

A Member of the Tokio Marine Group

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Philadelphia Indemnity Insurance Company A Stock Company (Nonparticipating) COMMON POLICY DECLARATIONS

Policy Number: PHPK2710073-000

Named Insured and Mailing Address: Cottage Park Villas Homes Association PO Box 15 Gardner, KS 66030-0015 Producer: 129498 B&A HOA Book 6000 American Pkwy Madison, WI 53777

(608)242-4100

Policy Period From: 04/30/2025 **To:** 04/30/2026 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Homeowners Association

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 POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part

Commercial General Liability Coverage Part

493.00

PREMIUM

Commercial Crime Coverage Part

Commercial Inland Marine Coverage Part

Commercial Auto Coverage Part

Businessowners

Directors and Officers FlexiPlus

277.00

Hired Auto

Total \$ 770.00

Total Includes Federal Terrorism Risk Insurance Act Coverage

1.00

CPD-PIIC-KS (03/21)

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FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE Refer To Forms Schedule

 $^*Omits applicable\ Forms \ and\ Endorsements \ if\ shown\ in\ specific\ Coverage\ Part/Coverage\ Form\ Declarations$

Secretary

President and CEO

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2710073-000

Agent # 129498

$oxtimes$ Se $^{\circ}$	e Supp	lemental	Sched	lule
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LIMITS OF IN	ISURANCE	
\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: ASSOCIATION

Business Description: Homeowners Association

Location of All Premises You Own, Rent or Occupy: SEE SCHEDULE ATTACHED

AUDIT PERIOD, **ANNUAL**, **UNLESS OTHERWISE STATED**: This policy is not subject to premium audit.

			Ra	tes	Advance Premiums		
Classifications	Code No.	Premium Basis	Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.	
SEE SCHEDULE	ATTACHED						
	TAL PREMIUM FO	AR THIS COVER	ACE DADT.		\$ 493.00	\$	

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE		
FORM (S) AND ENDORSEMEN	IT (S) APPLICABLE TO	THIS COVERAGE PART: Refer To Forms Schedule
	Countersignature Date	Authorized Representative

Philadelphia Indemnity Insurance Company COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2710073-000

Agent # 129498

		Premium		Ra Prem./	ates Prod./	Advance Prem./	Advance Premiums Prem./ Prod./	
Classifications	Code No.	Basis		Ops.	Comp. Ops.	Ops.	Comp. Ops.	
KS PREM NO. 001								
TOWNHOUSES	68500	17	4	1.789	INCL	312	INC	
		UNIT						
PROD/COMP OP SUBJ TO								
GEN AGG LIMIT								
KS HIRED AND NON OWNED AUTO						150		
HIRED AND NON OWNED ACTO						130		
KS								
LIABILITY DELUXE	44444					31		