PRESENTED BY

ALL SEASONS INS GRP LLC
1001 PARKWAY
SEVIERVILLE, TN 37862

PROPOSED ON 06/05/2026 FOR

CITYVIEW CONDOMINIUMS ASSOC INC
445 W BLOUNT AVE,
KNOXVILLE, TN 37920

On behalf of **ALL SEASONS INS GRP LLC** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **CITYVIEW CONDOMINIUMS ASSOC INC** with the following policy proposal.

https://www.travelers.com/risk-control

https://www.travelers.com/claims

Travelers Risk Control- Our Expertise is Your Advantage

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resources at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

Claim Services

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

Meet your Travelers team

General

Overall Account
Jake Forczek
Account Executive
JFORCZEK@travelers.com
615-660-6001

Policy Services
Keegan Ruth
Operations Account Specialist
KRUTH2@travelers.com
720-216-9910

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

Your policies

Commercial Package Program - Simp. Occ.

Policy Number	Y-630-C9750999-TIL-26
Effective	06/10/2026 – 06/10/2027
Insuring Company	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Automobile

Policy Number	BA-D0955738-26-14-G
Effective	06/10/2026 – 06/10/2027
Insuring Company	FIDELITY AND GUARANTY INSURANCE COMPANY

Umbrella

Policy Number	CUP-D0051577-26-14
Effective	06/10/2026 – 06/10/2027
Insuring Company	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Locations schedule

630 - C9750999 – Commercial Package Program - Simp. Occ.

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	CONDOS	445 W BLOUNT AVE, KNOXVILLE, TN 37920

Policy Number 630-C9750999

Deluxe property coverage part schedule - specific limits - described premises

Insurance applies only to a premises location and building number and to a coverage or type of property for which a Specific Limit of Insurance is shown on schedule.

Co-insurance provision

Coinsurance does not apply to any Building,Personal Property or “Stock” coverage for which a Specific Limit of Insurance applies as shown on schedule.

Valuation provision

Replacement cost (subject to limitations) applies to most types of covered property (See Valuation Loss Condition).

Additional covered property

	LIMITS OF INSURANCE
Personal Property at Undescribed Premises	
At any “exhibition” premises	Not Covered
At any installation premises or temporary storage premises	Not Covered
At any other not owned, leased or regularly operated premises	$25,000
Personal Property in Transit	$25,000

Deluxe property coverage form - additional coverages & coverage extensions

The Limits of Insurance shown in the left column are included in the coverage form and apply unless a Revised Limit of Insurance or Not Covered is shown in the Revised Limits of Insurance column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Accounts Receivable		
At all described premises	$50,000	
In transit or at all undescribed premises	$25,000	
Appurtenant Buildings and Structures	$100,000	
Claim Data Expense	$25,000	
Covered Leasehold Interest – Undamaged Improvements & Betterments		
Lesser of Your Business Personal Property limit or:	$100,000	
Debris Removal (additional amount)	$250,000	
Deferred Payments	$25,000	
Duplicate Electronic Data Processing Data and Media	$50,000	
Electronic Data Processing Data and Media		
At all described premises	$50,000	
Employee Tools		
In any one occurrence	$25,000	
Any one item	$2,500	
Expediting Expenses	$25,000	
Extra Expense	$25,000	
Fine Arts		
At all described premises	$50,000	
In transit	$25,000	
Fire Department Service Charge	Included*	
Fire Protective Equipment Discharge	Included*	
Green Building Alternatives – Increased Cost		
Percentage 1%		
Maximum amount – each building	$100,000	
Green Building Reengineering and Recertification Expense	$25,000	
Limited Coverage for Fungus, Wet Rot or Dry Rot – Annual Aggregate	$25,000	
Loss of Master Key	$25,000	
Newly Constructed or Acquired Property		
Buildings - each	$2,000,000	
Personal Property at each premises	$1,000,000	

*Included means included in applicable Covered Property Limit of Insurance

Deluxe property coverage form - additional coverages & coverage extensions

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Non-Owned Detached Trailers	$25,000	
Ordinance or Law Coverage	$250,000	
Outdoor Property	$25,000	
Any one tree, shrub or plant	$2,500	
Outside Signs		
At all described premises	$100,000	
At all undescribed premises	$5,000	
Personal Effects	$25,000	
Personal Property At Premises Outside of the Coverage Territory	$50,000	
Personal Property In Transit Outside of the Coverage Territory	$25,000	
Pollutant Cleanup and Removal – Annual Aggregate	$100,000	
Preservation of Property		
Expenses to move and temporarily store property	$250,000	
Direct loss or damage to moved property	Included*	
Reward Coverage		
25% of covered loss up to a maximum of:	$25,000	
Stored Water	$25,000	
Theft Damage to Rented Property	Included*	
Undamaged Parts of Stock in Process	$50,000	
Valuable Papers and Records – Cost of Research		
At all described premises	$50,000	
In transit or at all undescribed premises	$25,000	
Water or Other Substance Loss – Tear Out and Replacement Expense	Included*	

