MATTHEW COOPER 133 W BOSCAWEN ST#6 WINCHESTER VA 22601



OPEQUON CENTER CONDO ASSOCIAT 3052 VALLEY AVENUE SUITE 100 WINCHESTER VA 22601-6478

60627-00-51 01/21/22 02:46:41 6062700510022 001 A8108 AUTOMATIC-RENEWAL

CM057EP2 08

ADDIDIRFLT



Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents electronically and send them to us with just a few clicks. Its the convenient, secure way to submit forms that require your signature. Once this feature is added to your policy, any signature forms listed in your policy declarations with an asterisk (*) will be sent to you via eSign. Future changes to your policy will automatically process via eSign, if eligible.

If you havent signed up for eSign yet, contact your Farmers [®] agent today to get started.



Dear Farmers[®] Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

These changes may require updated insurance coverage for your business.

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review[®] with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto <u>www.mysafetypoint.com</u>, then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.

If you have any questions, please contact your Farmers agent.

Matthew Cooper

Email: mcooper2@farmersagent.com 540-686-7883



STATEMENT

TRUCK INSURANCE EXCHANGE

° OPEQUON CENTER CON	IDO ASSOCIAT		JANUARY 21, 20	122
3052 VALLEY AVENUE			Date	- 22
SUITE 100 WINCHESTER VA 2	2601-6478		68-03-37E	
			Agent's Numbe	er
	e Company will renew your polic indicated is made on or before	y for an additional 12 months term onl	y if 60627-00-5	1
payment of the premium	indicated is made on or before	me renewal date of this notice.	Policy Numbe	r
This Statement Reflect	ha.		47469	
			Loan Number	
Effective Date: 04/0	01/22			
New Business	Reinstatement	Change Of Coverage	Added Coverage	
\$	Previous Balance Owing			
\$	Premium			
\$	Membership, Policy, Reinst	atement, Reissue or Service Fees		
\$	Pro Rata Premium Due			
\$ 20,584.00	Premium For Renewing En	tire Present Coverage From04/	01/22 To 04/01/23	
\$	C			
\$				
\$				
\$				
	Total Charges			
\$				
\$	Payments			
\$	Other Credits			
\$	_ Total Credits			
\$ <u>- NONE -</u>	BALANCE DUE UPON REC	EIPT		
\$	Optional Amount	WE WANT TO BE YOUR FIRST CHOI PERSONAL LINES INSURANCE. IF YO		

IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E PREMIUM WILL BE BILLED. ACCT # F006246620-001-00001.

POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A

DISCOUNT, CONTACT YOUR AGENT TODAY.

\$_____ Refund

State Required Notification:



Important Notice

Subscription Agreement Notice

(Please keep for your records)

By payment of the policy premium, you acknowledge that you have received and read the Truck Insurance Exchange Subscription Agreement (the terms of which are provided below) and that you agree to be bound to all of the terms and conditions of the Subscription Agreement.

Under the Subscription Agreement, you appoint Truck Underwriters Association (the "Association") to act as the attorney-in-fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

We reserve the right to request that you provide us with a signed Subscription Agreement and if you fail to do so, your coverage may be terminated.

Subscription Agreement

For and in consideration of the benefits to be derived therefrom the subscriber covenants and agrees with Truck Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, Truck Underwriters Association, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints Truck Underwriters Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of interinsurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges, and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governors' meetings, agents' commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.

This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.



Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of iformation collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mothers maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	ldentifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

 Information you provide on applications or other forms, such as your social security number, assets, income, and property information;

- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in Information We Collect, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

<u>For 21 Century customers:</u> We are offering you an Opt-Out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

<u>For Bristol West customers</u>: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out or respond to us in any way.

<u>For Farmers customers</u>: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act (CCPA), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at https://www.farmers.com/california-consumer-privacy /.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws?

