.00
OTHER THAN FIRE FOLLOWING	\$ 101.00
FIRE FOLLOWING	\$000.00
TOTAL UMBRELLA COVERAGE PREMIUM:	\$400.00
UMB TERRORISM COVG (INCLUDED IN TOTAL POLICY PREMIUM)	\$ 25.00
TOTAL POLICY PREMIUM IS:	\$12,379.00

Countersigned this ____ Day of _____

Authorized Representative

This Declarations Page with the Policy Contract, Forms and Endorsements, if any,
Complete the Policy.

**ADDITIONAL PROPERTY COVERAGES AND EXTENSIONS
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Additional Property Coverages & Extensions	Deductible	Amount Included	Additional Amount Increase	Total Limit
DEBRIS REMOVAL	NONE	\$25,000	N/A	\$25,000
PRESERVATION OF PROPERTY - 30 DAYS	NONE	INCLUDED	N/A	INCLUDED
FIRE DEPARTMENT SERVICE CHARGE	NONE	\$10,000	N/A	\$10,000
POLLUTANT CLEAN-UP AND REMOVAL	NONE	\$25,000	N/A	\$25,000
MONEY ORDERS & COUNTERFEIT PAPER	\$500	\$5,000	N/A	\$5,000
FORGERY & ALTERATION	\$500	\$10,000	N/A	\$10,000
GLASS EXPENSES	\$250	INCLUDED	N/A	INCLUDED
ARSON & THEFT REWARD	NONE	\$10,000	N/A	\$10,000
TENANT SIGNS	\$500	\$5,000	N/A	\$5,000
FIRE EXTINGUISHER RECHARGE	NONE	\$5,000	N/A	\$5,000
INSTALLATION FLOATER	\$1,000	\$5,000	N/A	\$5,000
FINE ARTS	\$500	\$10,000	N/A	\$10,000
FENCE & WALLS	\$500	\$2,500	N/A	\$2,500
SALESPERSONS SAMPLES	\$1,000	\$5,000	N/A	\$5,000
LEASEHOLD INTEREST	NONE	\$10,000	N/A	\$10,000
UNAUTHORIZED BUSINESS CARD USE	\$500	\$5,000	N/A	\$5,000
UTILITY SERVICES			N/A	
DIRECT DAMAGE	\$500	\$10,000	N/A	\$10,000
BUSINESS INCOME	24HR WAITING PERIOD	\$5,000	N/A	\$5,000
DEFERRED PAYMENT	NONE	\$5,000	N/A	\$5,000
NEWLY ACQRD PREMISES - 60 DAYS			N/A	
BUILDING	SEE BUILDING	\$1,000,000	N/A	\$1,000,000
PERSONAL PROPERTY	AND CONTENTS	\$500,000	N/A	\$500,000
BUSINESS INCOME	DEDUCTIBLE	\$250,000	N/A	\$250,000
OUTDOOR PROPERTY - TREES, SHRUBS AND PLANTS-\$1,000 EACH ITEM; ANTENNAS \$2,000 EACH ITEM	\$500	\$5,000	N/A	\$5,000
PERSONAL EFFECTS	\$500	\$5,000	N/A	\$5,000
INVENTORY & APPRAISAL	NONE	\$10,000	N/A	\$10,000
KEY & LOCK REPLACEMENT	NONE	\$1,000	N/A	\$1,000

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Additional Property Coverages & Extensions	Deductible	Amount Included	Additional Amount Increase	Total Limit
GARAGE, STORAGE BUILDINGS AND OTHER APPURTENANT STRUCTURES	\$500	\$10,000	N/A	\$10,000
PERSONAL PROPERTY IN TRANSIT	\$1000	\$5,000	N/A	\$5,000
BUSINESS INCOME EXTENDED BI		30 DAYS	N/A	30 DAYS
EMPLOYEE DISHONESTY INCLUDING ERISA	\$1,000	\$10,000	N/A	\$10,000
TOOLS & SMALL EQUIPMENT	\$500	\$5,000	N/A	\$5,000
PERSONAL PROPERTY OFF PREMISES	\$1000	\$50,000	N/A	\$50,000
BUSINESS INCOME DEPENDENT PROPERTY	NONE	\$5,000	N/A	\$5,000
TERRORISM	SEE BUILDING AND CONTENTS DEDUCTIBLE	SAME AS PROPERTY LIMITS OF INSURANCE IF COVERED	N/A	SAME AS PROPERTY LIMITS OF INSURANCE IF COVERED
INTERRUPTION OF COMPUTER OPERATIONS	NONE	\$10,000	N/A	\$10,000

