



Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

CONDOMINIUM PAC

CONDO - 1-4 UNITS PER FIRE DIVISION



A Custom Insurance Policy Prepared for:

**SIMBA VILLAGE CONDOMINIUM
1209 CASTLEMAN DR
LONGVIEW WA 98632**

Presented by: INGUARD

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
 CONDOMINIUM PAC
 BUSINESS: CONDO - 1-4 UNI

POLICY NO.: 680-4B454458-22-42
ISSUE DATE: 02/28/2022

INSURING COMPANY:
 TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

SIMBA VILLAGE CONDOMINIUM
 1209 CASTLEMAN DR
 LONGVIEW WA 98632

2. POLICY PERIOD: From 04/10/2022 to 04/10/2023 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
001	001	CONDO 1-4	19503 22ND AVE SE BOTHELL WA 98012

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS Businessowners Coverage Part	INSURING COMPANY ACJ
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5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	2,057.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

INGUARD X2018
 231 W CANAL ST

WABASH IN 46992

COUNTERSIGNED BY:

 Authorized Representative

DATE: 02/28/2022



BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: 680-4B454458-22-42

ISSUE DATE: 02/28/2022

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:
From 04-10-22 to 04-10-23 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CONDO ASSOCIATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
Building Glass: \$ 250 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 1,691,010	RC*	N/A	0.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

POLICY NUMBER: 680-4B454458-22-42

EFFECTIVE DATE: 04/10/2022

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LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

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

* IL T0 25 08 01 RENEWAL CERTIFICATE
* MP T0 01 02 05 BUSINESSOWNERS COVERAGE PART DECLARATIONS
* IL T8 01 01 01 FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 16 05 12 COMMON POLICY CONDITIONS - WASHINGTON

BUSINESSOWNERS

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MP T1 02 02 05 BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T1 03 02 05 AMENDATORY PROVISIONS CONDOMINIUM ASSOCIATION COVERAGE
* MP T3 07 03 97 PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED
LOCATIONS AND RESTAURANTS
MP T3 25 01 21 FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
MP T3 37 02 05 NON-COMPENSATED OFFICERS INCLUDED FOR EMPLOYEE
DISHONESTY
MP T3 50 11 06 EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08 AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS
PERSONAL PROP COV ENHANCEMENTS
MP T4 91 08 06 FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES
- WASHINGTON
* MP T1 71 04 09 BUILDING OWNERS ENDORSEMENT
MP T9 70 03 06 POWER PAC ENDORSEMENT
CP 01 43 10 00 WASHINGTON CHANGES - CONDOMINIUM ADDITIONAL PROVISIONS
* CP 01 60 03 21 WASHINGTON CHANGES - DOMESTIC ABUSE
MP T4 31 07 16 WASHINGTON CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 02 19 TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY
COVERAGE FORM CG T1 00 02 19
CG T1 00 02 19 COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 02 19 EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES -
COMPLETED OPERATIONS
CG D3 09 02 19 AMENDATORY ENDORSEMENT - PRODUCTS-COMPLETED OPERATIONS
HAZARD
* CG D9 10 09 21 AMENDMENT OF INTELLECTUAL PROPERTY EXCLUSION
CG D2 03 12 97 AMEND - NON CUMULATION OF EACH OCC
CG D4 21 07 08 AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11 EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION
LAWS
CG D0 76 06 93 EXCLUSION - LEAD
CG D1 42 02 19 EXCLUSION - DISCRIMINATION

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POLICY NUMBER: 680-4B454458-22-42

EFFECTIVE DATE: 04/10/2022

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COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG 26 26 03 93 WASHINGTON CHANGES - CONDOMINIUMS
CG F2 58 01 08 WASHINGTON CHANGES
CG F2 66 02 19 WASHINGTON CHANGES - EMPLOYMENT-RELATED PRACTICES
EXCLUSION
CG F2 41 05 02 WASHINGTON - FUNGI OR BACTERIA EXCLUSION