*Included means included in applicable Covered Property Limit of Insurance

Deluxe business income (and extra expense) coverage form - described premises

PREMISES LOCATION NO.	BUILDING NO.	LIMITS OF INSURANCE
1	1	See Schedule

Rental Value: Included

Ordinary Payroll: Included

Deluxe business income - additional coverages and coverage extensions

The Limits of Insurance, Coverage Period and Coverage Radius shown in the left column are included in the coverage form and apply unless a revised Limit of Insurance, Coverage Period, Coverage Radius or Not Covered is shown under the column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS	REVISED LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS
Business Income from Dependent Property		
At Premises Within the Coverage Territory	$100,000	
At Premises Outside of the Coverage Territory	$100,000	
Civil Authority		
Coverage Period	30 days	
Coverage Radius	100 miles	
Claim Data Expense	$25,000	
Contract Penalties	$25,000	
Extended Business Income		
Coverage Period	180 days	
Fungus, Wet Rot or Dry Rot – Amended Period of Restoration		
Coverage Period	30 days	
Green Building Alternatives – Increased Period of Restoration		
Coverage Period	30 days	
Ingress or Egress	$25,000	
Coverage Radius	1 mile	
Newly Acquired Locations	$500,000	
Ordinance or Law - Increased Period of Restoration	$250,000	
Pollutant Cleanup and Removal – Annual Aggregate	$25,000	
Transit Business Income	$25,000	
Undescribed Premises	$25,000	

Causes of loss – Earthquake – aggregate in any one policy year, for all losses covered under the Causes of loss – Earthquake endorsement, commencing with the inception date of this policy:

			AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01		$10,000,000

If more than one Annual Aggregate Limit applies in any one occurrence, the most we will pay is the highest involved Annual Aggregate Limit. The most we will pay during each annual period is the highest of the Annual Aggregate Limits shown.

Causes of loss – equipment breakdown DX T3 19

The insurance provided for loss or damage caused by or resulting from Equipment Breakdown is included in, and does not increase the Covered Property, Business Income, Extra Expense, and/or other coverage Limits of Insurance that otherwise apply under this Coverage Part.

COVERAGE EXTENSION:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Spoilage	$25,000	

LIMITATIONS:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Ammonia Contamination	$25,000	
Hazardous Substance	$25,000	

All Coverage Property Damage Deductible

Direct Damage to Covered Property	$10,000

Business Income & Extra Expense

Business Income and Extra Expense loss or expense caused by physical damage to covered property	72 Hours

Electronic Vandalism Limitation Endorsement DX T3 98

ELECTRONIC VANDALISM	LIMIT OF INSURANCE
Aggregate in any 12 month period of this policy:	$10,000

Crime Additional Coverages DX T4 15

CRIME ADDITIONAL COVERAGE	DEDUCTIBLE *	LIMIT OF INSURANCE
Employee Theft:	$1,000	$10,000
Forgery or Alteration:	$1,000	$25,000
Theft, Disappearance and Destruction: Inside Premises	$1,000	$20,000
Theft, Disappearance and Destruction: Outside Premises	$1,000	$10,000
Money Orders and Counterfeit Paper Currency:	$1,000	$25,000

* If no deductible is shown, the Deductible that otherwise applies to loss under the Deluxe Property Coverage Form shall apply.
Employee Benefit Plans, if any, included as Insured under the Employee Theft Crime Additional Benefit Coverage:

DELUXE ORDINANCE OR LAW COVERAGE DX T3 39

LOC #	BLDG #	COVERAGE A LOSS TO THE UNDAMAGED PORTION OF THE BUILDING	COVERAGE B DEMOLITION COST LIMIT OF INSURANCE	COVERAGE C INCREASED COST OF CONSTRUCTION LIMIT OF INSURANCE	COVERAGE B AND C COMBINED LIMIT OF INSURANCE
		X			$1,000,000

	LIMIT OF INSURANCE
Sewer or Drain Backup Amendment DX T4 45	$1,000,000

Deductibles

By Earthquake

	PERCENTAGE	OCCURENCE
01. in any one occurrence, at the following Building(s) numbered:		
001		
		$50,000

As respects Business Income Coverage a 72 hour deductible applies at all premises locations.