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ORDINANCE OR LAW	001	000	NONE	\$5,000	N/A	\$5,000
COMPUTER EQUIPMENT			\$500			
HARDWARE & SOFTWARE				\$35,000	N/A	\$35,000
EXTRA EXPENSE				\$5,000	N/A	\$5,000
VIRUS & HACKING			\$500			
OCCURRENCE LIMIT				\$5,000	N/A	\$5,000
AGGREGATE LIMIT				\$10,000	N/A	\$10,000
VALUABLE PAPERS			\$500			
ON PREMISES				\$25,000	N/A	\$25,000
OFF PREMISES				\$5,000	N/A	\$5,000
ACCOUNTS RECEIVABLE			\$500			
ON PREMISES				\$25,000	N/A	\$25,000
OFF PREMISES				\$5,000	N/A	\$5,000
MONEY & SECURITIES			\$500			
ON PREMISES				\$10,000	N/A	\$10,000
OFF PREMISES				\$5,000	N/A	\$5,000
EQUIPMENT BREAKDOWN COVERAGE			\$2,500	INCLUDED IN PROPERTY LIMITS OF INSURANCE		
PROTECTIVE DEVICES CREDIT						
AUTOMATIC SPRINKLER SYSTEM				NO		
AUTOMATIC FIRE ALARM				NO		
CENTRAL STATION SECURITY				NO		

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Forms and Endorsements Schedule

Form Number	Edition Date	Description
391-1403	10/09	DELUXE BRONZE BROADENING
391-0863	12/09	CONDO, CO-OP, ASSOC D & O LIA
391-1063	12/09	CONDO D & O INS EXCLUSION DEL
391-1456	01/10	NH CHANGES - CONDO D&O LIAB
BP0404	01/06	HIRED AND NON-OWNED AUTO LIABI
401-1127	01/08	TERRORISM ACCEPTANCE OF COVG
391-1114	01/08	CAP ON LOSSES FROM TERRORISM
391-1317	01/08	POLICYHOLDER TERROR COV ACCEP
391-0779	02/05	CONDO ASSOCIATION EXTRA COV
BP1701	07/02	CONDOMINIUM ASSOCIATION COVERA
391-1345	06/09	NH BOP LIABILITY SPECIAL BROAD
391-1390	12/09	CONDOMINIUM EXT END
BP0417	07/02	EMPLOYMENT RELATED PRACTICES E
BP0113	01/08	NEW HAMPSHIRE CHANGES
391-1003	06/09	BUSINESSOWNERS COVERAGE FORM
BP0419	07/02	AMENDMENT LIQUOR LIABILITY EXC
391-1102	07/02	FUNGI AND BACTERIA EXCLUSION
231-0475	06/89	PILR NOTICE
421-0022	07/02	ASBESTOS EXCLUSION
411-0110	04/98	POLICYHOLDER NOTICE YEAR 2000
BP0122	07/02	NH STANDARD FIRE POLICY PROVIS
BP1007	07/02	EXCLUSION YEAR 2000 COMPUTER R
391-1134	11/02	LIMITED FUNGI COVERAGE
BP0514	01/03	WAR EXCLUSION

Form 391-1016 (7-99)

Date Issued: 05/26/2010

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Form Number	Edition Date	Description
391-1313	01/08	EXCLUSION OF PUNITIVE DAMAGES
391-1205	03/06	EPLI INSURANCE CVG WAIVER