TRAVELERS

One Tower Square, Hartford, Connecticut 06183

POLICY DECLARATIONS
COMMERCIAL EXCESS LIABILITY
(UMBRELLA) INSURANCE POLICY

POLICY NO.: CUP-0036T870-18-42
ISSUE DATE: 10/12/2018

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

1. NAMED INSURED AND MAILING ADDRESS:
HARBORSIDE CONDOMINIUM TRUST
C/O LESLEY MANAGEMENT INC
P.O. BOX 946
MARBLEHEAD MA 01945

THIS POLICY DOES NOT
COVER LIABILITY
ARISING OUT OF
ASBESTOS MATERIAL
SEE ENDORSEMENT
UM 01 96 07 96

2. THE NAMED INSURED IS A:

☐ **CORPORATION** ☐ **SOLE PROPRIETOR** ☐ **PARTNERSHIP OR JOINT VENTURE** ☒ **OTHER**
TRUST

3. POLICY PERIOD: From 10/06/2018 to 10/06/2019 12:01 A.M. Standard Time at your mailing address.

4. PREMIUM: * $ 4,428 ☒ Flat Charge ☐ Adjustable (See premium schedule)

* DIRECT BILL

5. LIMITS OF INSURANCE:

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	1,000,000	**Products/Completed Operations Aggregate**
	1,000,000	**General Aggregate**
COVERAGE A - Bodily Injury and Property Damage Liability	1,000,000	**any one occurrence** subject to the Products/ Completed Operations and the General Aggregate Limits
COVERAGE B - Personal and Advertising Injury Liability	1,000,000	**any one person or organization** subject to the General Aggregate Limit of Liability
RETAINED LIMIT	5,000	**any one occurrence or offense**

6. SCHEDULE OF UNDERLYING INSURANCE:

POLICY	LIMITS (000 omitted)	COVERAGE	COMPANY
SEE ENDORSEMENT CG D0 23 04 96			

7. On the effective date shown in Item 3, the Commercial Excess Liability (Umbrella) Insurance Policy numbered above includes this Declarations Page and the Policy Jacket (Form UM 00 76 which contains the Nuclear Energy Liability Exclusion) and any endorsements listed hereafter:

SEE END. IL T8 01 01 01

NAME AND ADDRESS OF AGENT OR BROKER:
JOHN J WALSH INC-SALEM 02897
PO BOX 4407

SALEM MA 01970-6407

COUNTERSIGNED BY:

_____
Authorized Representative

DATE: _____

CG T0 14 04 96
OFFICE: HUDSON

POLICY NUMBER: CUP-0036T870-18-42

EFFECTIVE DATE: 10/06/2018

ISSUE DATE: 10/12/2018

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

CG T0 14 04 96	POLICY DECLARATIONS COMMERCIAL EXCESS LIABILITY UMBRELLA
IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS

UMBRELLA / EXCESS

CG D0 23 04 96	SCHEDULE OF UNDERLYING INSURANCE
UM 00 01 11 03	COMMERCIAL EXCESS LIABILITY UMBRELLA INSURANCE
UM 03 59 11 03	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
UM 03 92 11 03	EMPLOYERS LIABILITY - FOLLOWING FORM
UM 04 88 07 08	WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
UM 05 11 01 15	AMEND OF COV B - PERSONAL INJURY AND ADVERTISING INJURY LIABILITY
UM 06 03 11 10	CRISIS MANAGEMENT SERVICES EXPENSES
UM 06 88 03 15	AMEND-FIN INT IN FOREIGN INS ORG - UM
UM 00 94 08 86	AMENDMENT OF COVERAGE - NAMED INSURED
UM 03 07 04 97	EXCESS DIRECTORS AND OFFICERS LIABILITY
UM 00 76 01 86	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENTBROAD FORM
UM 01 91 01 02	WAR EXCLUSION
UM 01 96 07 96	EXCLUSION - ASBESTOS
UM 03 04 02 97	EXCLUSION - LEAD
UM 03 64 01 02	FUNGI OR BACTERIA EXCLUSION
UM 04 15 10 11	EXCLUSION - UNSOLICITED COMMUNICATIONS
UM 04 84 07 08	AMENDMENT OF WATERCRAFT OR AIRCRAFT EXCLUSION
UM 04 90 07 08	AUTO LIABILITY EXCLUSION - LIMITED FOLLOWING FORM
UM 05 30 03 09	EXCLUSION - DISCRIMINATION
UM 06 09 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
UM 06 45 08 13	EXCLUSION - LIQUOR LEGAL LIABILITY - EXCEPTION FOR SCHEDULED PREMISES OR ACTIVITIES
UM 06 50 01 15	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
UM 03 65 11 03	MA MANDATORY ENDORSEMENT
UM 03 98 11 11	AMENDMENT OF COVERAGE - PROPERTY DAMAGE

