

Replacing **NEW**



**AMERICAN EMPIRE
SURPLUS LINES
INSURANCE COMPANY**

A DELAWARE STOCK COMPANY; ADMINISTRATIVE OFFICES, CINCINNATI, OHIO

**DECLARATIONS
COMMERCIAL
GENERAL LIABILITY POLICY**

Policy No. 9CG51609

Named Insured 38 ASHLEY AVE HPR

Southern Cross Underwriters #340T
20 Wesmark Court
Sumter, SC 29151

Mailing Address C/O JOHN LIBERATOS, 89 1/2 WENTWORTH STREET
CHARLESTON, SC 29401

Policy Period From 09/30/2009 To 09/30/2010 12:01 A.M. Standard Time at your mailing address shown above

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

GENERAL AGGREGATE LIMIT (Other Than Products—Completed Operations)		\$ <u>2,000,000</u>
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT		\$ <u>INCLUDED</u>
PERSONAL AND ADVERTISING INJURY LIMIT	Any One Person Or Organization	\$ <u>1,000,000</u>
EACH OCCURRENCE LIMIT		\$ <u>1,000,000</u>
DAMAGE TO PREMISES RENTED TO YOU LIMIT	Any One Premises	\$ <u>100,000</u>
MEDICAL EXPENSE LIMIT	Any One Person	\$ <u>5,000</u>

Amount and Basis of Deductible \$ NONE per claim for all coverages per attached endorsement.

FORM OF BUSINESS: Individual Partnership Joint Venture Trust Limited Liability Company

Organization, Including A Corporation (But Not Including A Partnership, Joint Venture or Limited Liability Company)

Business Description: CONDOMINIUM ASSOCIATION

Location of All Premises You Own, Rent or Occupy: 38 ASHLEY AVE, CHARLESTON, SC 29401

CLASSIFICATION	CODE NO.	PREMIUM BASIS*	RATES		ADVANCE PREMIUMS	
			PR/CO	ALL OTHER	PR/CO	ALL OTHER
<u>SEE SLO271</u>		<u>This company has been approved by the director or his designee of SC Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.</u>				

The foregoing discloses all hazards insured hereunder known to exist at the effective date of this policy, unless otherwise stated herein.

Premium payable at Inception: \$ 400

STATE TAX: \$24.00

*a) Area c) Total Cost m) Admissions p) Payroll s) Gross Sales u) Units

AUDIT PERIOD: ANNUAL (Unless Otherwise Stated)

FORMS APPLICABLE (Insert No. and Edition Date) SEE SCHEDULE OF FORMS AND ENDORSEMENTS

10/13/09

Date

James E. Mayes, Jr.

Authorized Representative

CERTIFICATE OF INSURANCE

CRC Insurance Services, Inc.
DBA Southern Cross Underwriters
20 Wesmark Court
Sumter, SC 29150

POLICY NUMBER	RENEWAL OF	POLICY PERIOD	CONTRACT NUMBER
9LCC-00059	NEW	9/30/2009 TO 9/30/2010 12:01 A.M. Standard Time	P090568

NAME AND ADDRESS OF THE INSURED

38 Ashley Ave HPR
c/o John Liberatos
89 1/2 Wentworth Street
Charleston, SC 29401

INSURANCE IS EFFECTIVE WITH: PERCENTAGE

UNDERWRITERS AT LLOYD'S, LONDON

100%

COVERAGE BUSINESS DESCRIPTION

Commercial Property

Condo Association

PREMIUM

POLICY PREMIUM \$3,000.00
TRIA PREMIUM \$Not Covered
POLICY FEE \$110.00
TAX \$186.60
TOTAL PREMIUM \$3,296.60

FORMS AND ENDORSEMENTS

SEE FORM SRO-006 (01/03)

PRODUCER

Atlantic Shield Insurance Group
PO Box 2336
Mt. Pleasant, SC 29465

10/13/2009
Countersigned Date

James E. Mayer, Jr.
Countersigned By

SRO-001 SC (11/08)

This company has been approved by the director or his designee of SC Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

COMMERCIAL PROPERTY COVERAGE PART DECLARATION PAGE

POLICY NO. 9LCC-00059 **EFFECTIVE DATE:** 9/30/2009

NAMED INSURED: 38 Ashley Ave HPR

DESCRIPTION OF PREMISES					
LOC. NO.	BLDG NO.	LOCATION (STREET, CITY, STATE, ZIP)	CONSTRUCTION	AND	OCCUPANCY
1	1	38 Ashley Avenue, Charleston, SC 29401	Frame		Condo Association

COVERAGES PROVIDED INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN

LOC. NO.	BLDG. NO.	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	VALUATION	COIN-SURANCE**	RATES	PREMIUM
1	1	Building	400,000	Special	RCV	80%	0.750	3,000

**IF EXTRA EXPENSE COVERAGE, LIMITS OF LOSS PAYMENT

OPTIONAL COVERAGES APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW

AGREED VALUE				INFLATION GUARD (Percentage)			
EXPIRATION DATE							
LOC. NO.	BLDG NO.	COVERAGE	AMOUNT	LOC. NO.	BLDG. NO.	BUILDING	PERSONAL PROPERTY

*MONTHLY LIMIT OF INDEMNITY (Fraction) *MAXIMUM PERIOD OF INDEMNITY (x) *EXTENDED PERIOD OF INDEMNITY (Days)

*APPLIES TO BUSINESS INCOME ONLY

DEDUCTIBLE
\$2,500 all perils except 2% windstorm or hail respects to named storm and 5% earthquake