PREMIER HABITATIONAL STATEMENT OF VALUES

Policy Number: ACP BPHL 3018828144 Policy Period:

From **06-19-19** To **06-19-20**

The values shown on this Statement of Values reflect the values you have requested or agreed to for each individual item that was included in the Blanket Limit of Insurance shown in the Declarations of your policy.

By your acceptance of this policy in the payment of the premium due, you are acknowledging that the values shown below are correct to the best of your knowledge and belief.

BLANKET BUILDINGS

Loc. Bldg.	Description/Coverage Type	Value	Valuation of Property
01 01	BUILDING	231,	Replacement cost
01 02	BUILDING	610,	100 Replacement cost
01 03	BUILDING	618,	
01 04	BUILDING	618,	
01 05	BUILDING	618,	
01 06	BUILDING	618,	200 Replacement cost
01 07 01 08	BUILDING	618,	200 Replacement cost
01 08	BUILDING BUILDING	618,; 618,;	
01 03	BUILDING	715,	Replacement cost Replacement cost
01 11	BUILDING	618,	200 Replacement cost
01 12	BUILDING	618,	
01 13	BUILDING	618,	200 Replacement cost
01 14	BUILDING	618,	200 Replacement cost
01 15	BUILDING	618,	200 Replacement cost
01 16	BUILDING	618,	
01 17	BUILDING	739,	000 Replacement cost
01 18	BUILDING	715,0	000 Replacement cost
01 19	BUILDING	618,	
01 20	BUILDING	662,0	
01 21	BUILDING	674,	
01 22	BUILDING	674,	
01 23	BUILDING	298,	400 Replacement cost
01 24 01 25	BUILDING	298,	
01 25 01 26	BUILDING BUILDING	739,	
01 20	BUILDING	739,0 739,0	Replacement cost Replacement cost
01 28	BUILDING	739,	000 Replacement cost
01 29	BUILDING	618,	200 Replacement cost
01 30	BUILDING	674,	
01 31	BUILDING	565,0	
01 32	BUILDING	565,	400 Replacement cost
01 33	BUILDING	298,	400 Replacement cost
01 34	BÜILDINĞ	298,0	400 Replacement cost
01 35	BUILDING	618,	200 Replacement cost
01 36	BUILDING	618,	200 Replacement cost
01 37	BUILDING	618,	200 Replacement cost
01 38	BUILDING	220,0	200 Replacement cost
01 39	BUILDING	312,0	
01 40	BUILDING	25,0	000 Replacement cost

PB 81 S1 (01-01)

LD1B AGENT COPY 45 16313

PREMIER HABITATIONAL STATEMENT OF VALUES

Policy Number: ACP BPHL 3018828144

Policy Period:

From **06-19-19** To **06-19-20**

BLANKET BUILDINGS

Loc. Bldg.	Description/Coverage Type	Value	Valuation of Property
01 41	BUILDING	25,00	Replacement cost Replacement cost
01 42	BUILDING	25,00	

ALLIED INSURANCE CO OF AMERICA 1100 LOCUST ST DEPT 1100 DES MOINES, IA 50391-2000 32 56400 RENEWAL

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

COMMON DECLARATIONS

Policy Number: ACP BPHL 3018828144

Named Insured: TROON AT KILDAIRE CONDOMINIUM ASSOCIATION, INC.

Mailing Address: PO BOX 1149

APEX, NC 27502-3149

Agency: CAROLINA INSURANCE GROUP

Address: GARNER NC 27529-5800

Agency Phone Number: (919)234-7868

Policy Period: Effective From 06-19-19 To 06-19-20

12:01 AM Standard Time at your principal place of business.

Form of your business entity: ASSOCIATION

Description of your business: RESIDENTIAL CONDO ASSOCIATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

CONTINUATION PROVISION: If we offer to continue your coverage and you or your representative do not accept, this policy will automatically terminate on the expiration date of the current policy period stated above. Failure to pay the required premium when due shall mean that you have not accepted our offer to continue your coverage. This policy will terminate sooner if any portion of the current policy period premium is not paid when due.

RENEWAL POLICY NOTICE: In an effort to keep insurance premiums as low as possible, we have streamlined your renewal policy by not including printed copies of policy forms or endorsements that have not changed from your expiring policies, unless they include variable information that is unique to you. Refer to your prior policies for printed copies of these forms. If you have a need for any form, they are available by request from your agent.