INTERLINE ENDORSEMENTS

IL T3 68 01 15	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
IL T4 14 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

POLICY HOLDER NOTICES

PN U1 19 01 15	POLICYHOLDER NOTICE - DATA LIABILITY UMBRELLA
PN U2 41 01 16	NOTICE OF CHANGE IN POLICY TERMS - EXCLUSION - DISCRIMINATION UM 05 30 03 09
PN U1 37 06 14	NOTICE OF CHANGE IN POLICY TERMS - AUTO LIAB EXCL - LTD FOLLOW FORM UM 04 90 07 08

POLICY NUMBER: CUP-0036T870-18-42 ISSUE DATE: 10/12/2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE

Item 6 of the Declarations to include:

POLICY	LIMITS (000 OMITTED)		COVERAGE	COMPANY
680-000036T593-18	1,000	EACH OCCURRENCE	GENERAL LIABILITY	PHX
	2,000	GENERAL AGGREGATE		
	2,000	PROD/COMP OPS AGG		

The policies shown above are issued in one or more of the Travelers Companies. The above company(s) translates as follows:

PHX THE PHOENIX INSURANCE COMPANY

"(If you have any employee exposure in the State of New York, the Employers Liability Limits are applicable only to bodily injury to your "non-subject employees" as defined under Rule VIII - Limits of Liability, A.2., of the WC/EL Manual of the State of New York)"

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – LIQUOR LEGAL LIABILITY – EXCEPTION FOR SCHEDULED PREMISES OR ACTIVITIES

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE

SCHEDULE OF PREMISES OR ACTIVITIES

Description of Premises or Activities:

ALL ACTIVITIES WHICH DO NOT GENERATE REVENUE TO ANY INSURED

PROVISIONS

The following replaces Exclusion **o.** , **Liquor Legal Liability**, in Paragraph **3.** of **SECTION I – COVERAGES – COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY; and COVERAGE B. PERSONAL INJURY AND ADVERTISING INJURY LIABILITY.**:

o. Liquor Legal Liability

"Bodily injury" or "property damage" for which any insured may be held liable by reason of:

(1) Causing or contributing to the intoxication of any person, including causing or contributing to the intoxication of any person because alcoholic beverages were permitted to be brought on your premises, for consumption on your premises;

(2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or

(3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies only if you:

(1) Manufacture, sell or distribute alcoholic beverages;

(2) Serve or furnish alcoholic beverages for a charge whether or not such activity:

(a) Requires a license;

(b) Is for the purpose of financial gain or livelihood;

(3) Serve or furnish alcoholic beverages without a charge, if a license is required for such activity; or

(4) Permit any person to bring any alcoholic beverages on your premises, for consumption on your premises.

This exclusion does not apply to "bodily injury" or "property damage" arising out of:

(i) The selling, serving or furnishing of alcoholic beverages at any specified activities described in the Schedule Of Premises Or Activities; or

(ii) Permitting any person to bring any alcoholic beverages on any premises described in the Schedule Of Premises Or Activities, for consumption on any premises described in the Schedule Of Premises Or Activities.

OVERPRINT

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ISSUE DATE: 10/12/2018
RATER: EP

EFFECTIVE DATE: 10/06/2018
EXPIRATION DATE: 10/06/2019

INSURED'S NAME: HARBORSIDE CONDOMINIUM TRUST

New/Renewal: R
Solicitor Code:
SAI: 4643J7071
MSI: I
Rating Mode: G

Special Code: SM
Program Code: 10D
Paymode: L
Audit Frequency: N
Responsibility: I
Situs State: MA

Watch File:
Survey Code: 2
Reinsurance: N
DOWNSTREAM
Pro Rata Factor: 1.000

PREMIUM SUMMARY

S.B.	ACCT. MO.	EFF. DATE	PREMIUM .1500	TOTAL
D	10/18	10/06/2018	4,428.00	4,428.00
			4,428.00	4,428.00

PREMIUM SPLIT BY LINE:

Auto	
G.L. Other	4,428
Products	
Malpractice	

OFFICE: HUDSON 126
PRODUCER NAME: JOHN J WALSH INC-SALEM 02897