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC (FFS) or its registered representatives/Agents, visit FINRAs BrokerCheck at <u>www.finrabrokercheck.com</u> or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at <u>www.sipc.org</u>. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at <u>www.msrb.org</u> and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

Important Information About Your Real Estate Policy Renewal

As you review the enclosed renewal policy, please note that we are revising the limit for Sale and Disposal Liability coverage to match the General Liability Occurrence Limit for all Self-Storage policies.

Due to this enhancement, if your policy's General Liability Occurrence Limit exceeds \$500,000, we have increased the Sale and Disposal Liability Limit to match it. The premium charge for increased coverage has been adjusted accordingly. If your policy's Sale and Disposal Liability Limit already matches your General Liability Occurrence Limit, this change will not affect your policy.

This Notice provides a summary of the changes to your policy; it does not reference every change made to your policy, nor is it part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy, its Declarations and its attached endorsements, including *J7146* - *Sale and Disposal Liability Coverage*, for complete information.

Thank you for choosing Farmers for your insurance needs. If you have any questions, please contact your Farmers[®] agent.



Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that the reporting period for any loss or damage caused by windstorm or hail has changed. Your policy now includes endorsement J7493 *Windstorm or Hail Loss Conditions Amendment.*

We require that you report any loss or damage caused by windstorm or hail within one year of the date that the loss or damage occurred for coverage to apply. This change may represent a reduction in coverage on your policy.

This notice provides a summary of the changes to your policy; it is not a part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any questions, please contact your Farmers[®] agent.



Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that the coverage for cosmetic damage to metal exterior building surfaces caused by windstorm or hail has been excluded. Your policy now includes the endorsement:

COSMETIC DAMAGE EXCLUSION ENDORSEMENT

This exclusion represents a reduction in coverage on your policy.

(This exclusion applies only to cosmetic damage. Your policy will continue to cover damage, in accordance with the policy terms and conditions, that impairs the function of these building surfaces.)

This notice is not intended to amend, alter or change any of the terms or conditions of the policy. It is not a substitute for reviewing your policy and the endorsements included with your policy. Please review your policy to better understand the terms and conditions of your coverage.

If you have any questions, please contact your Farmers[®] agent.



COMMON POLICY DECLARATIONS

Named	OPEQUON CENTER CONDO ASSOCIAT	F006246620-001-00001	
Insured		Account No.	Prod. Count
B.S 111	3052 VALLEY AVENUE	68-03-37E	60627-00-51
Mailing Address	SUITE 100 WIN CHESTER, VA 22601-6478	Agent No.	Policy Number
Form of Business	☐ Individual ☐ Joint Venture ☐ Limited Liability Co ☐ Corporation ☐ Partnership X Other Organization	Real Estate	
Policy Period	From 04-01-2022 (not prior to time) To 04-01-2023 12:01 A.M. Standa	applied for) ard time at your mailing address show	n above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification			
Businessowners	\$20,549.00			
Cyber Liability And Data Breach Expense Coverage	\$35.00			
Certified Acts Of Terrorism - See Disclosure Endorsement	Included			
Total (See Additional Fee Information Below)	\$20,584.00			

 Forms Applicable To
 25-9230ED3

 All Coverage Parts:
 56-5430ED1

 IL00030498
 IL00171198

Reminder-Review Your Coverages Additional Conditions - Virginia Calculation Of Premium Common Policy Conditions

Your Agent

Matthew Cooper 133 W Boscawen St#6 Winchester, VA 22601 (540) 686-7883

Countersigned (Date)

By Authorized Representative

Policy Number:60627-00-51

Effective Date: 04-01-2022

Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

• A service fee will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
NewJersey	\$7.00
West Virginia	\$5.00

• A returned payment fee applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

• A late fee will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

• A reinstatement fee of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.