FLOOD INSURANCE: The North Carolina Department of Insurance requires us to advise you that your Policy does NOT provide flood coverage. You will not have coverage for property damage from floods unless you take steps to purchase a separate policy of flood insurance. If you would like information about obtaining flood insurance, please contact your agent shown on your Policy Declarations or this company at 1-866-322-3214

TOTAL POLICY PREMIUM \$ 45,474.00

Previous Policy Number		STATUS	I	TOTAL AGENT COMMISSION		6,821.10
АСР	BPHL 3008828144	ENTRY DATE	06-11-19	Countersignature		Date

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

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PREMIER HABITATIONAL

SCHEDULE OF NAMED INSUREDS

Policy Period:

45 16316

From 06-19-19 To 06-19-20

Policy Number: ACP B
Named Insured:

TROON AT KILDAIRE CONDOMINIUM ASSOCIATION, INC.

BPHL 3018828144

AGENT COPY

ALLIED INSURANCE COMPANY OF AMERICA

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

SECRETARY

Dense Syla

PRESIDENT

mark & Buren

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: 001

Premises Address 200 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: CLUBHOUSES (HABITATIONAL)

Described as: CLUBHOUSES (11196)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

COVERAGES LIMITS OF INSURANCE Building - Blanket Limit - Replacement cost \$22,712,700

Business Personal Property - Replacement cost \$79,600

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit INCLUDED Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED Automatic Increase in Insurance - Building 3% 2.9% Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

OPTIONAL INCREASED LIMITS Included Limit **Additional Limit** Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others**

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence INCLUDED Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

\$10,000

2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 \$22,712,700 Earthquake - Business Personal Property - Deductible is 15% of Limit of Insurance \$79,600 ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additonal Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16318

\$10,000

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

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45 16319

DIRECT BILL LD1B AS AGENT COPY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 002 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 804-6 CAOLBURN, 905-7 CALTON H CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

DIRECT BILL I D1R

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UID 29 45 16320

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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AGENT COPY **DIRECT BILL** LD1B AS UID 45 16321 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 003 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 805-7 COALBURN, 704-6 CARLUKE CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

DIRECT BILL I D1R ΔS

AGENT COPY

UID 29 45 16322

PREMIER HABITATIONAL

Policy Period:

45 16323

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B AS AGENT COPY UID 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 004 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 705-7 CARLUKE 604-6 RIGSIDE PL CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16324

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

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UID 29

45 16325

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Building Number: 005 Description of Premises Number: 001

Premises Address 401-3 MCKIRKLAND 605-7 RIGSIDE CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16326

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AGENT COPY

UID

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

UID

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45 16327

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 006 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 901&3 CALTON HILL 800&2 COALBU CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16328

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UID 29

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16329

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 007 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 700&2 CARLUKE 801&3 COALBURN P CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000 **Included Limit OPTIONAL INCREASED LIMITS Additional Limit** Account Receivable \$25,000

\$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16330

DIRECT BILL I D1R ΔS

AGENT COPY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16331

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 008 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 701&3 CARLUKE 600&2 RIGSIDE CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16332

DIRECT BILL AGENT COPY I D1R ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16333

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: 009

Premises Address 405&7 MCKIRKLAND 601&3 RIGSIDE CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED Business Personal Property -

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown **INCLUDED** 3%

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED **キンE りりり**

		\$25,000
Included Limit	Additional Limit	
\$25,000		\$25,000
\$25,000		\$25,000
\$10,000		\$10,000
\$10,000		\$10,000
\$10,000		\$10,000
\$2,500		\$2,500
\$10,000		\$10,000
\$15,000		\$15,000
it \$15,000		\$15,000
\$10,000		\$10,000
\$10,000		\$10,000
\$10,000		\$10,000
	\$25,000 \$25,000 \$10,000 \$10,000 \$10,000 \$2,500 \$10,000 \$15,000 \$15,000 \$10,000 \$10,000	\$25,000 \$25,000 \$10,000 \$10,000 \$10,000 \$2,500 \$10,000 \$15,000 it \$15,000 \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

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ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16334

DIRECT BILL I D1R

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AGENT COPY

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

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UID 29

45 16335

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 010 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 404&6 MCKIRKLAND 303&5 TROON V CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16336

DIRECT BILL AGENT COPY ΔS

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16337

DIRECT BILL LD1B AS AGENT COPY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 011 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 242&4 BAINES 306&8 TROON VILLA CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost **INCLUDED** NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16338

