

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL STATEMENT OF VALUES

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

The values shown on this Statement of Values reflect the values you have requested or agreed to for each individual item that was included in the Blanket Limit of Insurance shown in the Declarations of your policy.

By your acceptance of this policy in the payment of the premium due, you are acknowledging that the values shown below are correct to the best of your knowledge and belief.

BLANKET BUILDINGS/BLANKET PERSONAL PROPERTY

Loc. Bldg.	Description/Coverage Type	Value	Valuation of Property
01 01	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 02	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 03	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 04	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 05	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 06	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 07	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 08	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 09	BUILDING	1,813,400	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 10	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 11	BUILDING	1,813,400	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 12	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 13	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 14	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 15	BUILDING	2,182,300	Replacement cost
	PERSONAL PROPERTY	102,900	Replacement cost
01 16	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 17	BUILDING	1,813,400	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 18	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 19	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 20	BUILDING	962,700	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL STATEMENT OF VALUES

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

BLANKET BUILDINGS/BLANKET PERSONAL PROPERTY

Loc. Bldg.	Description/Coverage Type	Value	Valuation of Property
01 21	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 22	BUILDING	530,900	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 23	BUILDING	1,386,200	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost
01 24	BUILDING	1,813,400	Replacement cost
	PERSONAL PROPERTY	4,200	Replacement cost

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: **ACP BPHM 3016394811**

Named Insured: **WESTERLIES COUNCIL**

Mailing Address: **1750 TYSONS BLVD STE 1500**
MCLEAN, VA 22102-4200

Agency: **Kinneman Insurance**
Address: **ALEXANDRIA VA 22304-7206**

Agency Phone Number: **(703)823-8800**

Policy Period: Effective From **10-30-14** To **10-30-15**
12:01 AM Standard Time at your principal place of business.

Form of your business entity: **ASSOCIATION**

Description of your business: **CONDOMINIUM ASSOCIATION**

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 \$ 43,515.00

Previous Policy Number	STATUS	I	
ACP BPHM 3006394811	ENTRY DATE	10-06-14	_____ 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 3016394811

From 10-30-14

Policy Period:
To 10-30-15

Named Insured:

WESTERLIES COUNCIL

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.

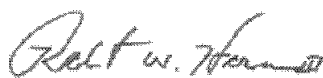
POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

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

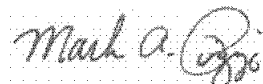
1. MUTUALS – MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote 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 Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **001** Construction: **FRAME**
 Premises Address **1691 WESTWIND WAY** **MCLEAN** **VA** **22102-1605**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1691 TO 1707 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanket Limit - Replacement cost		\$31,106,900
Business Personal Property - Blanket Limit - Replacement cost		\$199,500
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **002** Construction: **FRAME**
Premises Address **1643 WESTWIND WAY** **MCLEAN** **VA** **22102-1603**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1643 TO 1659 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **003** Construction: **FRAME**
 Premises Address **1679 WESTWIND WAY** **MCLEAN** **VA** **22102-1603**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1679 TO 1689 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **004** Construction: **FRAME**
Premises Address **1661 WESTWIND WAY** **MCLEAN** **VA** **22102-1603**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1661 TO 1677 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **005** Construction: **FRAME**
 Premises Address **1631 WESTWIND WAY** **MCLEAN** **VA** **22102-1603**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1631 TO 1641 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **006** Construction: **FRAME**
 Premises Address **1630 WESTWIND WAY** **MCLEAN** **VA** **22102-1604**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1630 TO 1640 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **007** Construction: **FRAME**
 Premises Address **1678 WESTWIND WAY** **MCLEAN** **VA** **22102-1604**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1678 TO 1694 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **008** Construction: **FRAME**
Premises Address **1666 WESTWIND WAY** **MCLEAN** **VA** **22102-1604**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1666 TO 1676 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **009** Construction: **FRAME**
 Premises Address **1642 WESTWIND WAY** **MCLEAN** **VA** **22102-1604**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1642 TO 1664 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **010** Construction: **FRAME**
Premises Address **1696 WESTWIND WAY** **MCLEAN** **VA** **22102-1606**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1696 TO 1706 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **011** Construction: **FRAME**
 Premises Address **1738 WESTWIND WAY** **MCLEAN** **VA** **22102-1606**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1738 TO 1760 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **012** Construction: **FRAME**
 Premises Address **1726 WESTWIND WAY** **MCLEAN** **VA** **22102-1606**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1726 TO 1736 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **013** Construction: **FRAME**
 Premises Address **1708 WESTWIND WAY** **MCLEAN** **VA** **22102-1606**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1708 TO 1724 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **014** Construction: **FRAME**
Premises Address **1762 WESTWIND WAY** **MCLEAN** **VA** **22102-1608**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1762 TO 1778 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest: Interest Number: Loan Number:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **015** Construction: **FRAME**
Premises Address **1780 WESTWIND WAY** **MCLEAN** **VA** **22102-1608**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1780 TO 1808 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **016** Construction: **FRAME**
 Premises Address **1787 WESTWIND WAY** **MCLEAN** **VA** **22102-1612**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1787 TO 1797 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **017** Construction: **FRAME**
Premises Address **1733 WESTWIND WAY** **MCLEAN** **VA** **22102-1612**
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
Described as: **1733 TO 1755 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **018** Construction: **FRAME**
 Premises Address **1757 WESTWIND WAY** **MCLEAN** **VA** **22102-1612**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1757 TO 1767 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

