



**NATIONWIDE MUTUAL FIRE INSURANCE COMPANY**  
**ONE NATIONWIDE PLAZA**  
**COLUMBUS, OH 43215-2220**

82770  
**RENEWAL**

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

Policy Number: **ACP GLGO 2323196783**

Named Insured: **161 ST MARGARET STREET HPR**

Address: **89 1/2 WENTWORTH ST  
 CHARLESTON SC 29401-1425**

Agent: **ROBERT S SCHIRMER** 39-82770-001  
 Address: **MT PLEASANT SC 29464** PRODUCER: **ROBERT S SCHIRMER**

Policy Period: From **02/14/10** to **02/14/11** 12:01 A.M. standard time at the address of the named insured as stated herein.

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.

**LIMITS OF INSURANCE**

<b>GENERAL AGGREGATE LIMIT (other than products-completed operations)</b>	\$	<b>2,000,000</b>
<b>PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT</b>	\$	<b>2,000,000</b>
<b>PERSONAL AND ADVERTISING INJURY LIMIT</b>	\$	<b>1,000,000</b>
<b>EACH OCCURRENCE LIMIT</b>	\$	<b>1,000,000</b>
<b>DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)</b>	\$	<b>100,000</b>
<b>MEDICAL EXPENSE LIMIT (any one person)</b>	\$	<b>5,000</b>

Retroactive Date (CG0002 only)

The Named Insured is: **LIMITED LIABILITY CO**  
 Business of the Named Insured is: **DWELLINGS**  
 Audit Period:

**ENDORSEMENTS ATTACHED TO THIS POLICY**

**SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE**

**TOTAL ADVANCE PREMIUM \$ 340.00**

Replacement or  
 Renewal Number **ACP GLGO2313196783**

Countersigned By \_\_\_\_\_  
 Authorized Representative

**GL-D (10-98)**

DIRECT BILL MACH 09351

INSURED COPY

ACP GLGO 2323196783

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