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03 LIMITATION WHEN TWO OR MORE POLICIES APPLY

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IL T4 12 03 15 AMNDT COMMON POLICY COND-PROHIBITED COVG
IL T4 14 01 21 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL T4 40 10 20 PROTECTION OF PROPERTY
IL T3 82 05 13 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL 01 23 11 13 WASHINGTON CHANGES - DEFENSE COSTS
IL 01 57 07 02 WASHINGTON CHANGES - ACTUAL CASH VALUE
IL 01 73 07 02 WASHINGTON CHANGES - EXCLUDED CAUSES OF LOSS
IL 01 98 09 08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD
FORM)

POLICY HOLDER NOTICES

* PN T1 94 11 21 IMPORTANT NOTICE - LEAD EXCLUSION
* PN T4 54 01 08 IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND
BROKER COMPENSATION
* PN MP 57 04 17 IMP NOT PROT SAFEGUARDS SPRK AND REST
PN MP 38 01 11 IMPORTANT NOTICE - JURISDICTIONAL INSPECTIONS

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TRAVELERS PROPERTY



TRAVELERS PROPERTY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART

SCHEDULE*

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable
001	001	P-1			

1. The following is added to the:
 BUSINESSOWNERS PROPERTY COVERAGE
 SPECIAL FORM
 BUSINESSOWNERS PROPERTY COVERAGE
 STANDARD FORM

PROTECTIVE SAFEGUARDS

a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

b. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System, including related supervisory services

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations

- (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.

2. The following is added to the EXCLUSION section of:

BUSINESSOWNERS PROPERTY COVERAGE
SPECIAL FORM
BUSINESSOWNERS PROPERTY COVERAGE
STANDARD FORM

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

- a. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
- b. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

"P-9"

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUILDING OWNERS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE

Prem. Loc. No.	Bldg. No.	Prem. Loc. No.	Bldg. No.	Prem. Loc. No.	Bldg. No.	Prem. Loc. No.	Bldg. No.	Prem. Loc. No.	Bldg. No.
001	001								

Schedule of Limits of Insurance under Paragraph **A.2.** of this endorsement:

- \$ 100,000 in any one occurrence at each described premises
- \$ 250,000 in any one occurrence regardless of the number of described premises involved

A. The BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

- 1.** The limit applicable to the **Additional Coverage – Debris Removal**, as referenced in Paragraph **A.6.c.(4)**, is increased from \$25,000 to \$50,000.
- 2.** Paragraph **A.6.k.(6)** is replaced by the following:
 - (6)** The most we will pay for loss under this Additional Coverage for the total of all coverages described in Paragraph **(1)** above in any one occurrence is the amount shown in the above Schedule, at each described premises. But, we will not pay more than the amount shown in the above Schedule, in any one occurrence regardless of the number of described premises involved.
- 3.** The following **Additional Coverages** are added:
 - a. Lessor's Leasehold Interest**
 - (1)** We will pay for the cost of Covered Leasehold Interest you sustain due to the cancellation of lease contracts by your tenants. The cancellation must result from direct physical loss of or damage to your Covered Property at

the premises described in the Schedule above caused by or resulting from a Covered Cause of Loss during the term of the policy.

- (2)** Covered Leasehold Interest:
 - (a)** Means the difference between the:
 - (i)** Rent you were collecting at the described premises prior to the loss; and
 - (ii)** "Rental Value" of the described premises after loss or damage has been repaired or rebuilt; and
 - (b)** Does not mean refunds or rebates of:
 - (i)** Prepaid rent;
 - (ii)** Security or other deposits made by your tenants; or
 - (iii)** Insurance, taxes or other payments made on your behalf by tenants.
- (3)** The most we will pay under this Additional Coverage is the smallest of:
 - (a)** Your Covered Leasehold Interest for the 12 months immediately

following the "Period of Restoration" plus the 60 days of Extended Business Income but ending with the normal expiration date of each cancelled lease; or

- (b) \$25,000 for all Covered Leasehold Interest of all your tenants canceling their leases arising out of an occurrence at a described premises.

b. Tenant Move Back Expenses

- (1) We will reimburse you for expenses you pay for Covered Move Back Costs of your tenants who temporarily vacate a portion of the building at the premises described in the Schedule above. The vacancy must have occurred while the portion of the building rented by your tenant could not be occupied due to direct physical loss of or damage to your Covered Property caused by or resulting from a Covered Cause of Loss during the term of the policy. The move back must take place within 60 days after the portion of the building rented by your tenant has been repaired or rebuilt and is ready for occupancy.
- (2) Covered Move Back Costs means only documented, reasonable and necessary costs of:
 - (a) Packing, insuring and transporting business personal property;
 - (b) Re-establishing electric utility and communication services, less refunds from discontinued services;
 - (c) Assembling and setting up fixtures and equipment; or

- (d) Unpacking and reshelving stock and supplies.