By Windstorm or Hail

At each of the following Building(s) numbered:
001

the following percentage applies:	1%
subject to the following minimum, in any one occurrence:	$250,000

As respects Business Income Coverage a 72 hour deductible applies at all premises locations above.

Business Income

As respects Business Income Coverage, for which no other deductible is stated above or in the coverage description, a 72 hour deductible applies.

Any Other Covered Loss

in any one occurrence:	$10,000

Water Damage Deductible

By loss or damage caused by "water damage" or the accidental discharge or leakage of water or waterborne material as the direct result of the breaking apart or cracking of any water or sewer pipe, including any sprinkler system, on or off the described premises due to freezing, in any one occurrence:	$50,000

Rating Basis

Total Rating Basis	$35,172,183
Building Rate	0.272
Business Personal Property Rate	0.114
Time Element Rate	0.085
Premium for Policy Period	$96,435

Note: The Premium shown above includes the premium charged for Equipment Breakdown coverage. The premium for Equipment Breakdown coverage is $2,492.
If you elect not to purchase Equipment Breakdown coverage, please contact your Account Executive and a revised quote without Equipment Breakdown coverage will be sent to you.

Deluxe Property Coverage Part Schedule – Specific Limits

PREM	BUILDING	DESCRIPTION OF COVERAGE OR PROPERTY	LIMITS OF INSURANCE
1	1	Business Income	$500,000
1	1	Building	$34,172,183
1	1	Your Business Personal Property	$500,000

General Liability coverage premium summary

Policy Number 630-C9750999

Coverage information

COVERAGE		LIMITS
Aggregate Limits of Insurance	General Aggregate (Other than Products-Completed Operations)	$2,000,000
	Products-Completed Operations Aggregate	$2,000,000
Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)	Any One Person or Organization	$1,000,000
Each Occurrence Limit	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	$1,000,000
Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)	Any One Premises	$300,000
Medical Expense Limit (Subject to the Each Occurrence Limit)	Any One Person	$5,000

Non-composite General Liability class code schedule

STATE	LOC/BLDG	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
TN	1/1	48925	SWIMMING POOLS	Prem/Ops.	1	780.471	$780
TN	1/1	62003	CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY)	Prem/Ops.	122	45.48	$5,549

Optional coverage

COVERAGE	LIMIT	PREMIUM
XTEND		Included

Gross Premium $6,329

Employee Benefits Liability(Claims Made Coverage) Premium	$300

Aggregate Limit	$2,000,000
Each Employee Limit	$1,000,000
Deductible	NONE
Retroactive date	6/10/2026

CG T4 81 – Excl – Hazards W/Designated Exposure

boat docks

CG D4 67 – XTEND Endorsement For Service Industries

COVERAGE	
Who Is An Insured	Unnamed Subsidiaries
Who Is An Insured	Employees And Volunteer Workers – Bodily Injury To Co-Employees And Co-Volunteer Workers
Who Is An Insured	Newly Acquired Or Formed Limited Liability Companies
Blanket Additional Insured	Broad Form Vendors
Blanket Additional Insured	Controlling Interest
Blanket Additional Insured	Mortgagees, Assignees, Successors Or Receivers
Blanket Additional Insured	Governmental Entities – Permits Or Authorizations Relating To Premises
Blanket Additional Insured	Governmental Entities – Permits Or Authorizations Relating To Operations
Blanket Additional Insured	Grantors Of Franchises
Incidental Medical Malpractice	
Blanket Waiver Of Subrogation	

Commercial Auto coverage premium summary

Policy Number BA-D0955738

ISO Commercial Auto coverage form

COVERAGE	AUTO SYMBOL	LIMITS
Liability	8 , 9	$1,000,000 any one accident

Amendments

• HIRED NON OWNED LIABILITY		CA T0 03
	ESTIMATED ANNUAL COST OF HIRE:	$1,500

Commercial Auto premium summary

COVERAGE	PREMIUM
Miscellaneous Coverages Premium	$702.00
Gross Premium	$702.00
Taxes and Surcharge	$0.00
Total	**$702.00**

Commercial Automobile:

- This quotation is based on our understanding that all insured drivers have satisfactory driving records. As part of our underwriting review, we may obtain Motor Vehicle Reports.
- UM/UIM – If you wish to have Uninsured/Underinsured Motorist coverage(s) limits which differ from the default limits stated in the individual state election offer forms, you will need to complete a valid election prior to policy issuance. For new business, UM/UIM will be quoted with the limit(s) you requested. At the time of policy issuance, if we have not received the individual state(s) election offer form(s), as applicable, your policy will be issued with the default limits as stated in the individual state election offer form(s). Renewals will be issued as per the expiring UM/UIM limit(s) unless a valid updated election on the state offer form is received or we notify you of a change in the law or the interpretation thereof.

