

Ultrapack Plus Policy Declarations
 Renewal Certificate

Mailing Name and Address for Insured:

LIMITED EDITION CONDOMINIUM
 OWNERS ASSOCIATION
 76 STERLING CIR
 JOHNSON CITY TN 37604-2482



Other Interest:

As Listed Below

HH1137

Named Insured's Full Name:

Limited Edition Condominium Owners Association

Agent:

HH1137 JONES INSURANCE SERVICE

Policy Period:

12/15/2022 to 12/15/2023

Policy Number:

Q972213446

Agent Address and Phone

JONES INSURANCE SERVICE
 2112 N ROAN ST STE 706
 JOHNSON CITY TN 37601
 423-282-9339

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

Premium Summary

Pay Plan Discount Applies

Total Annual Policy Premium:

\$19,038.00

(This is not a bill. Your invoice will follow in a separate mailing.)

Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$1,000

Policy-Level Coverages	
Liability Protection	Limits of Insurance
Commercial General Liability Limits of Insurance	
Each Occurrence Limit	\$2,000,000
Damage to Premises Rented to You	\$2,000,000 Any One Premises
Medical Expense limit	\$5,000 Any One Person
Personal & Advertising Injury Limit	\$2,000,000 Any One Person or Organization
General Aggregate Limit	\$4,000,000
Products/Completed Operations Aggregate Limit	\$4,000,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
Policy Period: 12/15/2022 to 12/15/2023

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Optional Coverages	Deductible	Amount of Insurance
Policy-Level Optional Coverages:		
Property and Inland Marine - Optional Coverages:		
Terrorism		Included
General Liability - Optional Coverages:		
Directors and Officers- Condominium or Homeowner Associations		
Retroactive Date-10/15/16		\$2,000,000 Each Claim/
Self-Insured Retention-\$1,000		\$4,000,000 Aggregate
33 Units		

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
Policy Period: 12/15/2022 to 12/15/2023

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Supplemental Declarations

Location 1 / Building 1

Address:

1 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 2 / Building 1

Address:

2 STERLING CIR
 JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condo Unit Owner

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
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Supplemental Declarations

Location 3 / Building 1

Address:

3 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 4 / Building 1

Address:

4 STERLING CIR
 JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 5 / Building 1

Address:

6 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 6 / Building 1

Address:

8 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 7 / Building 1

Address:

10 STERLING CIR
 JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Location 8 / Building 1

Address:

12 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Location 9 / Building 1

Address:

18 STERLING CT S
JOHNSON CITY TN 37604-2484

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Location 10 / Building 1

Address:

20 STERLING CT S
JOHNSON CITY TN 37604-2484

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Location 11 / Building 1

Address:

22 STERLING CT S
JOHNSON CITY TN 37604-2484

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 12 / Building 1

Address:

24 STERLING CT S
JOHNSON CITY TN 37604-2484

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months

*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500

Protective Safeguard Condition: Central Station Fire Alarm System

Protective Safeguard Condition: Central Station Burglar Alarm System

Automatic Adjustment of Building Coverage - 8%

Property and Inland Marine - Optional Coverages:

Sewer and Drain Backup	\$1,000	\$15,000
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Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 13 / Building 1

Address:

26 STERLING CT S
JOHNSON CITY TN 37604-2484

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 14 / Building 1

Address:

36 PLATINUM CT
JOHNSON CITY TN 37604-2474

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months

*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500

Protective Safeguard Condition: Central Station Fire Alarm System

Protective Safeguard Condition: Central Station Burglar Alarm System

Automatic Adjustment of Building Coverage - 8%

Property and Inland Marine - Optional Coverages:

Sewer and Drain Backup	\$1,000	\$15,000
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Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
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Supplemental Declarations

Location 15 / Building 1

Address:

38 PLATINUM CT
JOHNSON CITY TN 37604-2474

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
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Supplemental Declarations

Location 16 / Building 1

Address:

44 PLATINUM CT
JOHNSON CITY TN 37604-2474

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Supplemental Declarations

Location 17 / Building 1

Address:

52 STERLING CT N
JOHNSON CITY TN 37604-2485
County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 18 / Building 1

Address:

54 STERLING CT N
 JOHNSON CITY TN 37604-2485

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 19 / Building 1

Address:

56 STERLING CT N
 JOHNSON CITY TN 37604-2485
County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
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Supplemental Declarations

Location 20 / Building 1

Address:

62 STERLING CT N
JOHNSON CITY TN 37604-2485

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
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Supplemental Declarations

Location 21 / Building 1

Address:

64 STERLING CT N
JOHNSON CITY TN 37604-2485

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 22 / Building 1

Address:

66 STERLING CT N
 JOHNSON CITY TN 37604-2485

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
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Location 23 / Building 1

Address:

68 STERLING CT N
JOHNSON CITY TN 37604-2485
County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$312,500		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
Policy Period: 12/15/2022 to 12/15/2023

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Supplemental Declarations

Location 24 / Building 1

Address:

14-16 STERLING CIR
JOHNSON CITY TN 37604-2482

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$623,000		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
Policy Period: 12/15/2022 to 12/15/2023

Page 27 of 33

Supplemental Declarations

Location 25 / Building 1

Address:

28-30 STERLING CIR
JOHNSON CITY TN 37604-2486

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$623,000		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
Policy Number: Q972213446
Policy Period: 12/15/2022 to 12/15/2023

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Supplemental Declarations

Location 26 / Building 1

Address:

32-34 Platinum Ct
Johnson City TN 37604-2474

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$623,000		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association

Policy Number: Q972213446

Policy Period: 12/15/2022 to 12/15/2023

Page 29 of 33

Supplemental Declarations

Location 27 / Building 1

Address:

40-42 Platinum Ct

Johnson City TN 37604-2474

County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners

Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$623,000		
Protective Safeguard Condition: Central Station Fire Alarm System		
Protective Safeguard Condition: Central Station Burglar Alarm System		
Automatic Adjustment of Building Coverage - 8%		
Property and Inland Marine - Optional Coverages:		
Sewer and Drain Backup	\$1,000	\$15,000

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Supplemental Declarations

Location 28 / Building 1

Address:

46-48 Platinum Ct
 Johnson City TN 37604-2474
County: Washington

Occupancy/Operations:

Habitational Condominiums or Homeowners
 Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		Guaranteed Replacement Cost*
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months

*The amount of insurance applying to the Building is the Replacement Cost at the time of the loss, subject to policy conditions and requirements. The estimated Replacement Cost of the Building is \$623,000

Protective Safeguard Condition: Central Station Fire Alarm System

Protective Safeguard Condition: Central Station Burglar Alarm System

Automatic Adjustment of Building Coverage - 8%

Property and Inland Marine - Optional Coverages:

Sewer and Drain Backup	\$1,000	\$15,000
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Location/Building-Level Additional Interests

Other Interest - First Mortgagee

Novad Management Consulting
 2401 NW 23RD ST STE 1A
 OKLAHOMA CITY OK 73107-2423
 Location-2 Building-1
 Loan Number 4812853188

Policy-Level Schedule of Condominium Unit Owners

Loc #/ Bldg	Mortgagee Interest Certificate Holder	Unit Owner/Loan Number	Unit #
27/1	Mr Cooper Nationstar Mortgage, LLC It's Successors and/or Assigns And/Or Assigns PO BOX 7729 SPRINGFIELD OH 45501-7729	Betty S. Jackson & Michael K. Jackson 0418100244-011X	42
25/1	US Bank National Association PO BOX 961045 FORT WORTH TX 76161-0045	Gerald J Tummers & Thea J Tummers 30 Sterling Circle Johnson City, TN 37604 6850633039	30

Insured Name: Limited Edition Condominium Owners Association
 Policy Number: Q972213446
 Policy Period: 12/15/2022 to 12/15/2023

Policy-Level Schedule of Condominium Unit Owners - (continued)

Loc #/ Bldg	Mortgagee Interest Certificate Holder	Unit Owner/Loan Number	Unit #
28/1	LoanDepot.com, LLC ISAOA/ATIMA PO Box 7114 Troy MI 48007-7114	Paul F Collins 400628767	46

