

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: **ACP BPHM 2442912068**

Named Insured: **MARINERS VILLAGE CONDOMINIUM UNIT OWNERS ASSOCIATION INC**

Mailing Address: **PO BOX 915
 HARDY, VA 24101-0915**

Agency: **BEVERIDGE INS AGY INC**
 Address: **ROANOKE VA 24018-4418**
 Agency Phone Number: **(540)777-4877**

Policy Period: Effective From **12-15-11** To **12-15-12**
 12:01 AM Standard Time at your principal place of business.

Form of your business entity: **CORPORATION**

Description of your business: **CONDO-RESIDENTIAL**

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

CONTINUATION PROVISION: If we offer to continue your coverage and you or your representative do not accept, this policy will automatically terminate on the expiration date of the current policy period stated above. Failure to pay the required premium when due shall mean that you have not accepted our offer to continue your coverage. This policy will terminate sooner if any portion of the current policy period premium is not paid when due.

RENEWAL POLICY NOTICE: In an effort to keep insurance premiums as low as possible, we have streamlined your renewal policy by not including printed copies of policy forms or endorsements that have not changed from your expiring policies, unless they include variable information that is unique to you. Refer to your prior policies for printed copies of these forms. If you have a need for any form, they are available by request from your agent

FLOOD EXCLUSION: The General Assembly of Virginia mandates we advise you that your property insurance policy does not provide coverage for flood, surface water, waves, tidal water or other overflow of a body of water. You will not have coverage for damage to your property from floods unless you take steps to purchase a separate flood insurance policy. Such a policy, which can also provide contents coverage, may be available from the National Flood Insurance Program. Please contact your agent for information about obtaining flood coverage under the National Flood Insurance Program.

TOTAL POLICY PREMIUM \$ 11,122.00

Previous Policy Number	STATUS	I	
ACP BPHM 2432912068	ENTRY DATE	11-11-11	_____ Countersignature Date

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

SCHEDULE OF NAMED INSUREDS

Policy Number: ACP BPHM 2442912068

From 12-15-11

Policy Period:
To 12-15-12

Named Insured:

MARINERS VILLAGE CONDOMINIUM UNIT OWNERS ASSOCIATION INC

NATIONWIDE MUTUAL INSURANCE COMPANY

MUTUAL COMPANY CONDITIONS ENDORSEMENT

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in States other than the State of Texas)

Because this policy is issued by Nationwide Mutual Insurance Company (the "Company"), the first named insured listed on the declarations page ("named insured") is a member of the Company issuing the policy while this or any other policy issued by the Company is in force. While a member, the named insured is entitled to one vote only – regardless of the number of policies issued to the named insured – either in person or by proxy at meetings of members of the Company.

The annual meeting of members of the Company will be held each year at the Home Office of the Company in Columbus, Ohio, at 10 a.m. on the first Thursday of April. If the Board of Directors of Nationwide Mutual Insurance Company should elect to change the time or place of that meeting, the Company will mail notice of the change to the member's last known address. The Company will mail this notice at least 10 days in advance of the meeting date.

This policy is non-assessable, meaning that the named insured is not subject to any assessment beyond the premiums required for each policy term.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured is entitled to any Dividends which are declared by the Board of Directors of the Company in accordance with law and which are applicable to coverages provided in this policy.

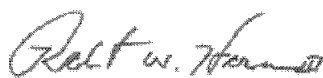
POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

(Applicable Only to Policies Issued by Nationwide Mutual Insurance Company in the State of Texas)

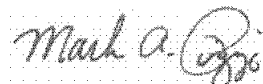
1. MUTUALS – MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote either in person or by proxy in any or all meetings of said Company. Each member is entitled to only one vote regardless of the number of policies owned. The annual meetings of the members of the Company are held in the Home Office, at Columbus, Ohio, on the first Thursday of April, in each year, at 10:00 o'clock a.m.

2. MUTUALS – PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY. No Contingent Liability: This policy is non-assessable. The named insured is a member of the 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.

IN WITNESS WHEREOF: Nationwide Mutual Insurance Company has caused this policy to be signed by its President and Secretary, and countersigned by a duly authorized representative of the Company.



Secretary



President

Nationwide Mutual Insurance Company

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068** Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **001** Construction: **FRAME**
 Premises Address **1103 MARINERS WAY** **HUDDLESTON VA** **24104-3593**
 Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
 Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income-ALS- 12 Months- NOHourWaitingPeriod-60DayOrdinaryPayrollLimit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$150,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$141,382
Virginia (Broad)	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHM2442912068**

From **12-15-11** To **12-15-12**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068** Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **002** Construction: **FRAME**
 Premises Address **1055 MARINERS WAY** **HUDDLESTON VA** **24104-3580**
 Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
 Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income-ALS- 12 Months- NOHourWaitingPeriod-60DayOrdinaryPayrollLimit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.			
Employee Dishonesty \$150,000 Policy Occurrence			INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion			INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction			\$141,382
Virginia (Broad)			NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHM2442912068**

From **12-15-11** To **12-15-12**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **003** Construction: **FRAME**
Premises Address **1019 MARINERS WAY** **HUDDLESTON VA** **24104-4183**
Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$150,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction Virginia (Broad)	\$141,382
	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHM2442912068**