- (3) If your tenants have valid and collectible insurance for Covered Move Back Costs, we will pay only for the amount of Covered Move Back Costs in excess of the amount payable from such other insurance.
- (4) The most we will pay under this Additional Coverage is \$25,000 for the sum of all such expenses arising out of an occurrence at a described premises.

c. Utility Services – Direct Damage

- (1) We will pay for loss of or damage to Covered Property caused by the interruption of services to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to the following property not on the described premises:
 - (a) "Water Supply Services";
 - (b) "Communication Supply Services"; or
 - (c) "Power Supply Services".
 - (2) The most we will pay for loss or damage under this Additional Coverage in any one occurrence is \$10,000 at each described premises.
 - (3) Payments under this Additional Coverage are subject to and not in addition to the applicable Limit of Insurance.
4. The limit applicable to the **Coverage Extension – Ordinance or Law – Increased "Period of Restoration"** is increased by \$50,000.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WASHINGTON CHANGES – DOMESTIC ABUSE

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY

- A.** The following exclusion and related provisions are added to Paragraph **B.2. Exclusions** in the Causes Of Loss Forms and to any Coverage Form or policy to which a Causes Of Loss Form is not attached:
1. We will not pay for loss or damage arising out of any act committed:
 - a. By or at the direction of any insured; and
 - b. With the intent to cause a loss.
 2. However, this exclusion or the Concealment, Misrepresentation Or Fraud Condition will not apply to deny an insured's claim for an otherwise covered property loss if such loss is caused by an act of "domestic abuse" by another insured under the policy, and the insured making claim:
 - a. Files a police report and cooperates with any law enforcement investigation relating to the act of "domestic abuse"; and
 - b. Did not cooperate in or contribute to the creation of the loss.
 3. If we pay a claim pursuant to Paragraph **A.2.**, our payment to the insured is limited to that insured's insurable interest in the property less any payments we first made to a mortgagee or other party with a legal secured interest in the property. In no event will we pay more than the Limit of Insurance.
- B.** The following is added to the **Transfer Of Rights Of Recovery Against Others To Us** Commercial Property Condition:
- If we pay an insured, who is a victim of "domestic abuse", for a loss caused by an act of "domestic abuse", the rights of that insured to recover damages from the perpetrator of the abuse are transferred to us to the extent of our payment. That insured may not waive such rights to recover against the perpetrator of the "domestic abuse".
- C.** As used in this endorsement, "domestic abuse" means:
1. Physical harm, bodily injury, assault or the infliction of fear of imminent physical harm, bodily injury or assault between family or household members or intimate partners;
 2. Sexual assault of one family or household member by another, or of one intimate partner by another;
 3. Stalking, as defined in RCW 9A.46.110 of one family or household member by another or of one intimate partner by another; or
 4. Intentionally, knowingly or recklessly causing damage to property so as to intimidate or attempt to control the behavior of another family or household member or of another intimate partner.
- Family or household member and intimate partner have the same meanings as in RCW 26.50.010.

GENERAL LIABILITY



GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF INTELLECTUAL PROPERTY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following replaces Exclusion **i.**, **Intellectual Property**, in Paragraph **2.** of **SECTION I – COVERAGES – COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY**:

i. Intellectual Property

"Personal and advertising injury" arising out of any actual or alleged infringement or violation of any of the following rights or laws, or any other "personal and advertising injury" alleged in any claim or suit that also alleges any such infringement or violation:

- (1) Copyright;
- (2) Patent;
- (3) Trade dress;
- (4) Trade name;
- (5) Trademark;

(6) Trade secret; or

(7) Other intellectual property rights or laws.

