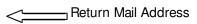
The Main Street America Group 55 West Street Keene, NH 03431



BEAUCATCHER HOUSE CONDOMINIUM OWNERS ASS PO BOX 26844 CHARLOTTE NC 28221-6844

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#### **POLICYWRITING INDEX**

NGM INSURANCE COMPANY

INSURED ID	POLICY NUMBER	PREVIOUS POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
1505176	CUG0089R	CUG0089R	12-01-2018	12-01-2019

BEAUCATCHER HOUSE CONDOMINIUM NAMED INSURED MISCELLANEOUS INFORMATION TRANSACTION INFORMATION BILL TYPE DIRECT TRANS. TYPE RENEWAL ISSUE **BILL PLAN** TRANS. SEQ. # 001 OPERATOR I.D. VANDERSON DATE PROCESSED 10-09-2018 U/W I.D. 12-01-18 TRANS. DATE ENDORSEMENT # PROGRAM CODE SIC CODE OFFICE CODE OFFICE NAME CANC/REIN REASON WORK PHONE # OTHER PHONE # NAME OF CONTACT LINE OF BUSINESS/ COMMISSIONS: **LINE OF BUSINESS COMMISSION %** UMBRELLA FULL ANNUAL PREMIUM \$ 1,142.00 \$ **BILLED PREMIUM** 1,142.00 NAMED INSURED MAILING ADDRESS AGENT INFORMATION CODE 320761 BEAUCATCHER HOUSE CONDOMINIUM LITAKER INSURANCE OWNERS ASSOCIATION, INC. PO BOX 26844 PO BOX 221129 CHARLOTTE NC 28221-6844 CHARLOTTE NC 28222 ASSEMBLY INFORMATION STAMPS/STICKERS SPECIAL INSTRUCTIONS MAILING INSTRUCTIONS

#### **POLICYWRITING INDEX**

INSURED ID	POLICY NUMBER	PREVIOUS POLICY NUMBER	EFFECTIVE DATE - E	EXPIRATION DATE
1505176	CUG0089R	CUG0089R	12-01-2018	12-01-2019

#### COMPUTER PRODUCED FORMS

64-8162 01-15 POLICYHOLDER DISCL. NOTICE - TERRORISM

CO-DEC 07-01 COMMON POLICY DECLARATIONS

CU-DEC 09-00 COMMERCIAL UMBRELLA LIABILITY DEC UM 0041 04-00 COMM UMBRELLA LIAB SUPPL SCHEDULE

64-5960 10-06 PRIVACY NOTICE

NI-SCHED 01-97 SCHEDULE OF NAMED INSURED(S)

FORM-SCHED 01-97 SCHEDULE OF FORMS AND ENDORSEMENTS

60-7195 02-14 NGM PARTICIPATION CLAUSE

Policy Number: CUG0089R

#### Named Insured:

Beaucatcher House Condominium Owners Association,

PO BOX 26844 CHARLOTTE, NC 28221-6844

Re: Terrorism Risk Insurance Program Reauthorization Act of 2015

Dear Policyholder,

On January 26, 2015 the President signed into law the Terrorism Risk Insurance Program Reauthorization Act of 2015. This updated the original 2002 program, the 2005 extension and the 2007 reauthorization, and continues the reauthorization of the act through 2020. Please note that you do not need to do anything regarding this coverage – it is provided to you at no additional cost.

On the reverse side of this notice is a Policyholder Disclosure Notice of Terrorism Insurance, which provides essential information regarding the changes to the act and refers to the premium charged for this coverage.

If there are any questions regarding the Terrorism Risk Insurance Program Reauthorization Act of 2015 or your coverage under the Act contact your independent agent.

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

This Notice has been prepared in conjunction with the implementation of changes related to coverage of terrorism under your policy. Coverage for acts of terrorism, as defined, is included in your policy at no additional cost (\$00.00 additional premium), and does not include any charges for the portion of losses covered by the United States government under the Act.

