



VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

To report a claim call your Agent
or the Company at 800-435-0397

Policy Number: BP21055730 - RENEWAL POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

61 ALDER STREET CONDOMINIUM
TRUST
C/O ADAM HANSON
61 ALDER STREET UNIT 3
WALTHAM, MA 02453-0525

Agency / Address

W T PHELAN & CO INS-ARLINGTON
645R MASSACHUSETTS AVE
ARLINGTON, MA 02476-5004

(781) 641-7200

POLICY PERIOD From 12/13/2022

To 12/13/2023 at 12:01 A.M.*

*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: NORTHERN SECURITY INS CO.

TOTAL POLICY PREMIUM at inception is: \$2,703 and at each anniversary.

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.

| | | | |
|--|------------------|--|--|
| BUSINESS DESCRIPTION | | | |
| Form of Business: OTHER | | | |
| DESCRIBED PREMISES | | | |
| Prem. No. | Bldg. No. | Location/Occupancy | Mortgageholder Name and Address |
| 001 | 001 | 4 UNIT CONDO 61 ALDER ST WALTHAM, MA 02453 | (See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable) |
| PROPERTY - Limits of Insurance for | | | |
| BUILDINGS | | \$ 905,361 | |
| • Actual Cash Value - Buildings Option (Y/N) | | N | |
| • Automatic Increase - Building Limit (pct.) | | 8 % | |
| BUSINESS PERSONAL PROPERTY | | \$ | |
| EARTHQUAKE DEDUCTIBLE (pct) | | % | |
| DEDUCTIBLE \$ 5,000 OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE \$ 250 | | | |
| OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below: | | | Limits of Insurance |
| 1. <input type="checkbox"/> Outdoor Signs | | | \$ per occurrence |
| 2. <input type="checkbox"/> Tenant's Exterior Building Glass | | | \$ included |
| 3. Interior Glass <input type="checkbox"/> Basement/ground floor level <input type="checkbox"/> All Floors | | | \$ per occurrence |
| 4. <input type="checkbox"/> Employee Dishonesty | | | \$ Inside the Premises |
| 5. <input type="checkbox"/> Money & Securities (Special Form Only) | | | \$ Outside the Premises |
| COVERAGE EXTENSIONS | | | |
| 1. Optional Higher Limits - Accounts Receivable | | | \$ |
| 2. Optional Higher Limits - Valuable Papers | | | \$ |
| ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration | | | \$ |
| LIABILITY AND MEDICAL PAYMENTS | | | |
| Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form. | | | |
| | | Limits of Insurance | |
| Liability and Medical Expenses | \$ 2,000,000 | | |
| Medical Expenses | \$ 5,000 | Per person | |
| Fire Legal Liability | \$ 50,000 | Any one fire or explosion | |
| FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4) | | | |

COUNTERSIGNED _____
(DATE)

BY _____
(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

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11/03/2022 (BORN)