Important Information To Policyholders

If for any reason you would like to contact someone about this policy, please contact your agent. If you have additional questions you may contact us, your insurance company, at the following address and telephone number:

Farmers Insurance Group of Companies

If you have been unable to contact or obtain satisfaction from us or your agent, you may contact the Virginia Bureau of Insurance at:

Bureau of Insurance Box 1157 Richmond, Virginia 23218 From Virginia (800) 552-7945, Out-of-State (804) 371-9741

Written correspondence is preferable so that record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.





DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I								
Terrorism Premium (Certified Acts) \$ 204.00								
Additional information, if any, concerning the terrorism premium:								
SCHEDULE - PART II								
Federal share of terrorism losses <u>80</u> % Year: 20 <u>22</u> (Refer to Paragraph B. in this endorsement)								
Federal share of terrorism losses <u>80</u> % Year: 20 23 (Refer to Paragraph B. in this endorsement)								
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.								

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS - COMMERCIAL REAL ESTATE PREMIER POLICY

Named OPEQUON CENTER CONDO ASSOCIAT

Insured

Mailing 3052 VALLEY AVENUE Address SUITE 100 WIN CHESTER, VA 22601-6478

Policy Number 60627-00-51

🗆 Auditable

Policy
PeriodFrom
To04-01-20221004-01-202312:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part: **Favorable Loss Experience Discount**

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

Your Agent

Matthew Cooper 133 W Boscawen St#6 Winchester, VA 22601 (540) 686-7883

BUILDING

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level and to the individual location (premises) section for coverages and limits specific to the location (premises).

	<u></u>	mits specific to the location (premises).						
Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit) Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense								
	ldg. No.	Covered Premises Address	Mortgagee Name And Address					
001 0	001	3052 Valley Avenue Suite 100 Winchester, VA 22601-2673						
I	I	Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period		
Building Ord	utoma dinano dinano amage ding (atic Increase Amount ce (Broad) - A ce (Broad) - B&C (Demo & ICC) Combined e Exclusion Glass	BV	ERC	\$1,523,500 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100		

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PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS CONTINUED						BUILDING	
for other	covera	verages apply to the described building. Plea ges and extensions applying at the policy leve mits specific to the location (premises).					
Option: Valuatioi	1: /	3V - Blanket Value (see Base Coverage & Extensions ACV - Actual Cash Value; AV - Agreed Value; RC - Reg ERC - Extended RC; FRC- Functional RC; GRC - Guar	lacement	Cost;			
Abbrevia	tion: A	ALS = Actual Loss Sustained; BI = Business Income; B	E = Extra E	Expense			
Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address				
001	002	3050 Valley Avenue Suite 100 Winchester, VA 22601-2673	FIRST BANK ISAOA/ATIMA 112 W KING STREET STRASBURG, VA 22657 LOAN NO. 47469				
		Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period	
Building Building Building	Automa Ordinan Ordinan Damag Suilding		BV	ERC	\$1,356,200 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100	

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PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS CONTINUED						BUILDING	
for other	covera	verages apply to the described building. Plo ges and extensions applying at the policy le mits specific to the location (premises).					
Option: Valuatior	1: /	3V - Blanket Value (see Base Coverage & Extensior ACV - Actual Cash Value; AV - Agreed Value; RC - R RC - Extended RC; FRC- Functional RC; GRC - Gu	eplacement	Cost;			
Abbrevia	tion: A	ALS = Actual Loss Sustained; BI = Business Income	; EE = Extra l	Expense			
Premises Number	Bldg. No.	Covered Premises Address	Mortg	agee Name	And Address		
001	003	3042 Valley Avenue Suite 100 Winchester, VA 22601-2673	FIRST BANK ISAOA/ATIMA 112 W KING STREET STRASBURG, VA 22657 LOAN NO. 51288				
		Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period	
Building Building Building	Automa Ordinan Ordinan Damag Suilding		BV	ERC	\$1,356,200 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100	

