



One Tower Square, Hartford, Connecticut 06183

**POLICY DECLARATIONS
COMMERCIAL EXCESS LIABILITY
(UMBRELLA) INSURANCE POLICY**

POLICY NO.: CUP-1259Y061-17-42
ISSUE DATE: 05/18/2017

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

<p>1. NAMED INSURED AND MAILING ADDRESS: OHIO PLACE CONDOMINIUM ASSOCIATION C/O CEOSD.NET P.O. BOX 34398-708 P.O. BOX 34398-708 SAN DIEGO CA 92163-4398</p>	<p>THIS POLICY DOES NOT COVER LIABILITY ARISING OUT OF ASBESTOS MATERIAL SEE ENDORSEMENT UM 01 96 07 96</p>
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2. THE NAMED INSURED IS A:

CORPORATION SOLE PROPRIETOR PARTNERSHIP OR JOINT VENTURE OTHER

3. POLICY PERIOD: From 07/01/2017 to 07/01/2018 12:01 A.M. Standard Time at your mailing address.

4. PREMIUM: * \$ 520 Flat Charge Adjustable (See premium schedule)
* DIRECT BILL

5. LIMITS OF INSURANCE:

COVERAGES	LIMITS OF LIABILITY	LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	1,000,000	Products/Completed Operations Aggregate
	1,000,000	General Aggregate
COVERAGE A - Bodily Injury and Property Damage Liability	1,000,000	any one occurrence subject to the Products/Completed Operations and the General Aggregate Limits
COVERAGE B - Personal and Advertising Injury Liability	1,000,000	any one person or organization subject to the General Aggregate Limit of Liability
RETAINED LIMIT		any one occurrence or offense

6. SCHEDULE OF UNDERLYING INSURANCE:

POLICY	LIMITS (000 omitted)	COVERAGE	COMPANY
SEE ENDORSEMENT CG D0 23 04 96			

7. On the effective date shown in Item 3, the Commercial Excess Liability (Umbrella) Insurance Policy numbered above includes this Declarations Page and the Policy Jacket (Form UM 00 76 which contains the Nuclear Energy Liability Exclusion) and any endorsements listed hereafter:

SEE END. IL T8 01 01 01

NAME AND ADDRESS OF AGENT OR BROKER:
ALCOTT INSURANCE AGENCY XW818
3945 IDAHO ST

COUNTERSIGNED BY:

Authorized Representative

SAN DIEGO CA 92104

DATE: _____

CG T0 14 04 96
OFFICE: ELMIRA NY SRV CTR

POLICY NUMBER: CUP-1259Y061-17-42

EFFECTIVE DATE: 07/01/2017

ISSUE DATE: 05/18/2017

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS
BY LINE OF BUSINESS

CG T0 14 04 96 POLICY DECLARATIONS COMMERCIAL EXCESS LIABILITY
UMBRELLA
IL T8 01 01 01 FORMS ENDORSEMENTS AND SCHEDULE NUMBERS

UMBRELLA / EXCESS

CG D0 23 04 96 SCHEDULE OF UNDERLYING INSURANCE
UM 00 01 11 03 COMMERCIAL EXCESS LIABILITY UMBRELLA INSURANCE
UM 03 59 11 03 EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES -
COMPLETED OPERATIONS
UM 03 92 11 03 EMPLOYERS LIABILITY - FOLLOWING FORM
UM 04 88 07 08 WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
UM 05 11 01 15 AMEND OF COV B - PERSONAL INJURY AND ADVERTISING
INJURY LIABILITY
UM 06 03 11 10 CRISIS MANAGEMENT SERVICES EXPENSES
UM 06 88 03 15 AMEND-FIN INT IN FOREIGN INS ORG - UM
UM 00 94 08 86 AMENDMENT OF COVERAGE - NAMED INSURED
UM 03 07 04 97 EXCESS DIRECTORS AND OFFICERS LIABILITY
UM 00 76 01 86 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENTBROAD
FORM
UM 01 66 08 91 EXCLUSION - LEAD INCLUDING PRODUCTS - COMPLETED
OPERATIONS HAZARD
UM 01 91 01 02 WAR EXCLUSION
UM 01 96 07 96 EXCLUSION - ASBESTOS
UM 03 64 01 02 FUNGI OR BACTERIA EXCLUSION
UM 04 15 10 11 EXCLUSION - UNSOLICITED COMMUNICATIONS
UM 04 84 07 08 AMENDMENT OF WATERCRAFT OR AIRCRAFT EXCLUSION
UM 04 90 07 08 AUTO LIABILITY EXCLUSION - LIMITED FOLLOWING FORM
UM 05 30 03 09 EXCLUSION - DISCRIMINATION
UM 06 09 10 11 EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION
LAWS
UM 06 50 01 15 EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR
PERSONAL INFORMATION
UM 01 09 02 12 CALIFORNIA MANDATORY ENDORSEMENT
UM 03 98 11 11 AMENDMENT OF COVERAGE - PROPERTY DAMAGE

INTERLINE ENDORSEMENTS

IL T3 68 01 15 FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
IL T4 14 01 15 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
SCHEDULE OF UNDERLYING INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE

Item 6 of the Declarations to include:

POLICY	LIMITS (000 OMITTED)	COVERAGE	COMPANY
680-009001B711-17	1,000	EACH OCCURRENCE	GENERAL LIABILITY TCT
	2,000	GENERAL AGGREGATE	
	2,000	PROD/COMP OPS AGG	

The policies shown above are issued in one or more of the Travelers Companies. The above company(s) translates as follows:

TCT THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

"(If you have any employee exposure in the State of New York, the Employers Liability Limits are applicable only to bodily injury to your "non-subject employees" as defined under Rule VIII - Limits of Liability, A.2., of the WC/EL Manual of the State of New York)"

