



PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
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PHLY.com

Philadelphia Indemnity Insurance Company COMMON POLICY DECLARATIONS

Policy Number: PHPK2134672

Named Insured and Mailing Address:

Riverton Community Association
280 Scottsville W Henrietta Rd
West Henrietta, NY 14586-9530

Producer: 3522

J. D. CHAPMAN AGENCY INC
66 MAIN STREET
MACEDON, NY 14502

Policy Period From: 05/15/2020 **To:** 05/15/2021

(315)986-4062

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.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Businessowners	

Cyber Security Liability End

	Total	\$
Total Includes Fees and Surcharges (See Schedule Attached)		
Total Includes Federal Terrorism Risk Insurance Act Coverage		

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

CPD-PIIC-NY (04/17)

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – Policy

Policy Number: PHPK2134672

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
WHY MyPHLY	0000	WHY MyPHLY?
CSNotice-1	0120	Making Things Easier
BJP-190-1	1298	Commercial Lines Policy Jacket
PI-FEES-NOTICE 1	0619	Notice Late Fee Reinstatement Fee
PP2015	0615	Privacy Policy Notice
CPD-PIIC-NY	0417	Common Policy Declarations
PI LOC SCH 1 NY	0617	Location Schedule
PI FEE SCH 1 NY	0317	Fees and Surcharge Schedule
PI-BELL-1 NY	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0023	0702	Nuclear Energy Liability Exclusion Endorsement
IL0183	0808	New York Changes - Fraud
IL0185	0808	New York Changes - Calculation of Premium
IL0268	0114	New York Changes - Cancellation and Nonrenewal
IL0952	0115	Cap On Losses From Certified Acts Of Terrorism
PI-ACL-001 NY	1218	Absolute Cyber Liability And Electronic Exclusion
PI-TER-DN1	0115	Disclosure Notice Of Terrorism Ins Coverage Rejection

Philadelphia Indemnity Insurance Company

Locations Schedule

Policy Number: PHPK2134672

<u>Prem.</u> <u>No.</u>	<u>Bldg.</u> <u>No.</u>	<u>Address</u>
0001	0001	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0002	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0003	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0004	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0005	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0006	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0007	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0008	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0009	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0010	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530
0001	0011	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530

Philadelphia Indemnity Insurance Company

PI FEE SCH 1 NY 03 17

Fees and Surcharge Schedule

Policy Number: **PHPK2134672**

Policy Term Effective Date: **05/15/2020**
Policy Term Expiration Date: **05/15/2021**

New York Fire Fee

\$

NEW YORK – EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

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

This Notice provides information concerning the following new endorsement, which applies to your new or renewal policy being issued by us:

New York – Exclusion Of Loss Due To Virus Or Bacteria Endorsement CP 01 78 01 07

This endorsement makes an explicit statement regarding a risk that is not covered under your Commercial Property insurance. It points out that there is no coverage under such insurance for loss or damage caused by or resulting from any virus, bacterium or other microorganism that induces or is capable of inducing physical distress, illness or disease. The exclusion in this endorsement applies to all coverages provided by your Commercial Property insurance, including (if any) property damage and business income coverages.

Philadelphia Indemnity Insurance Company

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy Number: PHPK2134672
 Named Insured: Riverton Community Association

See Supplemental Schedule Agent # 3522

BUSINESS DESCRIPTION: Homeowners Association

DESCRIPTION OF PREMISES:

Prem. No.	Bldg No.	Location, Fire Protection/Construction and Occupancy
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SEE SCHEDULE ATTACHED

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of Loss Form (1)	Coinsurance(2)	Deductible
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SEE SCHEDULE ATTACHED

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Agreed Value Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
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SEE SCHEDULE ATTACHED

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity (Fraction)	Maximum Period of Indemnity	Extended Period Indemnity (Days)
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SEE SCHEDULE ATTACHED

DEDUCTIBLE:

SEE SCHEDULE ATTACHED

MORTGAGE HOLDERS:

Refer To Mortgagee/Loss Payee Schedule

FORM(S) AND ENDORSEMENT(S) APPLICABLE TO THIS COVERAGE

PART: Refer To Forms Schedule

TOTAL PREMIUM FOR THIS COVERAGE PART \$

(1) EQ (if shown) = Earthquake (2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

