

TRUCK INSURANCE EXCHANGE

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4580 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

POLICY DECLARATIONS

1. **CONDOMINIUM - PRIMARY**

Named	: KINGSTON PLACE HOA	RL36455	
Insured	:	EasyPay Acct. No.	Prod. Count
Mailing	: 2718 PAINTER AVE	66-25-322	60478-18-72
Address	: KNOXVILLE TN 37919	Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

- Partnership Corporation Joint Venture Organization (Any other)

Type of Business **CONDOMINIUM**

2. Policy Period from 12/06/09 (not prior to time applied for) to 12/06/10 12:01 a.m. Standard Time
 If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

PROPERTY

COVERAGES AND LIMITS OF INSURANCE

COVERAGES	PREMISE NO. 001
BUILDINGS	\$6,125,000
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$25,000
	COV 3 \$10,000
SPECIFIED PROPERTY ASSOCIATION FEE AND EXTRA EXPENSE	\$2,500
AUTOMATIC BUILDING INCREASE	\$100,000
PROPERTY DEDUCTIBLE	8%
	\$1,000

ADDITIONAL COVERAGES

COVERAGE	All Premises
MASTER KEY	\$100/\$5,000
BACKUP OF SEWER AND DRAIN	\$25,000
HIRED AUTO LIABILITY	\$1,000,000
NON-OWNED AUTO LIABILITY	\$1,000,000

58-5951 ED3 8-09
585901-ED8



C5901201 PAGE 1 OF 3

COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQUIRED PROPERTY	\$250,000

OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.

COVERAGE	All Premises
OUTDOOR SIGNS	\$2,500
EMPLOYEE DISHONESTY	\$5,000
MONEY AND SECURITIES	\$5,000
OUTDOOR PROPERTY	\$2,500
DIRECTORS & OFFICERS LIABILITY	\$1,000,000 EACH CLAIM \$1,000,000 ANNUAL AGGREGATE

LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$1,000,000 PER OCC/ \$2,000,000 GEN AGG
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

Mortgage Holders:

Premises No.	Mortgage Holder Name, Address

Countersigned

12/06/2009
(Date)

By

Ryan Mahoney
(Authorized Representative)