This Notice does **not** form a part of your insurance contract. The Notice is designed to alert you to revised provisions in the terrorism endorsement in this policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

Carefully read your policy, including the endorsements attached to your policy.

# CHANGE IN THE DEFINITION OF CERTIFIED ACTS OF TERRORISM AND INFORMATION ON LIMITATIONS ON FEDERAL AND INSURER LIABILITY

Under the federal Terrorism Risk Insurance Program Reauthorization Act of 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been 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. Therefore, coverage for "certified acts of terrorism" now encompasses, for example, an act committed against the United States government by a United States citizen, when the act is determined by the federal government to be a "certified act of terrorism" under the terms of the federal Terrorism Risk Insurance Program. Coverage is subject to all policy exclusions (for example, nuclear hazard and war exclusions) and other policy provisions.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The government may participate in paying for some of the losses from a "certified act of terrorism". 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. Further, this coverage is subject to a limit on our liability pursuant to the federal law, that is, 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. 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.

Refer to the terrorism endorsement for the definition of "certified acts of terrorism." Refer to the endorsement, and to the rest of the insurance contract, for provisions that govern coverage for, or that exclude coverage for, losses arising from terrorism.

64-8162 01/15 INSURED COPY Page 2 of 2



## Policy Number CUG0089R

#### **COMMON POLICY DECLARATIONS**

RENEWAL OF: CUG0089R

### **NGM INSURANCE COMPANY**

4601 TOUCHTON ROAD EAST, SUITE 3400, JACKSONVILLE, FL 32245-6000

Item 1. Named Insured and Mailing Address	Agent Name and Address	
BEAUCATCHER HOUSE CONDOMINIUM (SEE NAMED INSURED ENDT)	LITAKER INSURANCE	
PO BOX 26844	PO BOX 221129	
CHARLOTTE NC 28221-6844	CHARLOTTE, NC 28222	
	Agent Phone No. (704) 376-9896	
	Agent No. 320761	
<b>Item 2.</b> Policy Period From: 12-01-2018	To: 12-01-2019	
at 12:01 A.M., Standard Tim	ne at your mailing address shown above.	
Item 3. Business Description: RESIDENTIAL CON	NDOMINIUMS - D. (OVER 30 UNITS / BLD	
Form of Business: CORPORATION		
Item 4. In return for the payment of the premium, and s provide the insurance as stated in this policy.	ubject to all the terms of this policy, we agree with you to	
This policy consists of the following coverage parts for whathere is no coverage. This premium may be subject to adj		
Coverage Part(s)	Premium	
Commercial Property Coverage Part	NOT COVERED	
Commercial General Liability Coverage Part NOT COVER		
Crime and Fidelity Coverage Part	NOT COVERED	
Commercial Inland Marine Coverage Part NOT CO		
Commercial Auto (Business or Truckers) Coverage Part NOT COVEREI		
Commercial Garage Coverage Part	NOT COVERED	
COMMERCIAL UMBRELLA COVERAGE PART	\$ 1,142.00	
	Total Policy Premium \$ 1,142.00	
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		
See Schedule of Forms and Endorsements		
Countersigned:		
	D	
Date:	By:Authorized Representative	
	Authorized nepresentative	

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.