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DIRECT BILL AGENT COPY UID I D1R ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B AS AGENT COPY UID 29 45 16339

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 012 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 236&8 BAINES 310&2 TROON VILLA CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16340

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PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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AGENT COPY **DIRECT BILL** LD1B AS UID 45 16341 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 013 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 226&8 BAINES 314&6 TROON VILLA CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16342

DIRECT BILL AGENT COPY 29 ΔS

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16343

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 014 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 210&2 BAINES 324&6 TROON VILLA CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

DIRECT BILL AGENT COPY UID I D1R 29 45 16344 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

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UID 29

45 16345

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: 015

Premises Address 211&3 BAINES 1003&5 THISTLE BR CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED Business Personal Property -

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown **INCLUDED**

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED **キンE りりり**

		\$25,000
Included Limit	Additional Limit	
\$25,000		\$25,000
\$25,000		\$25,000
\$10,000		\$10,000
\$10,000		\$10,000
\$10,000		\$10,000
\$2,500		\$2,500
\$10,000		\$10,000
\$15,000		\$15,000
it \$15,000		\$15,000
\$10,000		\$10,000
\$10,000		\$10,000
\$10,000		\$10,000
	\$25,000 \$25,000 \$10,000 \$10,000 \$10,000 \$2,500 \$10,000 \$15,000 \$15,000 \$10,000 \$10,000	\$25,000 \$25,000 \$10,000 \$10,000 \$10,000 \$2,500 \$10,000 \$15,000 it \$15,000 \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

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ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16346

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DIRECT BILL I D1R ΔS

AGENT COPY

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16347

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 016 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 223&5 BAINES 1000&2 THISTLE BR CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16348

DIRECT BILL I D1R ΔS

AGENT COPY

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Building Number: 017 Description of Premises Number: 001

Premises Address 227 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 227 TO 233 BAINES CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED**

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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DIRECT BILL AGENT COPY UID I D1R 29 45 16350 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

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UID 29

45 16351

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: 018

Premises Address 235&7 BAINES 505&7 MCKIRKLAND CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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DIRECT BILL AGENT COPY UID I D1R 29 45 16352 ΔS

PREMIER HABITATIONAL

Policy Period:

From **06-19-19**To **06-19-20**

MORTGAGEE ASSIGNMENT INFORMATION

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

Additional Interest: Interest:

onal Interest: Interest Number:

Policy Number: ACP BPHL3018828144

Loan Number:

Additional Interest:

Interest:

Interest Number: Loan Number:

Additional Interest:

Interest:

Interest Number: Loan Number:

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DIRECT BILL LD1B AS AGENT COPY UID 29 45 16353

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 019 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 243&5 BAINES 510&2 MCKIRKLAND CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16354

DIRECT BILL AGENT COPY UID I D1R 29 ΔS

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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AGENT COPY **DIRECT BILL** LD1B AS UID 45 16355 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 020 Description of Premises Number: 001

Premises Address 511 MCKIRKLAND CT CARY NC 27511-6720

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 511 TO 517 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16356

DIRECT BILL AGENT COPY UID I D1R 29 ΔS

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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AGENT COPY **DIRECT BILL** LD1B AS UID 45 16357 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 021 Description of Premises Number: 001

Premises Address 519 MCKIRKLAND CT CARY NC 27511-6720

Premises ID CLUB HOUSE

COVERAGES

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 519 TO 525 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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LIMITS OF INSURANCE

DIRECT BILL AGENT COPY UID I D1R 29 45 16358 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16359

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: ACP BPHL3018828144 Property DECLARATIONS Policy Period: From 06-19-19 To 06-19-20

Description of Premises Number: 001 Building Number: 022 Construction: JOISTED MASONRY

Premises Address 527 MCKIRKLAND CT CARY NC 27511-6720

Premises ID **CLUB HOUSE**

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 527 TO 533 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

The Frequency Coverage provided at this premises is subject to a \$ 3,000 beddening, unless efficiences

COVERAGES

Building - Blanketed - Replacement cost

Building - Blanketed - Replacement cost

Business Personal Property - NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit

Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period

Equipment Breakdown

INCLUDED

INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence
Ordinance or Law - 1 - Loss to Undamaged Portion

NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction
Ordinance or Law Broadened
NOT PROVIDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1

INCLUDED

INCLUDED

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

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LIMITS OF INSURANCE

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16360

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16361

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 023 Description of Premises Number: 001