This exclusion applies regardless of whether the allegation of infringement or violation of any of these rights or laws is made by any person or organization making the claim or bringing the suit, by any insured or by any other party to the claim or suit.

This exclusion does not apply to:

- (1) "Advertising injury" arising out of any actual or alleged infringement or violation of another's copyright, "title" or "slogan" in your "advertisement"; or
- (2) Any other "personal and advertising injury" alleged in any claim or "suit" that also alleges any such infringement or violation of another's copyright, "title" or "slogan" in your "advertisement".

POLICYHOLDER NOTICES



POLICYHOLDER NOTICES

IMPORTANT NOTICE – LEAD EXCLUSION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

Your policy contains a Lead exclusion.

IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

IMPORTANT NOTICE

PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS (MP T3 07 03 97)

PLEASE READ THIS NOTICE CAREFULLY.

YOUR POLICY INCLUDES A PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS (MP T3 07 03 97).

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR LOCAL COMPANY REPRESENTATIVE IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND ANY NOTICE YOU RECEIVE FROM US, THE PROVISIONS OF YOUR POLICY PREVAIL.

The Protective Safeguards Endorsement included as part of your policy indicates that the building you own or occupy has an Automatic Sprinkler System or a protective system covering a cooking surface, or both. It is important to understand that, as a building owner or a tenant, you have certain duties as described within the Protective Safeguards Endorsement with respect to any protective device identified in the Protective Safeguards Endorsement schedule. Our obligation to pay for loss or damage caused by or resulting from fire is subject to the terms and conditions of the Protective Safeguards Endorsement.

Please review the terms and conditions of the Protective Safeguards Endorsement carefully.



IMPORTANT INFORMATION FOR MASTER PAC POLICYHOLDERS

Dear Policyholder:

Enclosed is your Travelers Master Pac Renewal Certificate. An asterisk on the Listing of Forms, Endorsements and Schedule Numbers, IL T8 01, indicates forms that are included with this year's renewal. Any forms previously attached to your policy that are not shown on that listing no longer apply.

Please put the Certificate and the attached forms with your policy as soon as possible. If you have misplaced your policy, please contact your agent for a copy.

CHANGE ENDORSEMENT**INSURING COMPANY:**

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Named Insured: SIMBA VILLAGE CONDOMINIUM**Policy Number:** 680-4B454458-22-42**Policy Effective Date:** 04/10/2022**Policy Expiration Date:** 04/10/2023**Issue Date:** 05/11/2022**RETURN Premium \$** -323.00

Effective from 04/10/22 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

On the Businessowners Coverage Part Declarations, the Limit(s) of Insurance is/are changed as follows:

PREM. BLDG. COVERAGE

NO.	NO.		FROM	TO
1	1	BUILDING	\$1691010	\$1405670

Premium Basis and/or Rates are changed. Exposures are changed.

On the Businessowners Coverage Part Declarations, under the Commercial General Liability Coverage-Occurrence Form, the following Limits of Insurance are changed to:

	FROM	TO
General Aggregate (Ex Prod/Comp Ops) Limit	\$2000000	\$1000000
Prod/Comp Ops Aggregate Limit	\$2000000	\$1000000
Personal and Advertising Injury Limit	\$1000000	\$500000
Each Occurrence Limit	\$1000000	\$500000

Your new policy limits include a change in the Aggregate Limit available for losses under your policy. This new Aggregate Limit will apply only to losses which occur after the new limit is effective and prior to the end of the policy period.

NAME AND ADDRESS OF AGENT OR BROKER

INGUARD
231 W CANAL ST

WABASH IN 46992

Countersigned by

Authorized Representative

DATE: 05/11/2022

CHANGE ENDORSEMENT

Policy Number: 680-4B454458-22-42
Policy Effective Date: 04/10/2022
Policy Expiration Date: 04/10/2023
Issue Date: 05/11/2022

The following forms and/or endorsements is/are deleted from the policy:
CP 01 60 03 21

The following forms and/or endorsements is/are included with this change.
These forms are added to the policy or replace forms already existing
on the policy:
IL T0 07 09 87

POLICY NUMBER: 680-4B454458-22-42

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BUSINESSOWNERS

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