 Countersignature Date

 Authorized Representative

Philadelphia Indemnity Insurance Company
Form Schedule – Property

Policy Number: PHPK2134672

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
CP P 007	0107	NY-Exclusion of Loss Due to Virus or Bacteria
PI CP DS 00 NY	0317	Property Declarations
PI CP SUPP SCH 1 NY	0317	Property Coverage Part Supplemental Schedule
CP0090	0788	Commercial Property Conditions
CP0133	0518	New York Changes
CP0164	1012	New York Changes - Fungus, Wet Rot And Dry Rot
CP0178	0808	New York - Exclusion Of Loss Due To Virus Or Bacteria
PI-PU-3	0198	Redefinition of Building Property

FORMS APPLICABLE TO SPECIFIC PREMISES AND COVERAGES

Form	Edition	Description
PI CP SUPP SCH BLK 1 NY	1218	Property Blanket Schedule
NY PREMS 001 BLDG 001	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 002	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 003	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 004	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 005	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 006	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 007	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 008	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 009	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 010	BUILDING	BUSINESS PERS PROPERTY

Philadelphia Indemnity Insurance Company
Form Schedule – Property

Policy Number: PHPK2134672

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO SPECIFIC PREMISES AND COVERAGES

Form	Edition	Description
CP0010	1012	Building And Personal Property Coverage Form
NY PREMS 001 BLDG 001	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 002	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 003	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 004	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 005	BUILDING	
NY PREMS 001 BLDG 006	BUILDING	
NY PREMS 001 BLDG 007	BUILDING	
NY PREMS 001 BLDG 008	BUILDING	
NY PREMS 001 BLDG 009	BUILDING	
NY PREMS 001 BLDG 010	BUILDING	
CP0030	1012	Business Income (And Extra Expense) Coverage Form
CP1030	1012	Causes Of Loss - Special Form
NY PREMS 001 BLDG 001	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 002	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 003	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 004	BUILDING	BUSINESS PERS PROPERTY
NY PREMS 001 BLDG 005	BUILDING	
NY PREMS 001 BLDG 006	BUILDING	
NY PREMS 001 BLDG 007	BUILDING	
NY PREMS 001 BLDG 008	BUILDING	
NY PREMS 001 BLDG 009	BUILDING	
NY PREMS 001 BLDG 010	BUILDING	
PI-EPE-PU-NY	0107	Elite Property Enhancement: Homeowners Assoc & Planned
PI-NP-007	0401	Loss of Income Due to Workplace Violence

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	001	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 CLUB-CIVIC-BLDG OWN/LEASE-NFP PC 03 FRAME
0001	002	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 PUMP HOUSE PC 03 FRAME

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	001	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	001	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	1,000
0001	002	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	002	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	1,000

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	001	BUILDING	BKT #01	05/15/2021	(X)	
0001	001	BUSINESS PERS PROPERTY	BKT #02	05/15/2021	(X)	(X)
0001	002	BUILDING	BKT #01	05/15/2021	(X)	
0001	002	BUSINESS PERS PROPERTY	BKT #02	05/15/2021	(X)	(X)

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	003	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 WAREHOUSE-MINI WAREHOUSE PC 03 FRAME
0001	004	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 BATH HOUSE PC 03 FRAME

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	003	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	003	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	1,000
0001	004	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	004	BUSINESS PERS PROPERTY	BKT #02	SPECIAL	BKT #02	1,000

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	003	BUILDING	BKT #01	05/15/2021	(X)	
0001	003	BUSINESS PERS PROPERTY	BKT #02	05/15/2021	(X)	(X)
0001	004	BUILDING	BKT #01	05/15/2021	(X)	
0001	004	BUSINESS PERS PROPERTY	BKT #02	05/15/2021	(X)	(X)

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	005	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 FENCES & ARBORS-WOOD PC 03 FRAME
0001	006	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 TENNIS COURTS PC 03 NON-COMBUSTIBLE

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	005	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	006	BUILDING	BKT #01	SPECIAL	BKT #01	1,000

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	005	BUILDING	BKT #01	05/15/2021	(X)	
0001	006	BUILDING	BKT #01	05/15/2021	(X)	

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	007	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 BILLBOARDS & SIGNS-OTHER PC 03 FRAME
0001	008	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 POOL FURNITURE PC 03 FRAME

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	007	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	008	BUILDING	BKT #01	SPECIAL	BKT #01	1,000

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	007	BUILDING	BKT #01	05/15/2021	(X)	
0001	008	BUILDING	BKT #01	05/15/2021	(X)	

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. No.	Bldg. No.	Location, Fire Protection/Construction and Occupancy
0001	009	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 PLAYGROUND PC 03 FRAME
0001	010	280 Scottsville W Henrietta Rd West Henrietta, NY 14586-9530 GROUNDS BUILDING PC 03 FRAME

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
0001	009	BUILDING	BKT #01	SPECIAL	BKT #01	1,000
0001	010	BUILDING	BKT #01	SPECIAL	BKT #01	1,000

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Agreed Value Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
0001	009	BUILDING	BKT #01	05/15/2021	(X)	
0001	010	BUILDING	BKT #01	05/15/2021	(X)	

OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

PI CP SUPP SCH 1 NY 03 17

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

DESCRIPTION OF PREMISES:

Prem. Bldg.
No. No. Location, Fire Protection/Construction and Occupancy

COVERAGES PROVIDED: Insurance at the described premises applies only for coverages for which a limit of insurance is shown or for which an entry is made.