Premises Address 534 MCKIRKLAND CT CARY NC 27511-6720

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 534 TO 536 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16362

DIRECT BILL AGENT COPY ΔS

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PREMIER HABITATIONAL

Policy Period:

From **06-19-19**To **06-19-20**

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144

Additional Interest:

Interest:

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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Interest Number:

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16363

Loan Number:

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 024 Description of Premises Number: 001

Premises Address 530 MCKIRKLAND CT CARY NC 27511-6720

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 530 TO 532 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B

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UID 29

45 16365

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 025 Description of Premises Number: 001

Premises Address 1010 THISTLE BRIAR PL NC 27511-6724

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1010 TO 1016 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16366

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16367

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: ACP BPHL3018828144 Property DECLARATIONS Policy Period: From 06-19-19 To 06-19-20

Description of Premises Number: 001 Building Number: 026 Construction: JOISTED MASONRY

Premises Address 1018 THISTLE BRIAR PL CARY NC 27511-6724

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1018 TO 1024 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

The Property Governage provided at this premises is subject to a \$\psi\$ specific beductible, unless otherwise s

COVERAGES

Building - Blanketed - Replacement cost

Building - Blanketed - Replacement cost

Business Personal Property - NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit

Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period

Equipment Breakdown

INCLUDED

INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure

Increased Cost of Construction

\$5,000

INCLUDED

\$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence
Ordinance or Law - 1 - Loss to Undamaged Portion

NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction
Ordinance or Law Broadened
NOT PROVIDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit

\$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

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45 16368

LIMITS OF INSURANCE

DIRECT BILL LD1B AS AGENT COPY UID 29

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16369

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: **027**

Premises Address 1026&8 THSTLE BR 2002&4 CLYDEB CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1018 TO 1024 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED Business Personal Property -

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown **INCLUDED**

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED

Increased Cost of Construction			\$25 <i>,</i> 000
OPTIONAL INCREASED LIMITS	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Tra	nsit \$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption of Computer Operations	\$10,000		\$10,000
Building Property of Others	\$10,000		\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16370

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16371

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 028 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 1114&6 THSTLE BR 2005&7 CLYDE CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1018 TO 1024 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE

COVERAGES Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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AGENT COPY

UID 29 45 16372

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

AS AGENT COPY

UID 29

45 16373

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 029 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 1110&2THSTLE BR 2001&3 CLYDEB CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16374

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11)

DIRECT BILL LD1B

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UID 29

45 16375

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 030 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 1115&7 THISTLE BRI 3010&2 LEIT CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 527 TO 533 MCKIRKLAND CT

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE

COVERAGES Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16376

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B AS AGENT COPY UID 29 45 16377

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 031 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 1111&3 THSTLE BR 3006&8 LEITHM CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

Page 1 of 2

45 16378

DIRECT BILL I D1R ΔS

AGENT COPY

UID

29

PREMIER HABITATIONAL

Policy Period:

45 16379

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MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B AS AGENT COPY UID

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Building Number: 032 Construction: JOISTED MASONRY Description of Premises Number: 001

Premises Address 1101&3 THSTLE BR 3002&4 LEITHM CARY NC 27511-0000

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: CONDO ASSOC - MULTIPLE 1-4 RESIDENTIAL UNIT BLDGS (11142)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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DIRECT BILL AGENT COPY UID I D1R 29 45 16380 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16381

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 033 Description of Premises Number: 001

Premises Address 1131 THISTLE BRIAR PL NC 27511-6725

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1131 TO 1133 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED**

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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DIRECT BILL AGENT COPY UID I D1R 29 45 16382 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16383

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: ACP BPHL3018828144 Property DECLARATIONS Policy Period: From 06-19-19 To 06-19-20

Description of Premises Number: 001 Building Number: 034 Construction: JOISTED MASONRY

Premises Address 1101 THISTLE BRIAR PL CARY NC 27511-6725

Premises ID **CLUB HOUSE**

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1101 TO 1103 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

COVERAGES LIMITS OF INSURANCE

COVERAGES

Building - Blanketed - Replacement cost

Building - Blanketed - Replacement cost

Business Personal Property - NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit

Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period

Equipment Breakdown

INCLUDED

INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure

Increased Cost of Construction

\$5,000

INCLUDED

\$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence
Ordinance or Law - 1 - Loss to Undamaged Portion

NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction
Ordinance or Law Broadened
NOT PROVIDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1

