

COMMERCIAL UMBRELLA LIABILITY (AMCO)

45 0017851

ACP 30-1-8311898

INSURED COPY

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AMCO INSURANCE COMPANY

Named Insured: **BRIGHTHURST BISHOPS RIDGE CONDOMINIUMS ASSOCIATION, INC**

Address: **PO BOX 1149
APEX**

NC 275023149

★★★★★★★★

IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

DECLARATIONS
RENEWAL

COMMERCIAL UMBRELLA LIABILITY
INSURANCE POLICY
AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES IA 503912000

Policy Number: **ACP CAA 3018311898**

ITEM 1

Named Insured: **BRIGHTHURST BISHOPS RIDGE CONDOMINIUMS ASSOCIATION, INC**

ITEM 2

Address: **PO BOX 1149
APEX NC 275023149**

Agent: **HIGHSMITH INSURANCE AGENCY INC**
Address: **RALEIGH NC 27612 45 32 37378 0016**

PRODUCER: **WALLACE PALMER III**

ITEM 3

Policy Period : From 12:01 A.M., **06/20/18** to 12:01 A.M., **06/20/19**

ITEM 4

Schedule of Underlying Insurance: See Endorsement No. UMB 00 01

ITEM 5

Retained Limit Aggregate: **NONE**

ITEM 6

Limits of Insurance: a) **\$1,000,000** Each Occurrence
b) **\$1,000,000** Products - Completed Operations Aggregate
c) **\$1,000,000** Other Aggregate

ITEM 7

Coverage A - Excess Follow Form Liability Insurance
 B - Umbrella Liability Insurance

ITEM 8

Premium : Amount
\$850.00

ITEM 9

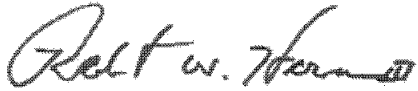
Endorsements: **UMB0001 0309 UMB0002 0413 UMB0052 0115 UMB3200 0604 UMB3202 0105**
UMB7010 0514 UMB0028 0413

Renewal or Replacement No. **ACP CAA 3008311898**

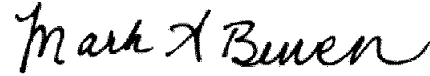
Countersigned By _____
Authorized Representative

AMCO INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

**COMMERCIAL UMBRELLA LIABILITY
FORMS AND ENDORSEMENTS SUMMARY**

Number: **ACP CAA 3018311898**

Period:
From **06/20/18** To **06/20/19**

FORM/ENDORSEMENT	DATE	TITLE
UMB0001	0309	SCHEDULE OF UNDERLYING INSURANCE
UMB0002	0413	COMMERCIAL UMBRELLA LIABILITY POLICY
UMB0028	0413	LIMITATION OF COVERAGE TO DESIGNATED PREMISES - COVERAGE B
UMB0052	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
UMB3200	0604	NORTH CAROLINA AMENDATORY ENDORSEMENT
UMB3202	0105	NORTH CAROLINA AMENDMENT
UMB7010	0514	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL I

Policy Number: **ACP CAA 3018311898**
 Policy Period: **06/20/18** to **06/20/19**

ITEM 4.

Schedule Of Underlying Insurance (as identified by the entry of a company name, policy number, policy period and limits):

Commercial General Liability or	Limits (\$)	
X Businessowners Liability	2000000	General Aggregate
AICOA	2000000	Products-Completed Operations Aggregate
Policy Number: ACP BPHL 3018311898	1000000	Personal and Advertising Injury
Policy Period: 06/20/18 to 06/20/19	1000000	Each Occurrence

Commercial Auto Liability	Limits (\$)	
		Each Accident
Policy Number:		
Policy Period:	to	

Employer's Liability or Stop Gap Liability	Limits (\$)	
		Bodily Injury by Accident - Each Accident
Policy Number:		Bodily Injury by Disease – Each Employee
Policy Period:	to	Bodily Injury by Disease – Policy Limit

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

	Limits (\$)	
Policy Number:		
Policy Period:	to	

IMPORTANT NOTICE: RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO THE ABOVE SCHEDULED UNDERLYING INSURANCE (OR ANY REPLACEMENTS THEREOF) WILL ACT AS RESTRICTIONS, LIMITATIONS AND EXCLUSIONS TO COVERAGE A OF THIS POLICY.