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Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **019** Construction: **FRAME**
 Premises Address **1769 WESTWIND WAY** **MCLEAN** **VA** **22102-1612**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1769 TO 1785 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **020** Construction: **FRAME**
 Premises Address **1823 WESTWIND WAY** **MCLEAN** **VA** **22102-1611**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1823 TO 1833 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **021** Construction: **FRAME**
 Premises Address **1835 WESTWIND WAY** **MCLEAN** **VA** **22102-1611**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1835 TO 1851 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **022** Construction: **FRAME**
 Premises Address **1799 WESTWIND WAY** **MCLEAN** **VA** **22102-1611**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1799 TO 1803 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **023** Construction: **FRAME**
 Premises Address **1805 WESTWIND WAY** **MCLEAN** **VA** **22102-1611**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1805 TO 1821 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

Description of Premises Number: **001** Building Number: **024** Construction: **FRAME**
 Premises Address **1709 WESTWIND WAY** **MCLEAN** **VA** **22102-1605**
 Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS**
AT A PREMISES WITH 5 OR MORE UNITS - 5 UNIT OR MORE
 Described as: **1709 TO 1731 WESTWIND WAY**

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 **\$10,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Blanketed - Replacement cost		INCLUDED
Business Personal Property - Blanketed - Replacement cost		INCLUDED
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 \$25,000 Deductible		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 \$100000 policy aggregate)		\$75,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure		INCLUDED
Increased Cost of Construction		\$25,000
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
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000
OPTIONAL COVERAGES - Other frequently purchased coverage options.		
Employee Dishonesty		NOT PROVIDED
Ordinance or Law - 1 - Loss to Undamaged Portion		NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction		NOT PROVIDED
Virginia (Broad)		NOT PROVIDED
Ordinance or Law Broadened		INCLUDED
ADVANTAGE - Blanket Additional Limit		\$100,000

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 BPHM3016394811**

From **10-30-14** To **10-30-15**

Additional Interest:
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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

LIABILITY DECLARATIONS

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

LIMITS OF INSURANCE

Each Occurrence Limit of Insurance	Per Occurrence	\$1,000,000
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	\$1,000,000
Products – Completed Operations Aggregate	All Occurrences	\$2,000,000
General Aggregate (Other than Products – Completed Operations)	All Occurrences	\$2,000,000

AUTOMATIC ADDITIONAL INSUREDS 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
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Hired Auto Liability Coverage	Included in Each Occurrence Limit of Insurance	
Nonowned Auto Liability Coverage	Included in Each Occurrence Limit of Insurance	
Directors & Officers Liab-Retro Date 10/30/09	Per Occurrence	\$1,000,000
	Aggregate	\$1,000,000
Employee Benefits - Retroactive Date 10/30/09	Each Employee	\$1,000,000
\$1,000 Each Employee Deductible	Aggregate	\$2,000,000

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Period:

Policy Number: **ACP BPHM3016394811**

From **10-30-14** To **10-30-15**

FORM NUMBER	TITLE	
EN7281	0706	IMPORTANT INFORMATION REGARDING YOUR INS
LI0021	0101	NUCLEAR ENERGY LIABILITY EXCLUSION
PB0002	0411	PREMIER BUSINESSOWNERS PROPERTY COVERAGE
PB0006	0411	PREMIER BUSINESSOWNERS LIABILITY COVERAG
PB0009	0411	PREMIER BUSINESSOWNERS COMMON POLICY CON
PB0404	0101	HIRED AUTO AND NON-OWNED AUTO LIABILITY
PB0412	0101	LIMITATION OF COVERAGE TO DESIGNATED PREMISES
PB0498	0411	EMPLOYEE BENEFITS LIABILITY COVERAGE
PB0534	0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM; EXCLUSION -
PB1701	0411	CONDOMINIUM ASSOCIATION COVERAGE
PB2099	0411	BUSINESSOWNERS ADVANTAGE
PB2998	0908	EXCLUSION - VIOLATION OF CONSUMER PROTEC
PB2999	0411	EXCLUSION - FUNGI OR BACTERIA
PB3701	0811	ORDINANCE OR LAW BROADENED ENDORSEMENT
PB4100	1208	DIRECTORS AND OFFICERS LIABILITY (COOPER
PB9045	1013	VIRGINIA AMENDATORY ENDORSEMENT
PB0448	0411	ADDITIONAL INSURED - DESIGNATED PERSON O
PB0564	0108	CONDITIONAL EXCLUSION OF TERRORISM - EXCLUSION OF WAR

IMPORTANT NOTICES

IN7280	0904	IMPORTANT NOTICE - AVAIL OF ORDINANCE OR LAW COVERAGE - VIRG
IN7288	0904	IMPORTANT NOTICE-ENDORSEMENT PROVIDING CLAIMS MADE COVERAGE
IN7590	1011	DATA BREACH RESOLUTION SERVICES
IN7592	1011	LIFESTAGES IDENTITY MANAGEMENT AND RESOLUTION SERVICES
IN7672	0113	VIRGINIA EARTHQUAKE EXCLUSION
IN7291	0114	POTENTIAL RESTRICTIONS OF TERRORISM COVERAGE

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
	POLICY WIDE OPTIONAL COVERAGES		
	BLANKET BUILDING	31,106,900	18,363
	BLANKET PERSONAL PROPERTY	199,500	633
	DIRECTORS AND OFFICERS LIABILITY	1,000,000	540
	EMPLOYEE BENEFITS	1,000,000	260
	HIRED AUTO	INCLUDED	31
	NONOWNED AUTO	INCLUDED	57
01 01	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	CLUBHOUSE	INCLUDED	460
	PLAYGROUND EQUIPMENT	INCLUDED	202
	POOL	INCLUDED	120
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,793
01 02	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 03	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 04	BUILDING	1,386,200	

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.

PB 81 PS (01-01)

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 05	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 06	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 07	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 08	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23

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 BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 09	BUILDING	1,813,400	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	905
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,229
01 10	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 11	BUILDING	1,813,400	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	905
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,229
01 12	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766

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 BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
01 13	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 14	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 15	BUILDING	2,182,300	
	PERSONAL PROPERTY	102,900	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	65
	LIABILITY	1,000,000	1,130
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,480
01 16	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 17	BUILDING	1,813,400	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100

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 BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	905
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,229
01 18	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 19	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 20	BUILDING	962,700	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	458
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		766
01 21	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011

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 BPHM3016394811**

Policy Period:
From **10-30-14** To **10-30-15**

Loc /Bldg	Coverage	Limits	Premium
01 22	BUILDING	530,900	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	152
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		460
01 23	BUILDING	1,386,200	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	687
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,011
01 24	BUILDING	1,813,400	
	PERSONAL PROPERTY	4,200	
	ADVANTAGE PREMIUM	100,000	84
	BACKUP SEWER	INCLUDED	100
	EQUIPMENT BREAKDOWN	INCLUDED	39
	LIABILITY	1,000,000	905
	ORDINANCE OR LAW BROADENED	INCLUDED	101
	BUILDING TOTAL PREMIUM		1,229

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II. WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to:

- a. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 75380

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II. WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to:

- a. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

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Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you, subject to the following additional exclusion:

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 75380

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

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All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

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PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 753803555

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- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

SCHEDULE

Name Of Person Or Organization:

REALMANAGE

**PO BOX 803555
DALLAS**

TX 75380

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM

The following is added to Section II. WHO IS AN INSURED:

Any person or organization shown in the Schedule of this endorsement is also an insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you, subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to:

- a. "Bodily injury" or "property damage" that arises out of, in whole or in part, or is a result of, in whole or in part, the active negligence of the additional insured shown in the Schedule of this endorsement.
- b. "Personal and advertising injury" that arises out of any independent "personal and advertising injury" offense committed by the additional insured shown in the Schedule of this endorsement.

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