PROPER	Y. INLA	ND MARINE AND CRIME COVERAGES AND LIMI	TS CONTI	NUED		BUILDING
The follo for other	wing co covera	verages apply to the described building. Plea ges and extensions applying at the policy lev mits specific to the location (premises).	ise refer t	o the Base		
Option: Valuation Abbrevia	n: A E	BV - Blanket Value (see Base Coverage & Extensions ACV - Actual Cash Value; AV - Agreed Value; RC - Rep ERC - Extended RC; FRC- Functional RC; GRC - Guar ALS = Actual Loss Sustained; BI = Business Income; I	olacement anteed RC	Cost;		
Premises Number	Bldg. No.	Covered Premises Address	Mortg	agee Name	And Address	
001	004	3034 Valley Avenue Suite 100 Winchester, VA 22601-2673				
		Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building Building Building	- Automa Ordinan Ordinan Damag Building		BV	ERC	\$942,000 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100

PROPERI	Y, INLA	ND MARINE AND CRIME COVERAGES AND LIN	ITS CONTI	NUED		BUILDING	
for other	covera	verages apply to the described building. Pl ges and extensions applying at the policy le mits specific to the location (premises).					
Option: Valuation Abbrevia	1: A E	8V - Blanket Value (see Base Coverage & Extension ACV - Actual Cash Value; AV - Agreed Value; RC - R RC - Extended RC; FRC- Functional RC; GRC - Gu ALS = Actual Loss Sustained; BI = Business Income	eplacement aranteed RC	Cost;			
Premises Number	Bldg. No.	Covered Premises Address	Mortga	Mortgagee Name And Address			
001	005	3038 Valley Avenue Suite 100 Winchester, VA 22601-2673					
		Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period	
Building Back Up Of Sewers Or Drains Building - Automatic Increase Amount Building Ordinance (Broad) - B&C (Demo & ICC) Combined Cosmetic Damage Exclusion Batori Building Glass Gass Deductible Buyback			BV	ERC	\$850,700 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100	

PROPER	Y, INLA	ND MARINE AND CRIME COVERAGES AND LIN	AITS CONTI	NUED		BUILDING	
The follo for other	wing co covera	verages apply to the described building. Pl ges and extensions applying at the policy lo mits specific to the location (premises).	ease refer t	o the Base			
Option: Valuation Abbrevia	1: A E	3V - Blanket Value (see Base Coverage & Extension ACV - Actual Cash Value; AV - Agreed Value; RC - R RC - Extended RC; FRC- Functional RC; GRC - Gu ALS = Actual Loss Sustained; BI = Business Income	eplacement aranteed RC	Cost;			
Premises Number	Bldg. No.	Covered Premises Address	Mortga	Mortgagee Name And Address			
001	006	3046 Valley Avenue Suite 100 Winchester, VA 22601-2673					
		Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period	
Coverage Building Back Up Of Sewers Or Drains Building - Automatic Increase Amount Building Ordinance (Broad) - A Building Ordinance (Broad) - B&C (Demo & ICC) Combined Cosmetic Damage Exclusion Exterior Building Glass Glass Deductible Buyback			BV	ERC	\$492,200 \$1,000 8% Included \$319,000 Included Included	\$1,000 \$1,000 None \$100	

Policy Number: 60627-00-51

The following coverages apply to the described location (premises). Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level and to the individual building section for coverages and limits specific to the building.					
Premises Number	Bldg. No.	Covered Premises Address			
001	All	3052 Valley Avenue Suite 100, Winc	hester, VA 22601-2673		
		Coverage	Limit Of Insurance	Deductible / Waiting Period	
		On-Premises	\$25,000	\$1,000	
ebris Remo			25% Of Loss + 25,000		
quipment E			Included	\$1,000	
		- Ammonia Contamination	\$25,000		
• •		- Drying Out Coverage	Included		
		- Expediting Expenses	Included		
		- Hazardous Substances	\$25,000		
		- Water Damage	\$25,000		
ock Replace			\$10,000	None	
-		Lock And Key)	\$100	None	
ersonal Effe			\$2,500	\$1,000	
	-	l Removal Aggregate cords - On-Premises	\$25,000 \$25,000	\$1,000 \$1,000	

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PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) and/or building section for coverages and limits specific to such location (premises) and/or building.