INCLUDED

INCLUDED

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

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DIRECT BILL LD1B AS AGENT COPY UID 29 45 16384

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16385

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DIRECT BILL

LD1B

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL3018828144

Construction: JOISTED MASONRY Building Number: 035 Description of Premises Number: 001

Premises Address 1123 THISTLE BRIAR PL NC 27511-6725

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1123 TO 1129 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

COVERAGES Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16386

LIMITS OF INSURANCE

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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DIRECT BILL LD1B AS AGENT COPY UID 29 45 16387

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: ACP BPHL3018828144 Property DECLARATIONS Policy Period: From 06-19-19 To 06-19-20

Description of Premises Number: 001 Building Number: 036 Construction: JOISTED MASONRY

Premises Address 1015 THISTLE BRIAR PL CARY NC 27511-6724

Premises ID **CLUB HOUSE**

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1015 TO 1021 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

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COVERAGES

Building - Blanketed - Replacement cost

Building - Blanketed - Replacement cost

Business Personal Property - NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit

Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period

Equipment Breakdown

INCLUDED

INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence
Ordinance or Law - 1 - Loss to Undamaged Portion

NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction
Ordinance or Law Broadened
NOT PROVIDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit

\$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

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Page 1 of 2

LIMITS OF INSURANCE

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16388

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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UID

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45 16389

AGENT COPY

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DIRECT BILL

LD1B

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: ACP BPHL3018828144 Property DECLARATIONS Policy Period: From 06-19-19 To 06-19-20

Description of Premises Number: 001 Building Number: 037 Construction: JOISTED MASONRY

Premises Address 1007 THISTLE BRIAR PL CARY NC 27511-6724

Premises ID CLUB HOUSE

Occupancy OO Classification: CONDOMINIUM ASSOCIATION - RESIDENTIAL - MULTIPLE BUILDINGS

AT A PREMISES WITH 5 OR MORE UNITS - 1-4 FAMILY BUILDINGS

Described as: 1007 TO 1013 THISTLE BRIAR PL

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

The Property Governage provided at this premises is subject to a \$\psi\$ specific beductible, unless otherwise s

COVERAGES

Building - Blanketed - Replacement cost

Building - Blanketed - Replacement cost

Business Personal Property - NOT PROVIDED

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit

Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period

Equipment Breakdown

INCLUDED

INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence
Ordinance or Law - 1 - Loss to Undamaged Portion

NOT PROVIDED

2 - Demolition Cost and Broadened Increased Cost of Construction
Ordinance or Law Broadened
NOT PROVIDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit

\$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **NOT APPLICABLE**

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LIMITS OF INSURANCE

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16390

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16391

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: MASONRY NON-COMBUST Description of Premises Number: 001 Building Number: 038 Premises Address 200 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: SWIMMING POOLS (HABITATIONAL)

Described as: SWIMMING POOLS (11192)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

Included Limit OPTIONAL INCREASED LIMITS Additional Limit Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence INCLUDED Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED Ordinance or Law Broadened INCLUDED

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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DIRECT BILL AGENT COPY UID I D1R 29 45 16392 ΔS

PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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45 16393

DIRECT BILL

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PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Description of Premises Number: 001

Building Number: 039 Construction: NON-COMBUSTIBLE

Premises Address 200 BAINES CT

CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: FENCES (HABITATIONAL)

Described as: FENCES (11195)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED Business Personal Property -

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

Automatic Increase in Insurance - Business Personal Property

NOT PROVIDED

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED 425.000 Increased Cost of Construction

increased Cost of Construction			\$2 5 ,000
OPTIONAL INCREASED LIMITS	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transi	t \$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption of Computer Operations	\$10,000		\$10,000
Building Property of Others	\$10,000		\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence **INCLUDED** Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

UID

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ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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45 16394

DIRECT BILL I D1R ΔS

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PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

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AGENT COPY **DIRECT BILL** LD1B AS UID 45 16395 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: **040**

Premises Address 200 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: GARAGES, CARPORTS OR STORAGE BUILDINGS

Described as: GARAGES, CARPORTS OR STORAGE BLDGS (HABITATIONAL) (11197)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

OPTIONAL INCREASED LIMITS Included Limit **Additional Limit** Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence INCLUDED Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED**

ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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PREMIER HABITATIONAL

Policy Period:

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20** Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

UID

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45 16397

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: **041**

Premises Address 200 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: GARAGES, CARPORTS OR STORAGE BUILDINGS