From **12-15-11** To **12-15-12**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **004** Construction: **FRAME**
Premises Address **1137 MARINERS WAY HUDDLESTON VA 24104-3509**
Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit
Account Receivable	\$25,000	\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000	\$25,000
Forgery and Alteration	\$10,000	\$10,000
Money and Securities - Inside the Premises	\$10,000	\$10,000
Outside the Premises (Limited)	\$10,000	\$10,000
Outdoor Signs	\$2,500	\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000	\$10,000
Business Personal Property Away From Premises	\$15,000	\$15,000
Business Personal Property Away From Premises - Transit	\$15,000	\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$150,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction Virginia (Broad)	\$141,382
	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHM2442912068**

From **12-15-11** To **12-15-12**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068** Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **005** Construction: **FRAME**
 Premises Address **1209 MARINERS WAY** **HUDDLESTON VA** **24104-4209**
 Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
 Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income-ALS- 12 Months- NOHourWaiting Period-60DayOrdinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$150,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$141,382
Virginia (Broad)	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHM2442912068**

From **12-15-11** To **12-15-12**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

Description of Premises Number: **001** Building Number: **006** Construction: **FRAME**
Premises Address **1175 MARINERS WAY** **HUDDLESTON VA** **24104-3634**
Occupancy **OL** Classification: **CONDO ASSOC - RESIDENTIAL - MULTIPLE 5+ UNIT BLDGS**
Described as: **CONDO-RESIDENTIAL**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 2,500** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement Cost Extension	\$1,636,400
Business Personal Property -	NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	3%
Automatic Increase in Insurance - Business Personal Property	2.9%
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$150,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$141,382
Virginia (Broad)	NOT PROVIDED

PROTECTIVE SAFEGUARDS

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

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From **12-15-11** To **12-15-12**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL LIABILITY DECLARATIONS

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

COVERAGES

LIMITS OF INSURANCE

Liability and Medical Payments	Per Occurrence	\$2,000,000
Medical Payments Coverage Sub Limit	Per Person	\$5,000
Tenants Property Damage Legal Liability Sub Limit	Per Covered Loss	\$300,000
Personal and Advertising Injury	Per Person Or Organization	\$2,000,000
Products - Completed Operations Aggregate	All Occurrences	\$4,000,000
General Aggregate (Other than Products - Completed Operations)	All Occurrences	\$4,000,000

AUTOMATIC ADDITIONAL INSURED STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises	Included in Liability & Medical Payments Limit
Controlling Interest	Included in Liability & Medical Payments Limit
Grantor of Franchise or License	Included in Liability & Medical Payments Limit
Lessors of Leased Equipment	Included in Liability & Medical Payments Limit
Managers or Lessors of Leased Premises	Included in Liability & Medical Payments Limit
Mortgagee, Assignee or Receiver	Included in Liability & Medical Payments Limit
Owners or Other Interest from Whom Land has been Leased	Included in Liability & Medical Payments Limit
State or Political Subdivisions - Permits Relating to Premises	Included in Liability & Medical Payments Limit

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

NONE PROVIDED

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Number: **ACP BPHM2442912068** From **12-15-11** To **12-15-12** Policy Period:

FORM NUMBER	TITLE
PB1216 0904	VIRGINIA EFFECTIVE TIME CHANGES - REPL AT 12 NOON
PB0002 0411	PREMIER BUSINESSOWNERS PROPERTY COVERAGE FORM
PB0006 0411	PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
PB9045 0411	VIRGINIA AMENDATORY ENDORSEMENT
PB0009 0411	PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS
LI0021 0101	NUCLEAR ENERGY LIABILITY EXCLUSION
PB5422 0406	AMENDMENT - EMPLOYEE DISHONESTY OPTIONAL COVERAGE - CONDOMIN
PB0412 0101	LIMITATION OF COVERAGE TO DESIGNATED PREMISES
PB1701 0411	CONDOMINIUM ASSOCIATION COVERAGE
PB0534 0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM; EXCLUSION -
EN7281 0706	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
PB2999 0411	EXCLUSION - FUNGI OR BACTERIA
PB2998 0908	EXCLUSION - VIOLATION OF CONSUMER PROTECTION STATUTES
PB5403 0411	REPLACEMENT COST EXTENSION- BUILDING

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

Loc /Bldg	Coverage	Limits	Premium
	POLICY WIDE OPTIONAL COVERAGES		
	EMPLOYEE DISHONESTY	150,000	76
01 01	BUILDING	1,636,400	952
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
	ORDINANCE OR LAW - DEMO & BROADENED ICC	141,382	242
	BUILDING TOTAL PREMIUM		1,841
01 02	BUILDING	1,636,400	952
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
	ORDINANCE OR LAW - DEMO & BROADENED ICC	141,382	242
	BUILDING TOTAL PREMIUM		1,841
01 03	BUILDING	1,636,400	952
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
	ORDINANCE OR LAW - DEMO & BROADENED ICC	141,382	242
	BUILDING TOTAL PREMIUM		1,841
01 04	BUILDING	1,636,400	952
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
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	BUILDING TOTAL PREMIUM		1,841
01 05	BUILDING	1,636,400	952
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
	ORDINANCE OR LAW - DEMO & BROADENED ICC	141,382	242
	BUILDING TOTAL PREMIUM		1,841
01 06	BUILDING	1,636,400	952

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHM2442912068**

Policy Period:
From **12-15-11** To **12-15-12**

Loc /Bldg	Coverage	Limits	Premium
	EQUIPMENT BREAKDOWN	INCLUDED	61
	LIABILITY	2,000,000	543
	ORDINANCE OR LAW - LOSS TO UNDAMAGED	INCLUDED	43
	ORDINANCE OR LAW - DEMO & BROADENED ICC	141,382	242
	BUILDING TOTAL PREMIUM		1,841

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.