00 See Bldg Section \$1,000 72 Hours - Bl 0 Hours None
72 Hours - BI O Hours
ns - ALS 0 Hours
None
None
\$1,000
None
\$1,000
\$1,000
72 Hours
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Nana
None
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LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit (M) Public Area Square Feet (O) Other:

Covered Premises And Operations

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
3052 Valley Avenue Suite 100 Winchester, VA 22601-2673	Office Buildings	Code 65123	Basis	Exposure	Rate	Premium Included

Coverage	Amount /Date
General Aggregate (Other Than Products & Completed Operations) Products And Completed Operations Aggregate Personal And Advertising Injury Each Occurrence Tenants Liability (Each Occurrence)	\$2,000,000 \$1,000,000 Included \$1,000,000 \$100,000
Medical Expense (Each Person) Pollution Exclusion - Hostile Fire Exception	\$5,000 Included
Directors & Officers Liability - Per Claim Directors & Officers Liability - Aggregate Directors & Officers Liability (Self Insured Retention) Directors & Officers Liability Retroactive Date	\$1,000,000 \$1,000,000 \$1,000 04/01/2020
Per Location General Aggregate Limit	Included

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED

Policy Number: 60627-00-51

Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Notice - No Workers' Compensation Covg
25-8083	Flood Exclusion Insurance Notice - VA
25-9212	VA P /H Notice - D And O
25-9613ED1	Phn - Cosmetic Damage Exclusion
56-6191	Cyber Liability & Data Breach Dec
91-3055	Lender's Loss Payable Endorsement
BP00021299	Businessowners Property Coverage Form
BP00060197	Businessowners Liability Coverage Form
BP00090197	Businessowners Common Policy Conditions
BP04170196	Employment-Related Practices Exclusion
BP04340197	Businessowners Computer Coverage
BP04390196	Abuse Or Molestation Exclusion
BP04550197	Tenants Liability Coverage
BP04630101	VA Ordinance Or Law Covg-Broad
BP05140103	War Liability Exclusion
BP12090101	Virginia Loss Payable
BP17010197	Condominium Association Coverage
E2010-ED3	Conditional Exclusion Of Terrorism
E2042-ED2	Multiple Or Enhanced Damages Exclusion
E3020-ED1	Outdoor Trees, Shrubs And Plants
E3027-ED1	No Covg Certain Computer Related Losses
E3342-ED2	Personal And Advertising Injury Coverage
E3432-ED5	Commercial Real Estate Premier Endsmt
E4009-ED2	Fungi Exclusion
E4297-ED1	D & O Liab Covg Form
E6036-ED1	Lead Poisoning And Contamination Excl
E6278-ED2	Blanket Limits - Building & Bus Property
ILP0510113	VA Earthquake Excl Advisory Notice
IL00210498	Nuclear Energy Liability Exclusion
IL00220587	Eff Time Change - Replacement Of 12 Noon
IL00440690	Virginia Changes - Policy Period
J6300-ED3	Disclosure - Terrorism Risk Ins Act
J6316-ED2	Excl Of Loss Due To Virus Or Bacteria
J6345-ED1	Exclusion - Violation Of Statutes
J6351-ED2	Limited Terrorism Exclusion
J6353-ED2	Change To Limits Of Insurance
J6572-ED1	Business Income & Extra Expense
J6612-ED2	Equipment Breakdown Coverage Endorsement
J6740-ED1	Two Or More Coverage Forms
J6828-ED1	Ltd Covg For Fungi, Wet/Dry Rot
J6849-ED2	Deductible Provisions

