

The association's policy covers the building and anything permanently attached to the building that was there at the time of construction. If you or any previous owners have made any structural alterations or upgrades, those are your responsibility to insure, along with all of your own personal property.

In addition, the association's policy covers the association's liability in all common areas. We advise you to take out your own Condo Unit Owners Policy (HO-6) to protect your own personal property and liability exposure.

Brookside Condo of Weymouth currently has a \$5,000 building deductible which is the amount not covered by the Master Condo policy on any single loss. Please advise your HO-6 carrier of this so they can make the proper coverage recommendations.

# COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO. ESR 0800528

EFFECTIVE DATE 01/01/2016

"X" If Supplemental  
Declarations Is Attached

**NAMED INSURED**

Brookside Condo of Weymouth

**DESCRIPTION OF PREMISES**

Prem. No.	Bldg. No.	Location, Construction And Occupancy
001	001	215 Winter St. Norfolk Weymouth, MA 02188 Masonry Non-Combustible Apartment

**COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown**

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*
001	001	Building	\$14,522,000	Special Form Including Theft	90%
		Business Income - Rental Value	\$250,000	Special Form Including Theft	100%

\*If Extra Expense Coverage, Limits On Loss Payment

**OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below**

Prem. No.	Bldg. No.	Agreed Value		Amount	Replacement Cost (X)		
		Expiration Date	Cov.		Building	Pers. Prop.	Including Stock
001	001	01/01/2017	Building	\$14,522,000	X		

Inflation Guard (%)  
Bldg. Pers. Prop.

\*Monthly Limit Of Indemnity

Maximum Period Of Indemnity

\*Extended Period Of Indemnity

\*Applies to Business Income Only

**MORTGAGEHOLDERS**

Prem. No.	Bldg. No.	Mortgageholder Name And Mailing Address
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See Mortgageholders Schedule

**DEDUCTIBLE**

\$5,000

Exceptions:

**MORTGAGEHOLDERS**

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<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Mortgageholder Name And Mailing Address</b>
001	001	Rockland Trust Co. ISAOA / ATIMA 288 Union St. Rockland, MA 02370

**FORMS APPLICABLE**

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**To All Coverages:**

CP 10 45 (10-12)  
CP DS 06 (10-00)  
17-250 (05-10)

**To Specific Premises/Coverages:**

<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Coverages</b>	<b>Form Number</b>
001	001	Building	CP 00 17 (10-12)
			CP 04 05 (10-12)
			CP 10 30 (10-12)
		Business Income - Rental Value	CP 00 30 (10-12)
			CP 10 30 (10-12)
		Sewer Discharge - Property Damage	CP 10 38 (10-12)
		All Coverages	CP 00 90 (07-88)
			CP 01 03 (02-98)
			CP 01 09 (10-00)
			CP 01 76 (09-06)
			CP DS 00 (10-00)