Described as: GARAGES, CARPORTS OR STORAGE BLDGS (HABITATIONAL) (11197)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

OPTIONAL INCREASED LIMITS Included Limit **Additional Limit** Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence INCLUDED Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

> > UID

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Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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MORTGAGEE ASSIGNMENT INFORMATION

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19**To **06-19-20**

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

AGENT COPY **DIRECT BILL** LD1B AS UID 45 16399 29

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period: Policy Number: ACP BPHL3018828144 From **06-19-19** To **06-19-20**

Construction: JOISTED MASONRY Description of Premises Number: 001 Building Number: 042

Premises Address 200 BAINES CT CARY NC 27511-6717

Premises ID CLUB HOUSE

Occupancy OO Classification: GARAGES, CARPORTS OR STORAGE BUILDINGS

Described as: GARAGES, CARPORTS OR STORAGE BLDGS (HABITATIONAL) (11197)

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a \$5,000 Deductible, unless otherwise stated.

LIMITS OF INSURANCE **COVERAGES**

Building - Blanketed - Replacement cost

INCLUDED NOT PROVIDED **Business Personal Property -**

ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.

Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit **INCLUDED** Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NOHour Waiting Period INCLUDED Equipment Breakdown INCLUDED

Automatic Increase in Insurance - Building

NOT PROVIDED Automatic Increase in Insurance - Business Personal Property

Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)

\$5,000 Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure INCLUDED Increased Cost of Construction \$25,000

OPTIONAL INCREASED LIMITS Included Limit **Additional Limit** Account Receivable \$25,000 \$25,000 Valuable Papers and Records (At the Described Premises) \$25,000 \$25,000 Forgery and Alteration \$10,000 \$10,000 Money and Securities - Inside the Premises \$10,000 \$10,000 Outside the Premises (Limited) \$10,000 \$10,000 Outdoor Signs \$2,500 \$2,500 Outdoor Trees, Shrubs, Plants and Lawns \$10,000 \$10,000 Business Personal Property Away From Premises \$15,000 \$15,000 Business Personal Property Away From Premises - Transit \$15,000 \$15,000 Electronic Data \$10,000 \$10,000 Interruption of Computer Operations \$10,000 \$10,000 **Building Property of Others** \$10,000 \$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$200,000 Policy Occurrence INCLUDED Ordinance or Law - 1 - Loss to Undamaged Portion NOT PROVIDED

> 2 - Demolition Cost and Broadened Increased Cost of Construction NOT PROVIDED NOT PROVIDED Ordinance or Law Broadened

Earthquake -Blanket Building -Deductible is 15% of Limit shown on PB81S1 **INCLUDED** ADVANTAGE with Limited Employee Dishonesty Coverage - Blanket Additional Limit \$200,000

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See PB 04 30 for a description of each symbol. APPLICABLE SYMBOLS: NOT APPLICABLE

ALLIED INSURANCE COMPANY OF AMERICA PB 81 01 (04-11)

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PREMIER HABITATIONAL

Policy Period:

From **06-19-19**To **06-19-20**

MORTGAGEE ASSIGNMENT INFORMATION

Policy Number: ACP BPHL3018828144

Additional Interest:

Interest:

Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest: Additional Interest: Interest Number: Loan Number: Interest:

PB 81 01 (04-11) Page 2 of 2

Interest Number:

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16401

Loan Number:

PREMIER HABITATIONAL

LIABILITY DECLARATIONS

Policy Number: ACP BPHL 3018828144 From 06-19-19 To 06-19-20

LIMITS OF INSURANCE

Each Occurrence Limit of Insurance Per Occurrence \$1,000,000 Per Person \$5,000 Medical Payments Coverage Sub Limit Per Covered Loss \$300,000 Tenants Property Damage Legal Liability Sub Limit Per Person Or Organization \$1,000,000 Personal and Advertising Injury \$2,000,000 Products - Completed Operations Aggregate All Occurrences All Occurrences \$2,000,000 General Aggregate

(Other than Products - Completed Operations)

AUTOMATIC ADDITIONAL INSUREDS STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises

SEE ATTACHED LIABILITY DECLARATION SUPPLEMENT

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Hired Auto Liability Coverage	Included in Each Occurrence Limit of Insurance
Nonowned Auto Liability Coverage	Included in Each Occurrence Limit of Insurance
Directors & Officers with Non-Monetary Relief	Per Occurrence \$1,000,000
Directors & Officers Liab-Retro Date 06/19/18	Aggregate \$1,000,000
Employment Practices Liability Insurance	
Each Claim & Aggregate Limits for Damages	\$50,000
Each Claim & Aggregate Limits-Defense Expense	INCLUDED
Retroactive Date 06/19/18 Deductible \$5,000	

