

NEW BUSINESS POLICY

COMMERCIAL UMBRELLA POLICY

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) COMPLETE THE BELOW NUMBERED POLICY

POLICY NUMBER: OBV-8717841-00

DECLARATIONS

Named Insured and Address (No., Street, Town, County, State)	Agent
BELLAMY RIVER CONDOMINIUM ASSO C/O CP MANAGEMENT INC 11 COURT STREET STE 100 EXETER, NH 03833	280137400 J CLIFTON AVERY AGENCY 21 SO MAIN ST PO BOX 1510 WOLFEBORO, NH 03894

Policy Period: (Month, Day, Year)

From 05/24/2010 To 05/24/2011
12:01 AM, standard time at the address of the Named Insured as stated herein.

Form of Business:

- Individual
 Partnership
 Corporation
 Limited Liability Company
 Organization (Other than Partnership, Joint Venture, or Limited Liability Company)

Business Description:

CONDOMINIUM.

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. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

Limit of Liability (Section III)

Each Occurrence Limit	\$ 1,000,000
General Aggregate Limit	\$ 1,000,000
Product Completed Operations Aggregate Limit	\$ 1,000,000

Retained Limit Self-Insured Retention \$ NIL

Premium Computation

Annual Premium	\$	400.00
Advance Premium	\$	400.00


Endorsements:

ILU046	09/07	CU2130	01/08	CU2156	06/06	CU2136	01/08	473-1176	12/09	473-1178	12/09
473-0008	10/05	473-0023	10/05	473-0040	10/05	473-0067	12/05	CU0001	12/07	CU0135	11/08
CU2118	09/00	CU2123	02/02	CU2127	04/02	IL0017	11/98	IL0135	09/08	CU2125	12/01
473-1125	02/09										

- PRE PAID - the total annual premium is due at inception.
 HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attachment
 ACCOUNT BILL
 DIRECT BILL
 Annual
 Semi-Annual
 Other
 Audit period: Non Auditable Unless indicated by Annual
 Semi-Annual
 Other
 If you cancel this policy, we shall receive and retain not less than \$ as a policy minimum premium.

SCHEDULE A - SCHEDULE OF UNDERLYING POLICIES

Insured: BELLAMY RIVER CONDOMINIUM ASSO
Effective on and after: 05/24/2010 , 12:01 AM Standard Time
This schedule is part of Policy Number: OBV-8717841-00

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE
(a)Carrier: CITIZENS INSURANCE COMPANY OF AMERICA Policy Number: OBV-8717841-00 Policy Period: 05/24/2010 TO 05/24/2011	Commercial General Liability <input checked="" type="checkbox"/> Non-owned & Hired Autos	\$ 2,000,000 Each Occurrence \$ 4,000,000 General Aggregate \$ 4,000,000 Product/Completed Operations Aggregate
(b) Carrier: Policy Number: Policy Period:	Comprehensive Automobile Liability	Bodily Injury and Property Damage Liability Combined \$ Each Accident Bodily Injury \$ Each Person \$ Each Accident Property Damage \$ Each Accident
(c)Carrier: EXCLUDED Policy Number: Policy Period: 	Standard Workers Compensation & Employers Liability Please Note: The Umbrella Coverage for Workers Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers Compensation Law.	Coverage B - Employers Liability Bodily Injury by Accident \$ Each Accident Bodily Injury by Disease \$ Aggregate \$ Each Employee
(d)Carrier: Policy Number: Policy Period:	Liquor Liability	\$ Limit of Liability
(e)Carrier: Policy Number: Policy Period:	Professional Liability	\$ Limit of Liability
An "X" marked in the box provided indicates these broadening or optional coverages are provided in the Underlying Insurance		
(f) Carrier: CITIZENS INSURANCE COMPANY OF AMERICA Policy Number: OBV-8717841-00 Policy Period: 05/24/2010 TO 05/24/2011	Directors & Officers Liability	\$ 2,000,000 Limit of Liability
(g) Carrier: Policy Number: Policy Period:	Employee Benefits Liability	\$ Limit of Liability

Countersigned By:

Date:

Authorized Representative of the Company