Schedule of Static Forms

Form Number	Edition Date	Description
	/ *	
UPP	01/10 *	ULTRAPACK PLUS POLICY
PK0001	05/20 *	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAX	01/10 *	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKAY	12/14 *	SEWER AND DRAIN BACK-UP COVERAGE
PKBH	01/12 *	GUARANTEED REPLACEMENT COST COVERAGE
PKUA	01/10 *	CONDOMINIUM ASSOCIATION COVERAGE
PKUB	01/10 *	CONDOMINIUM UNIT-OWNERS BUSINESS PERSONAL PROPERTY AND PERSONAL PROPERTY OF OTHERS ENDORSEMENT
CL0209	11/10 *	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
PKGP	01/10 *	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PK0003	05/20 *	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES
CG0001	04/13 *	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85 *	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG2004	11/85 *	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2147	12/07 *	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	12/04 *	FUNGI OR BACTERIA EXCLUSION
UFB213	11/12 *	SUBSCRIBER'S AGREEMENT
CG2170	01/15 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2196	03/05 *	SILICA OR SILICA-RELATED DUST EXCLUSION
PKGN	12/14 *	PUNITIVE DAMAGES COVERAGE
CL0396	01/17 *	IMPORTANT NOTICE - DATA BREACH RESPONSE EXPENSES COVERAGE
CG2106	05/14 *	EXCL-ACCESS OR DISCLOSURE OF CONFIDENT OR PERS INFO AND DATA-RELATED LIAB - WITH LIMIT BOD INJ EXCEP
PKKE	09/17 *	DIRECTORS AND OFFICERS LIABILITY COVERAGE - CONDOMINIUM OR HOMEOWNERS ASSOCIATION
PKUD	01/10 *	CONDOMINIUMS - LIABILITY COVERAGE
CG2109	06/15 *	EXCLUSION - UNMANNED AIRCRAFT
IL0017	11/98 *	COMMON POLICY CONDITIONS
IL0021	09/08 *	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0250	09/08 *	TENNESSEE CHANGES - CANCELLATION AND NONRENEWAL
PKUN	11/21 *	AMENDMENT- CONDITIONS - WHEN WE DO NOT RENEW - INDIANA
IL0952	01/15 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985F	03/21 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
PKMJ	01/10 *	EXCLUSION - LEAD LIABILITY
PKMD	01/10 *	EXCLUSION - ASBESTOS
PKMQ	12/14 *	EXCLUSION - PROFESSIONAL LIABILITY
PKRO	01/10 *	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS

Your Agent:

Home Office • Erie, PA 16530



CLAIMS DIRECTORY

-- FOLD --

IN THE EVENT OF AN ACCIDENT OR LOSS

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and any property from further damage.
- Promptly call the police if someone is injured, damage is extensive, or in case of theft. In case of "hit-and-run", you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or ERIE of the accident or loss.

The ERIE is Above All in SERVICE®.

If we fail to give you this promised service, please drop us a note or call us on our toll-free number and tell us about it.

President and
Chief Executive Officer

----- CUT-ON-DOTTED LINE -----

CUT-ON-DOTTED LINE

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CLAIM SERVICE -- For claim service anywhere in U.S. or Canada, call your Agent or, using the list below, call the Claim Office nearest your home.

State	Office	Call Toll Free	State	Office	Call Toll Free
DC	Silver Spring	1-800-492-2709	PA	Allentown/Beth	1-800-322-9026
IL	Peoria	1-888-335-3743		Erie	1-877-771-3743
IN	Fort Wayne	1-800-892-5655		Home Office (Erie)	1-800-458-0811
	Indianapolis	1-800-624-1620		Harrisburg	1-800-382-1304
KY	Lexington	1-877-589-3743		Johnstown	1-800-241-4209
MD	Silver Spring	1-800-492-2709		Murrysville	1-800-553-3367
	Hagerstown	1-800-533-5602		Philadelphia	1-800-821-2902
NC	Charlotte	1-800-473-3882		Pittsburgh	1-800-922-1824
	Raleigh	1-800-533-3982	TN	Knoxville	1-888-922-3743
NY	Rochester	1-800-333-0823	VA	Richmond	1-800-322-3743
OH	Canton	1-800-362-6541		Roanoke	1-800-533-3743
	Columbus	1-800-282-1702		Waynesboro	1-800-542-2250
			WI	Waukesha	1-877-740-3743
			WV	Parkersburg	1-800-642-1948

Our phones answer 24/7!

To report a claim, call:

- Your Agent
- ERIE Claims Service: **1-800-367-3743**
- ERIEGlassSM (Auto glass only): **1-800-552-ERIE**
- ERIERoad Service: **1-888-295-5060**
- FRAUD FINDERS[®] (To report fraud): **1-800-368-6696**

CUT-ON DOTTED LINE

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CUT-ON-DOTTED-LINE

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President and
Chief Executive Officer

IMPORTANT NOTICE - POLICY SERVICE FEES

Dear Policyholder:

SERVICE FEES - The following service fees will be applicable to all payment plans.

- **Returned Payment Fee** - A **\$25.00** charge will be applied to your account if your check or other payment is returned unpaid by your financial institution.
- **Late Fee** - A **\$10.00** charge will be applied to your account when a cancellation notice is issued on your policy because of non-payment of premium.
- **Reinstatement Fee** - A **\$25.00** charge will be applied to your account when your policy is reinstated with a lapse in coverage following cancellation of your policy because of non-payment of premium.