PB 81 03 (06-12)
DIRECT BILL LD1B

Policy Period:

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Period:

Policy Number: ACP BPHL 3018828144 From 06-19-19 To 06-19-20

FORM NUMB	ER	TITLE
LI0021 PB0002 PB0006 PB0009 PB0404 PB0523 PB0589 PB1003 PB1504 PB1701 PB2098 PB2998 PB2999 PB3701 PB4151 PB5422 PB5805 PB5809 PB5908 PB9032 PB0412	0101 1114 1114 1114 0101 0715 0311 0813 1114 0411 0908 0215 1114 0516 1114 1114 1114	NUCLEAR ENERGY LIABILITY EXCLUSION PREMIER BUSINESSOWNERS PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS HIRED AUTO AND NON-OWNED AUTO LIABILITY CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM EMPLOYMENT PRACTICES LIABILITY EARTHQUAKE AND VOLCANIC ERUPTION ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION CONDOMINIUM ASSOCIATION COVERAGE BUSINESSOWERS ADVANTAGE WITH LIMITED EMP EXCLUSION - VIOLATION OF CONSUMER PROTEC EXCLUSION - FUNGI OR BACTERIA ORDINANCE OR LAW BROADENED ENDORSEMENT D&O LIABILITY (COOPERATIVES OR CONDOMINIUMS) WITH NON-MONETA AMENDMENT - EMPLOYEE DISHONESTY OPTIONAL DATA COMPROMISE COVERAGE RESPONSE EXPENSES AND DEFENSE AND L IDENTITY RECOVERY COVERAGE CYBERONE COVERAGE NORTH CAROLINA AMENDATORY ENDORSEMENT LIMITATION OF COVERAGE TO DESIGNATED PREMISES
		IMPORTANT NOTICES
IN7396 IN7809 IN7830	0107 1115 0816	NORTH CAROLINA - NOTICE OF EXCLUSION - FLOOD, MUDSLIDE, MUDF DATA BREACH & IDENTITY RECOVERY SERVICES EMPLOYMENT PRACTICES LIABILITY SERVICES

PB 81 03 (06-12)

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PREMIER HABITATIONAL

LIABILITY DECLARATIONS SUPPLEMENT

Policy Period: From **06-19-19** To **06-19-20** Policy Number: ACP BPHL 3018828144

OPTIONAL COVERAGES	LIMITS OF INSURANCE
Data Compromise Coverage	
Response Expense Limit	\$50,000
Response Expense Deductible	\$1,000
Sublimits	
Named Malware Limit(Sec.1)	\$50,000
Forensic IT Review Limit	\$5,000
Legal Review Limit	\$5,000
PR Services Limit	\$5,000
Defense and Liability Limit	\$50,000
Defense and Liability Deductible	\$1,000
Named Malware Limit(Sec.2)	\$50,000
Identity Recovery Limit	
Expense Reimbursement Limit	\$25,000
Sublimits	
Lost Wages/Child Elder	\$5,000
Mental Health Expenses Limits	\$1,000
Miscellaneous Expensed Limits	\$1,000
CyberOne Coverage	
Section 1 - Full Computer Attack	
Computer Attack Limit	\$50,000
Computer Attack Deductible	\$5,000
Sublimits	
Data Re-Creation	EXCLUDED
Loss of Business	EXCLUDED
Public Relations	EXCLUDED
Section 2 - Full Network Security Liability	57,011,055
Network Security Liability Limit	EXCLUDED
Network Security Liability Deductible	EXCLUDED

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

Loc /Bldg	Coverage	Limits	Premium
	POLICY WIDE OPTIONAL COVERAGES		
	BLANKET BUILDING BLANKET EARTHQUAKE BUILDING DIRECTORS & OFFICERS WITH NON-MONETARY RELIE EMPLOYEE DISHONESTY EMPLOYMENT-RELATED PRACTICES LIABILITY HIRED AUTO NONOWNED AUTO DATA COMPROMISE CYBERONE	22,712,700 22,712,700 F 1,000,000 200,000 50,000 INCLUDED INCLUDED SEE PB8105 SEE PB8105	29,516 3,071 433 140 128 31 31 145 46
01 01	BUILDING PERSONAL PROPERTY ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN CLUBHOUSE EARTHQUAKE BUILDING TOTAL PREMIUM	231,600 79,600 200,000 INCLUDED INCLUDED INCLUDED	205 155 18 270 11 659
01 02	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	610,100 200,000 INCLUDED 1,000,000	155 31 96 282
01 03	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 04	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 05	BUILDING ADVANTAGE PREMIUM	618,200 200,000	155