Prem. No.	Bldg. No.	Coverage	Limit of Insurance	Causes of (1) Loss Form	Coinsurance(2)	Deductible
		PROPERTY ELITE				

OPTIONAL COVERAGES:

Prem. No.	Bldg. No.	Coverage	Agreed Value Amount	Expiration Date	Replacement Cost Incl. Stock	Inflation Guard
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OPTIONAL COVERAGES: APPLIES TO BUSINESS INCOME ONLY

Prem. No.	Bldg. No.	Agreed Value Date	Agreed Value Amount	Monthly Limit of Indemnity(Fraction)	Maximum Period of Indemnity	Extended Period of Indemnity (Days)
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Deductible Exceptions:

(1) EQ (if shown) = Earthquake

(2) Coinsurance %, Extra Expense %, Limits on Loss Payment or Value Reporting Form Symbol

(5) 10% or \$5,000 minimum

Philadelphia Indemnity Insurance Company

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Named Insured: Riverton Community Association

Agent # 3522

COMMERCIAL PROPERTY COVERAGE PART – BLANKET LIMIT OF INSURANCE

Blanket No.	Blanket Description	Limit of Insurance	Co-Insurance
001	Building Blanket	\$ 446,710	100%
002	Personal Property Blanket	\$ 49,350	100%

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2134672

Agent# 3522

See Supplemental Schedule

LIMITS OF INSURANCE

\$	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.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$	\$

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

Philadelphia Indemnity Insurance Company

Form Schedule – General Liability

Policy Number: PHPK2134672

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form	Edition	Description
PI CG DS 01 NY	0317	Commercial General Liability Coverage Part Declaration
PI CG SUPP SCH 1 NY	0317	General Liability Supplemental Schedule
CG0001	0413	Commercial General Liability Coverage Form
CG0104	1201	New York Changes - Premium Audit
CG0163	0711	New York Changes-Commercial General Liability Cov Form
CG2002	1185	Additional Insured - Club Members
CG2017	1093	Additional Insured-Townhouse Associations
CG2101	1185	Exclusion - Athletic or Sports Participants
CG2106	0514	Excl-Access/Disclosure-With Ltd Bodily Injury Except
CG2132	0509	Communicable Disease Exclusion
CG2147	1207	Employment-Related Practices Exclusion
CG2150	0989	Amendment of Liquor Liability Exclusion
CG2170	0115	Cap On Losses From Certified Acts Of Terrorism
CG2416	1207	Canoes Or Rowboats
CG2621	1091	NY Changes-Transfer of Duties When Limit is Used Up
CG3344	1205	New York Changes - Binding Arbitration
PI-GL-002	0894	Exclusion - Asbestos Liability
PI-PU-1	0595	Exclusion - Subsidence
PI-SAM-006	0117	Abuse Or Molestation Exclusion

Philadelphia Indemnity Insurance Company

PI CG SUPP SCH 1 NY 03 17

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL SCHEDULE

Policy Number: PHPK2134672

Agent # 3522

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.
NY PREM NO. 001 SWIMMING POOL-NOC PROD/COMP OP SUBJ TO GEN AGG LIMIT	48925	POOL 3	1110.463	INCL	3,361	INCL
NY PREM NO. 001 CLUB-CIVIC-BLDG OWN/LEASE-NFP PROD/COMP OP SUBJ TO GEN AGG LIMIT	41668	AREA 1,200	352.800	INCL	427	INCL
NY PREM NO. 001 RETENTION POND PROD/COMP OP SUBJ TO GEN AGG LIMIT	45524	LAKE/RESRVR 1	1426.450	INCL	1,450	INCL
NY PREM NO. 001 WAREHOUSE-PRIVATE-NFP PROD/COMP OP SUBJ TO GEN AGG LIMIT	68707	AREA 1,500	99.438	INCL	150	INCL
NY PREM NO. 001 TOWNHOUSES PROD/COMP OP SUBJ TO GEN AGG LIMIT	68500	UNIT 715	17.483	INCL	12,613	INCL