Policy Number: CUG0089R Renewal Of: CUG0089R

## **COMMERCIAL LIABILITY UMBRELLA DECLARATIONS NGM INSURANCE COMPANY**

4601 TOUCHTON ROAD EAST, SUITE 3400, JACKSONVILLE, FL 32245-6000

Named Insured and Mailing Address	Agent Name and Address		
BEAUCATCHER HOUSE CONDOMINIUM (SEE NAMED INSURED ENDT) PO BOX 26844 CHARLOTTE NC 28221-6844	LITAKER INSURANCE PO BOX 221129 CHARLOTTE, NC 28222		
	Agent Phone No. (704) 376-9896 Agent No. 320761		
Policy Period From: 12-01-2018 To:	12-01-2019		
at 12:01 A.M., Standard Tir	me at your mailing address shown above.		
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AN AGREE WITH YOU TO PROVIDE THE INSURANCE AS	ID SUBJECT TO ALL THE TERMS OF THIS POLICY, WE STATED IN THIS POLICY.		
DESCRIPTION	ON OF BUSINESS		
FORM OF BUSINESS: CORPORATION			
BUSINESS DESCRIPTION: RESIDENTIAL COND	OMINIUMS - D. (OVER 30 UNITS / BLD		
LIMITS OF INSURANCE			
	2,000,000 2,000,000 Any one person or organization		
	2,000,000 (except with respect to "covered autos")		
SELF INSURED RETENTION	, , , , , , , , , , , , , , , , , , ,		
Sub-total Premium	\$ 1,142.00		
STATE TAX OR OTHER (	if applicable)		
TOTAL PREMIUM (SUBJ (PAYABLE AT INCEPTIC	,		
AUDIT PERIOD (IF APPLICABLE): NOT APPLICABLE			
ENDO	PRSEMENTS		
ENDORSEMENTS ATTACHED TO THIS POLICY:	SEE SCHEDULE OF FORMS AND ENDORSEMENTS		
THESE DECLARATIONS, TOGETHER WITH THE COMPANY ENDORSEMENT(S), COMPLETE THE ABOVE NUM	MON POLICY CONDITIONS AND COVERAGE FORM(S) AND MBERED POLICY.		
Countersigned:			
Date:	By:		

CU DEC 09 00

Copyright, Insurance Services Office, Inc., 2000

Authorized Representative



Policy Number: CUG0089R Renewal Of: CUG0089R

## COMMERCIAL UMBRELLA SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Туре:	MAIN LINE BOP/CONTRACTORS LIABILITY AND MEDICAL EXPENSE	\$ 2,000,000	
	LIABILITY/MEDICAL AGGREGATE LIMIT PRODUCTS/COMPLETED OPERATIONS AGGREGATE	4,000,000 4,000,000	
Insurer: Policy Number: Policy Period:	MAIN STREET AMERICA ASSURANCE COMPANY BPG0089R 12/01/18 - 12/01/19		
Туре:	EMPLOYERS LIABILITY  BODILY INJURY BY ACCIDENT - EACH ACCIDE  BODILY INJURY BY DISEASE - POLICY LIMIT  BODILY INJURY BY DISEASE - EACH EMPLOYE	\$ 1,000,000 1,000,000 1,000,000	
Insurer: Policy Number: Policy Period:	PMA INSURANCE GROUP, 2017010951855Y 12/04/18 - 12/04/19		
Туре:			
Insurer: Policy Number: Policy Period:	-		
Туре:			
Insurer: Policy Number: Policy Period:	-		
<u> </u>			

UM 0041 (04/00)

NGM Insurance Company
Old Dominion Insurance Company
Main Street America Assurance Company
MSA Insurance Company
Grain Dealers Mutual Insurance Company
Great Lakes Casualty Insurance Company
Spring Valley Mutual Insurance Company
Austin Mutual Insurance Company
Main Street America Protection Insurance Company

#### PRIVACY NOTICE

As your insurer, our objective is to professionally serve your insurance needs. We recognize that in providing these services, we have an obligation to safeguard the personal information you entrust to us as well as other information we may collect as part of the insurance transaction.

This notice describes the privacy practices and standards we adopted to protect and ensure the confidentiality of your non-public personal information. All of our insurance companies listed above adhere to these practices and standards.

#### **OUR POLICY**

We do not disclose any non-public personal information about our policyholders or claimants to any third parties except as permitted by law. Any such disclosures are made for the purpose of underwriting and transacting the business of your insurance coverage or your claim. We do not sell or provide your non-public personal information to others for their marketing purposes.