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PB 81 PS (01-01)

DIRECT BILL LD1B AS AGENT COPY UID 29 45 16405

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

Loc /Bldg	Coverage EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	Limits INCLUDED 1,000,000	Premium 31 96 282
01 06	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 07	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 08	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 09	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 10	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	715,000 200,000 INCLUDED 1,000,000	155 31 96 282
01 11	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282

16406

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

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Loc /Bldg	Coverage	Limits	Premium
01 12	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 13	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 14	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 15	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 16	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 17	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	739,000 200,000 INCLUDED 1,000,000	155 31 96 282
01 18	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY	715,000 200,000 INCLUDED 1,000,000	155 31 96

PB 81 PS (01-01)

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

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Loc /Bldg	Coverage BUILDING TOTAL PREMIUM	Limits	Premium 282
01 19	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 20	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	662,600 200,000 INCLUDED 1,000,000	155 31 96 282
01 21	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	674,800 200,000 INCLUDED 1,000,000	155 31 96 282
01 22	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	674,800 200,000 INCLUDED 1,000,000	155 31 96 282
01 23	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	298,400 200,000 INCLUDED 1,000,000	155 18 48 221
01 24	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	298,400 200,000 INCLUDED 1,000,000	155 18 48 221
01 25	BUILDING ADVANTAGE PREMIUM	739,000 200,000	155

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

Loc /Bldg	Coverage	Limits	Premium
EUC /Blug	EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	INCLUDED 1,000,000	31 96 282
01 26	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	739,000 200,000 INCLUDED 1,000,000	155 31 96 282
01 27	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	739,000 200,000 INCLUDED 1,000,000	155 31 96 282
01 28	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	739,000 200,000 INCLUDED 1,000,000	155 31 96 282
01 29	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 30	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	674,800 200,000 INCLUDED 1,000,000	155 31 96 282
01 31	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	565,400 200,000 INCLUDED 1,000,000	155 31 96 282

PB 81 PS (01-01)

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

Loc /Bldg	Coverage	Limits	Premium
01 32	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	565,400 200,000 INCLUDED 1,000,000	155 31 96 282
01 33	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	298,400 200,000 INCLUDED 1,000,000	155 18 48 221
01 34	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	298,400 200,000 INCLUDED 1,000,000	155 18 48 221
01 35	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 36	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 37	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN LIABILITY BUILDING TOTAL PREMIUM	618,200 200,000 INCLUDED 1,000,000	155 31 96 282
01 38	BUILDING ADVANTAGE PREMIUM EQUIPMENT BREAKDOWN POOL	220,000 200,000 Included Included	155 16 338

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3018828144** Policy Period: From **06-19-19** To **06-19-20**

Loc /Bldg	Coverage ORDINANCE OR LAW BROADENED	Limits INCLUDED	Premium 96
	BUILDING TOTAL PREMIUM		605
01 39	BUILDING ADVANTAGE PREMIUM	312,000 200,000	155
	EQUIPMENT BREAKDOWN BUILDING TOTAL PREMIUM	INCLUDED	18 173
01 40	BUILDING ADVANTAGE PREMIUM	25,000 200,000	155
	EQUIPMENT BREAKDOWN LIABILITY	INCLÚDED 1.000.000	13 28
	BUILDING TOTAL PREMIUM	_,000,000	196
01 41	BUILDING ADVANTAGE PREMIUM	25,000 200,000	155
	EQUIPMENT BREAKDOWN LIABILITY	INCLÚDED 1,000,000	13 28
	BUILDING TOTAL PREMIUM		196
01 42	BUILDING ADVANTAGE PREMIUM	25,000 200,000	155
	EQUIPMENT BREAKDOWN LIABILITY	INCLUDED 1,000,000	13 28
	BUILDING TOTAL PREMIUM		196

PB 81 PS (01-01)

If an * is shown for a coverage, then the limit shown is the additional amount of insurance for that coverage - see the Declarations page for the total amount.