Policy Number: 60627-00-51

Policy Forms And Endorsements Attached At Inception

Number	Title
J7110-ED1	Exclusion Confidential Info
J7115-ED1	Excl Asbestos/Silica/Silica-Related Dust
J7122-ED1	Loss Payment - Profit, Overhead & Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7133-ED1	Limited Biohazardous Substance Cov
J7136-ED1	Pollution Exclusion - Expanded Exception
J7138-ED1	Bus Inc & Extra Exp - Partial Slowdown
J7148-ED1	Amendment Of Emp Dishonesty Cvg
J7157-ED1	Damage To Property Exclusion Revised
J7182-ED1	Drone Aircraft Coverage
J7183-ED1	Limitation - Designated Premises/Project
J7230-ED1	Supplementary Payments
J7234-ED1	Addl Insd-Mortg, Assignee Or Receiver
J7493-ED1	Windstorm Or Hail Loss Cond Amendment
J7504-ED1	Cosmetic Damage Exclusion Endorsement
J7507-ED1	Cyber Incident Exclusion
W1173-ED4	Virginia Changes
W2335-ED1	VA Chgs-Volunteer Fire Dept Svc Charge



Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

DECLARATIONS CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

Named OPEQUON CENTER CONDO ASSOCIAT

Policy Number 60627-00-51

Mailing 3052 VALLEY AVENUE Address SUITE 100 WIN CHESTER, VA 22601-6478

 Policy
 From: __04-01-2022 __

 Period
 To: __04-01-2023 __
 12:01 A.M. Standard time at your mailing address shown above.

Retroactive Date: 04/01/2016

Continuity Date: 04/01/2016

Optional Extension Period:

Length of optional extension period:

If no time period is stated, optional extension period coverage is not provided.

Cyber Extortion Hot Line: 1-800-435-7764

Coverage	Limit Of Insurance	Retention/Waiting Period
Aggregate Limit of Liability	\$50,000	
Insuring Agreement A - Information Security & Privacy Liability	\$50,000	\$2,500
Insuring Agreement B - Privacy Breach Response Services	\$50,000/ 5,000 Notified Individuals	\$2,500/ 100 Notified Individuals
Insuring Agreement C - Regulatory Defense & Penalties	\$50,000	\$2,500
Insuring Agreement D - Website Media Content Liability	\$50,000	\$2,500
Insuring Agreement E - PCI Fines, Expenses And Costs	\$10,000	\$2,500
Insuring Agreement F - Cyber Extortion	\$50,000	\$2,500
Insuring Agreement G - First Party Data Protection	\$50,000	\$2,500
Insuring Agreement H - First Party Network Business Interruption Income Loss/Extra Expense Waiting Period	\$50,000	\$2,500 12 hours

Policy Forms And Endorsements Attached At Inception

Number	Title
Number 25-8938 J7155-ED1 W2340-ED1	Title VA P/H Regarding Claims-Made Cyber Liability Coverage Form Cyber Liab - VA Amendatory Endor



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers[®] agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.





CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS PROPERTY COVERAGE FORM BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM CONDOMINIUM PROPERTY COVERAGE FORM

A. Paragraph B. Exclusions is amended as follows:

1. The following exclusion is added:

We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Cyber Incident

- a. Unauthorized access to or use of any computer system (including "electronic data").
- b. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system (including "electronic data") and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system (including "electronic data") or otherwise disrupt its normal functioning or operation.
- c. Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation.

2. Exceptions And Limitations

a. Fire Or Explosion

If a cyber incident as described in Paragraphs **A.1.a.** through **A.1.c.** of this exclusion results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

b. Computer Fraud And Funds Transfer Fraud Coverage

The exclusion in Paragraph **A.1.** does not apply to Computer Fraud And Funds Transfer Fraud Coverage when attached to your policy.

c. Cyber Liability And Data Breach Response Coverage Form

The exclusion in Paragraph **A.1.** does not apply to the Cyber Liability And Data Breach Response Coverage Form when attached to your policy.

d. Social Engineering Coverage

The exclusion in Paragraph **A.1.** does not apply to Social Engineering Coverage when attached to your policy.

