COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS

COMPANY:
James River Insurance Company
6641 West Broad Street, Suite 300
Richmond, VA 23230

POLICY NUMBER
P0000012856

1. **NAMED INSURED AND MAILING ADDRESS:**
Centre City Condominium Association Inc
355 S Broadway #705
Lexington, KY 40508

PRODUCER: 21116
AmWINS Access Insurance Services - Downers Grove, IL
1431 Opus Place
Suite 515
Downers Grove, IL 60515

2. **POLICY PERIOD:** From 01/22/2026 to 01/22/2027 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS IN THE APPLICATION(S) AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$50,000	Any one premises
MEDICAL EXPENSE LIMIT	Excluded	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT	$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	$2,000,000	

RETROACTIVE DATE (CG 00 002 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISTING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: NONE

(ENTER DATA OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	Corporation - private
BUSINESS DESCRIPTION:	Residential Condo Association

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
1	355 S Broadway, Lexington, KY 40508-2545

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CLASSIFICATION AND PREMIUM					
LOCATION NUMBER	**CLASSIFICATION**	**CODE NO.**	**PREMIUM BASE**	**RATE $**	**ADVANCE PREMIUM $**
1	Condominiums - residential - (association risk only)	62003	48 Units	155.00	7,440.00
1	Parking - private	46622	20,000 Area	55.00	1,100.00
	Terrorism Coverage				427.00
			TOTAL PREMIUM (SUBJECT TO AUDIT)		$8,967.00
If checked, premium shown is flat and not subject to audit ☒			COMPANY FEE		$275.00
TOTAL SHOWN IS PAYABLE AT INCEPTION					$9,242.00
AUDIT PERIOD (IF APPLICABLE)		FREQUENCY: Not Applicable			

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached Schedule A – Schedule of Forms

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

This insurance has been placed with an insurer not licensed to transact business in the Commonwealth of Kentucky but eligible as a surplus lines insurer. The insurer is not a member of the Kentucky Insurance Guaranty Association. Should the insurer become insolvent, the protection and benefits of the Kentucky Insurance Guaranty Association are not available.

Surplus Lines Broker Name: Troy Santora

Kentucky Premium: $8,967.00
Fees: $675.00
Surplus Lines Tax: $289.26
Premium Surcharge: $173.56
Municipality Name: Kentucky Municipalities - Lexington-Fayette Urban County Government
LGPT: $462.10

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