#### THE INFORMATION WE COLLECT

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing lists companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

#### THE INFORMATION WE DISCLOSE

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing list companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

#### HOW WE PROTECT YOUR PERSONAL INFORMATION

We restrict access to non-public personal information about you or about participants and claimants under your insurance policy to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your non-public personal information. Our computer systems are also protected by additional measures intended to prevent unauthorized access.

#### ADDITIONAL INFORMATION

If you would like to receive a copy of our privacy policy please contact us as follows:

Main Street America Group ATT: Privacy Compliance Coordinator 55 West Street Keene, NH 03431

These privacy practices and standards have been put into place to protect your personal information. You will receive a reaffirmation of our privacy practices annually.

64-5960 (10/06)

#### Policy Number CUG0089R

#### SCHEDULE OF NAMED INSURED(S)

#### **NGM INSURANCE COMPANY**

Named Insured BEAUCATCHER HOUSE CONDOMINIUM

Effective Date: 12-01-18

12:01 A.M., Standard Time

Agent Name LITAKER INSURANCE Agent No. 320761

CO-DEC (CONT.)

THE NAMED INSURED ON FORM CO-DEC IS AMENDED TO READ:

BEAUCATCHER HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC.

### Policy Number CUG0089R

#### SCHEDULE OF FORMS AND ENDORSEMENTS

#### **NGM INSURANCE COMPANY**

Named Insured BEAUCATCHER HOUSE CONDOMINIUM Effective Date: 12-01-18

12:01 A.M., Standard Time

Agent Name LITAKER INSURANCE Agent No. 320761

#### COMMON POLICY FORMS AND ENDORSEMENTS

64-8162	01-15	POLICYHOLDER DISCL. NOTICE - TERRORISM
CO-DEC	07-01	COMMON POLICY DECLARATIONS
CU-DEC	09-00	COMMERCIAL UMBRELLA LIABILITY DEC
UM 0041	04 - 00	COMM UMBRELLA LIAB SUPPL SCHEDULE
64-5960	10-06	PRIVACY NOTICE
*IL 00 17	11-98	COMMON POLICY CONDITIONS
*IL 02 69	09-08	NORTH CAROLINA CHANGES-CANC & NONRENL
NI-SCHED	01-97	SCHEDULE OF NAMED INSURED(S)
FORM-SCHED	01-97	SCHEDULE OF FORMS AND ENDORSEMENTS
60-7195	02 - 14	NGM PARTICIPATION CLAUSE

#### UMBRELLA FORMS AND ENDORSEMENTS

*CU 21 86	05-14	EXCL-ACC/DISC OF PI W/ LTD BI EXCEPTION
*64-8736	08-10	ASBESTOS EXCLUSION
*CU 00 01	04 - 13	COMMERCIAL LIAB UMBRELLA COVERAGE FORM
*CU 21 23	02-02	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
*CU 21 27	12-04	FUNGI OR BACTERIA EXCLUSION
*CU 21 30	01-15	CAP ON LOSSES - CERT ACTS OF TERRORISM
*64-N757	11 - 07	WATERCRAFT LIABILITY EXCLUSION

<sup>\*</sup> THESE FORMS ARE PART OF THIS POLICY BUT ARE NOT PRINTED

4601 Touchton Rd. East, Suite 3400 Jacksonville, FL 32246 (800) 207-0457

PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY: No contingent Liability: This policy is nonassessable.

The policyholder is a member of a mutual insurance holding company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

MUTUALS - MEMBERSHIP AND VOTING NOTICE: The insured is notified that by virtue of this policy, he or she is a member of the NGM Insurance Company, mutual insurance holding company, of Jacksonville, Florida. The name of this company is Main Street America Group Mutual Holdings, Inc. (Mutual Holdings). As a member you are entitled to vote either in person or by proxy at any and all meetings of Mutual Holdings. The Annual Meetings are held in its Home Office, starting at 10:30 a.m. on the second Thursday of March, in each year.

Bruce R. Fox Secretary

Thomas M. Van Berkel President

Thomas M. Van Kulet

60-7195 (02/14)