3. Vandalism

The following is added to Vandalism:

Vandalism does not include a cyber incident as described in Paragraph A.1.

B. For the purposes of this endorsement, the following definitions apply:

- 1. "Computer" means:
 - a. Programmable electronic equipment that is used to store, retrieve and process data; and

b. Associated peripheral equipment that provides communication, including input and output functions such as printing and auxiliary functions such as data transmission.

"Computer" does not include those used to operate production-type machinery or equipment.

2. "Electronic data" means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a "computer" or device connected to it, which enable the "computer" or device to receive, process, store, retrieve or send data.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



J7493 1st Edition

WINDSTORM OR HAIL LOSS CONDITIONS AMENDMENT

This endorsement modifies insurance provided under the:

APARTMENT OWNERS PROPERTY COVERAGE FORM BUSINESSOWNERS COVERAGE FORM BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM CONDOMINIUM PROPERTY COVERAGE FORM

- **A.** Section **E. Property Loss Conditions** in the Apartment Owners Property Coverage Form, Businessowners Special Property Coverage Form and Condominium Property Coverage Form is amended as follows:
 - 1. Paragraph 3. Duties In The Event Of Loss Or Damage is amended to delete sub-paragraph a.(2) and replace it with the following:
 - (2) Give us prompt notice of the loss or damage. Include a description of the property involved. With respect to any claim for windstorm or hail damage, notice of a claim for such damage must be reported to us within one year after the date of loss or damage. If notice is given to us more than one year after the date of loss or damage, this policy shall not provide coverage for such claims.
- **B.** Paragraph **E. Property Loss Conditions** in **Section I Property** of the Businessowners Coverage Form is amended as follows:
 - 1. Sub-paragraph 3. Duties In The Event Of Loss Or Damage is amended to delete item a.(2) and replace it with the following:
 - (2) Give us prompt notice of the loss or damage. Include a description of the property involved. With respect to any claim for windstorm or hail damage, notice of a claim for such damage must be reported to us within one year after the date of loss or damage. If notice is given to us more than one year after the date of loss or damage, this policy shall not provide coverage for such claims.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.





COSMETIC DAMAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the:

APARTMENT OWNERS PROPERTY COVERAGE FORM CONDOMINIUM PROPERTY COVERAGE FORM BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

SCHEDULE

Premises Number	Building Number
Information required to complete this Schedule, if not	shown above, will be shown in the Declarations.

A. The following provision applies with respect to the building(s) identified in the Schedule above:

We will not pay for "cosmetic damage" caused by windstorm or hail to metal roof surfaces, "metal roof materials", or "metal exterior building surfaces" that are part of the buildings and structures.

- **B.** For purposes of this endorsement, the following definitions apply:
 - **1.** "Cosmetic damage" means:

Marring, pitting or other superficial damage that has altered the exterior appearance of the metal roof surfaces, "metal roof materials", "metal exterior building surfaces", and/or their finishes, caused by windstorm or hail. This includes, but is not limited to, any disfigurement, blemish, discoloration, weathering, stretching, scratching, chipping, cracking, scorching, denting, creasing, gouging, fading, staining, tearing, oxidizing, blistering, or thinning.

- 2. "Metal roof materials" include:
 - **a.** All metal component parts of the roof which are exposed to the weather, including those which extend above the surface of the roof, including, but not limited to all vents, vent caps, turbines and piping;
 - **b.** Any materials that are installed when repairing or replacing "metal roof materials", including, but not limited to, sheathing, decking, and flashing.
- 3. "Metal exterior building surfaces" include:
 - **a.** HVAC unit enclosures, covered parking structures, skylights, flashings, chimney caps, siding, doors, roofs, walls, window frames and gutters.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.