Umbrella coverage premium summary

Policy Number CUP-D0051577

Coverage information and limits

COVERAGE		LIMITS
Aggregate Limits of Liability	General Aggregate Limit (other than Products-Completed Operations)	$3,000,000
	Products-Completed Operations Aggregate Limit	$3,000,000
Occurrence Limit	Occurrence Limit (subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	$3,000,000
Crisis Management Services Expenses Limit	All “crisis management events”	$50,000
Self-Insured Retention	Any one “occurrence”	$10,000

COVERAGES	LIMIT	SELF-INSURED RETENTION	PREMIUM
Umbrella	$3,000,000	$10,000	$5,082.00
		Taxes and Surcharges	$0.00
		TOTAL PREMIUM	**$5,082.00**

Underlying schedule

POLICY NUMBER	COVERAGE	COMPANY		LIMIT
BA - 00D0955738	Auto Liability	SFG	Policy Limit	1,000,000
630 - C9750999	Employee Benefits	TIL	Each Employee Aggregate	1,000,000 2,000,000
630 - C9750999	General Liability	TIL	General Aggregate Products-Completed Ops Aggregate Personal & Advertising Injury Each Occurrence	2,000,000 2,000,000 1,000,000 1,000,000

EU 03 04 - Designated Exposure Exclusion - Coverage B

BOAT DOCKS

BOAT DOCKS

Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is 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.

The Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds $100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed $100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For any Workers Compensation and Employers Liability coverage provided by this policy, the charge for such Insured Losses is an additional premium, which is reflected in any Workers Compensation and Employers Liability premium schedule included in this proposal or, if this proposal does not include such premium schedule, is reflected in a Workers Compensation premium summary included with this proposal. Note: terrorism premium charges listed in any such premium schedule or summary are subject to change at any time based on state regulatory action.

For any coverage provided by this policy, other than any Workers Compensation and Employers Liability coverage, that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for any such coverage is the percentage of the premium for such coverage indicated below and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Note: terrorism premium charges shown below are subject to change at any time based on state regulatory action.

The charge for such Insured Losses (for any coverage other than any Workers Compensation and Employers Liability coverage) is:

- 7% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 3% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 4% of your total Businessowners Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 1% of your total Commercial Inland Marine Coverage Part premium if applicable.
- 1% of your total Boiler and Machinery or Equipment Breakdown Coverage Part if applicable.
- 1% of your total premium for any Commercial Liability Coverage included in this policy that is subject to the Federal Terrorism Risk Insurance Act of 2002 as amended.
- 1% of your total premium for any Commercial Ocean Marine Coverage Part premium if applicable.

Designated Cities are:			
Albuquerque, NM	**El Paso, TX**	**Miami, FL**	**San Antonio, TX**
Atlanta, GA	**Fort Worth, TX**	**Milwaukee, WI**	**San Diego, CA**
Austin, TX	**Fresno, CA**	**Minneapolis, MN**	**San Francisco, CA**
Baltimore, MD	**Honolulu, HI**	**Nashville-Davidson, TN**	**San Jose, CA**
Boston, MA	**Houston, TX**	**New Orleans, LA**	**Seattle, WA**
Charlotte, NC	**Indianapolis, IN**	**New York, NY**	**St. Louis, MO**
Chicago, IL	**Jacksonville, FL**	**Oakland, CA**	**Tucson, AZ**
Cleveland, OH	**Kansas City, MO**	**Oklahoma City, OK**	**Tulsa, OK**
Colorado Springs, CO	**Las Vegas, NV**	**Omaha, NE**	**Virginia Beach, VA**
Columbus, OH	**Long Beach, CA**	**Philadelphia, PA**	**Washington, DC**
Dallas, TX	**Los Angeles, CA**	**Phoenix, AZ**	**Wichita, KS**
Denver, CO	**Memphis, TN**	**Portland, OR**	
Detroit, MI	**Mesa, AZ**	**Sacramento, CA**	

Premium summary

COVERAGE		POLICY NUMBER	PREMIUM
Deluxe		630-C9750999	$96,435
General Liability		630-C9750999	$6,329
Employee Benefits Liability		630-C9750999	$300
Auto		BA-D0955738	$702
Umbrella		CUP-D0051577	$5,082
		Total	**$108,848**

Note: *The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding.*

Payment plan

Direct Bill - 10 Equal

Bill Payment Options can be found at: Travelers.com/AutoPay

Note: The amount of each installment will be reflected on your policy invoicing.

Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote.

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.

Property coverage form index

Policy Number 630-C9750999

Coverage and amendments

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DELUXE PROPERTY COVERAGE FORM	DX T1 00
DELUXE BI (AND EE) COVERAGE FORM	DX T1 01
CAUSES OF LOSS-EQUIPMENT BREAKDOWN	DX T3 19
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DELUXE ORDINANCE OR LAW COVERAGE	DX T3 39
ELECTRONIC VANDALISM LIMIT & OTHER CHANG	DX T3 98
FEDERAL TERRORISM RISK INSURANCE ACT DIS	DX T4 02
CRIME ADDITIONAL COVERAGE	DX T4 15
LIMITED SEWER DRAIN BACK-UP COVERAGE	DX T4 45
DIGITAL ASSETS EXCLUSIONS	DX T5 21

General Liability coverage form index

Policy Number 630-C9750999

Coverage and amendments

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EXCLUSION - LEAD	CG D0 76
EXCLUSION-LEAD	CG D0 76
EXCL-COMMUNICABLE DISEASES	CG D1 09
EXCLUSION - DISCRIMINATION	CG D1 42
AMEND-NON CUMULATION OF EACH OCC	CG D2 03
EXCL-EXTERIOR INSULATION & FINISH SYSTEM	CG D2 04
EXCLUSION - TOBACCO OR NICOTINE	CG D2 26
EXCLUSION -SILICA OR SILICA-RELATED DUST	CG D2 40
FUNGI OR BACTERIA EXCLUSION	CG D2 43
AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS	CG D4 21
XTEND ENDORSEMENT FOR SERVICE INDUSTRIES	CG D4 67
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18
EXCL-PROFESSIONAL REAL ESTATE SERVICES	CG D6 35
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 48
TENNESSEE CHANGES - EBL	CG F8 98
COMM'L GENERAL LIABILITY DEC	CG T0 01
DECLARATIONS PREMIUM SCHEDULE	CG T0 07
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09
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Package common coverage form index

Policy Number 630-C9750999

630 Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21
COMMON DEC	IL T0 02
LOCATION SCHEDULE	IL T0 03
ACTUAL CASH VALUE	IL T0 63
COMMON POLICY CONDITIONS-DELUXE	IL T3 18
EXCL-DESIGNATED PERSONS OR ORGANIZATIONS	IL T3 45
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14
ADDITIONAL BENEFITS	IL T4 27
PROTECTION OF PROPERTY	IL T4 40
TN CHANGES-CANCELLATION AND NONRENEWAL	IL T9 38
FLOOD POLICYHOLDER NOTICE	PN T0 53
JURISDICTIONAL INSP & CONTACT INFO REQ	PN T1 89
IMPORTANT NOTICE - LEAD EXCLUSION	PN T1 94
IMP NOTICE-AGENT & BROKER COMPENSATION	PN T4 54

Policy Number BA-D0955738

Coverage and amendments

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POLICY COVER	AUNN2I16
AUTO PREMIUM SUMMARY	AUNN3C17
BUSINESS AUTO COVERAGE FORM	CA 00 01
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EMPLOYEE HIRED AUTOS	CA 20 54
TENNESSEE EXCEPTION - LOSS PAYABLE CLAUSE	CA F0 73
SHORT TERM HIRED AUTO - ADDITIONAL INSURED AND LOSS PAYEE - TENNESSEE	CA F1 32
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 1 AND 2)	CA T0 01
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Umbrella coverage form index

Policy Number CUP-D0051577

Coverage and amendments

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Commission summary

COVERAGE		POLICY NUMBER	COMMISSION
Deluxe		630-C9750999	15.00 %
General Liability		630-C9750999	15.00 %
Employee Benefits Liability		630-C9750999	15.00 %
Auto		BA-D0955738	15.00 %
Umbrella		CUP-D0051577	15.00 %

Note: *It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.*

* Commission percentage displayed does not apply to any North Carolina Reinsurance Facility loss recoupment surcharge amounts included in the liability premium of the Commercial Auto Policy, if applicable.

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