If you have any questions concerning this Important Notice, please contact your ERIE Agent.

IMPORTANT NOTICE - NO FLOOD COVERAGE

Your basic policy covers losses from many perils. However, it **DOES NOT** provide coverage for flood loss.

Insurance covering flood loss is generally available through the National Flood Insurance Program.

In an effort to serve you, information about flood insurance and the National Flood Insurance Program can be provided by your ERIE Agent.



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

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$ 2 – Business Catastrophe Liability. This is the portion of premium attributable to coverage for terrorism (Certified Acts) under the Business Catastrophe Liability Policy.

Terrorism Premium (Certified Acts) \$ 2 – Ultrapack Plus. This is the portion of premium attributable to coverage for terrorism (Certified Acts) under the Ultrapack Plus Policy.

Additional Information, if any, concerning the terrorism premium:

SCHEDULE – PART II (Refer to Paragraph B. in this endorsement)

Federal share of Terrorism Losses: 80%

(Applicable if policy is in force)

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

A. Disclosure of Premium

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

B. Disclosure of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses at-

tributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

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

THIS IS AN ENDORSEMENT TO YOUR POLICY. PLEASE READ IT CAREFULLY.

SUBSCRIBER'S AGREEMENT

The following is the language of the Subscriber's Agreement that applies to policies issued by ERIE INSURANCE EXCHANGE. Definitions included in this Agreement apply only to the Subscriber's Agreement.

The Subscriber ("you" or "your") agrees with the other Subscribers at ERIE INSURANCE EXCHANGE ("ERIE"), a Reciprocal/Inter-Insurance Exchange, and with their Attorney-in-Fact, the Erie Indemnity Company ("we" or "us"), a Pennsylvania corporation with its Home Office in Erie, Pennsylvania, to the following:

1. You agree to pay your policy premiums and to exchange with other ERIE Subscribers policies providing insurance for any insured loss as stated in those policies.
2. You appoint us as Attorney-in-Fact with the power to: a) exchange policies with other ERIE Subscribers; b) take any action necessary for the exchange of such policies; c) issue, change, nonrenew or cancel policies; d) obtain reinsurance; e) collect premiums; f) invest and reinvest funds; g) receive notices and proofs of loss; h) appear for, compromise, prosecute, defend, adjust and settle losses and claims under your policies; i) accept service of process on behalf of ERIE as insurer; and j) manage and conduct the business and affairs of ERIE, its affiliates and subsidiaries. This power of attorney is limited to the purposes described in this Agreement.
3. You agree that as compensation for us: a) becoming and acting as Attorney-in-Fact; b) managing the business and affairs of ERIE; and c) paying general administrative expenses, including sales commissions, salaries and employee benefits, taxes, rent, depreciation, supplies and data processing, we may retain up to 25% of all premiums written or assumed by ERIE. The rest of the premiums will be used for losses, loss adjustment expenses, investment expenses, damages, legal expenses, court costs, taxes, assessments, licenses, fees, and any other governmental fines and charges, establishment of reserves and surplus, and reinsurance, and may be used for dividends and other purposes we decide are to the advantage of Subscribers.
4. You agree that this Agreement, including the power of attorney, shall have application to all insurance policies for which you apply at ERIE, including changes in any of your coverages.
5. You agree to sign and deliver to us all papers required to carry out this Agreement.
6. This Agreement, including the power of attorney, shall not be affected by your subsequent disability or incapacity.
7. This Agreement is and shall be binding upon you, us, and all executors, administrators, successors and assigns.

(Subscriber's Agreement language updated 1996.)

Form SA



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – CONDITIONS – WHEN WE DO NOT RENEW – INDIANA

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE – RELIGIOUS ORGANIZATIONS
DIRECTORS AND OFFICERS LIABILITY COVERAGE – CONDOMINIUM OR HOMEOWNERS ASSOCIATION
TECHNOLOGY ERRORS AND OMISSIONS LIABILITY COVERAGE

A. **When We Do Not Renew** under **Conditions** is deleted and replaced by the following:

If we decide not to renew this Coverage Form, we will mail to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than sixty (60) days before the expiration date.

Proof of mailing will be sufficient proof of notice.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – CONDITIONS – WHEN WE DO NOT RENEW – INDIANA

This endorsement modifies insurance provided under the following:

DIRECTORS AND OFFICERS LIABILITY COVERAGE – RELIGIOUS ORGANIZATIONS
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