

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: ACP BPHL 3019578927

Named Insured: MITCHELL MILL HOMEOWNERS ASSOCIATION INC
MCKINLEY MILL HOMEOWNERS ASSOCIATION

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 01-01-21 To 01-01-22
12:01 AM Standard Time at your principal place of business.

Form of your business entity: CORPORATION

Description of your business: HOMEOWNERS 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 \$ 3,315.00

Previous Policy Number	STATUS	I	TOTAL AGENT COMMISSION	\$	497.25
ACP BPHL 3009578927	ENTRY DATE	11-05-20	_____	_____	_____
			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.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

SCHEDULE OF NAMED INSUREDS

Policy Number: ACP BPHL 3019578927

From 01-01-21

Policy Period:
To 01-01-22

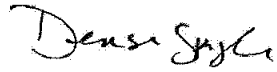
Named Insured:

MITCHELL MILL HOMEOWNERS ASSOCIATION INC

MCKINLEY MILL HOMEOWNERS ASSOCIATION

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



PRESIDENT

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPHL3019578927**

Policy Period:
From **01-01-21** To **01-01-22**

Description of Premises Number: **001** Building Number: **001** Construction: **JOISTED MASONRY**
 Premises Address **3508 PRITCHARD CT** **RALEIGH NC 27616-8973**
 Premises ID **LOCATION 1**
 Occupancy **OO** Classification: **HOMEOWNERS ASSOCIATIONS**

Described as: **HOMEOWNERS ASSOCIATION**

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 **\$ 1,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE	
Building - Replacement cost		\$294,500
Business Personal Property - Replacement cost		\$5,200
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 - NO Hour Waiting Period		INCLUDED
Equipment Breakdown		INCLUDED
Automatic Increase in Insurance - Building		3%
Automatic Increase in Insurance - Business Personal Property		2.9%
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		NOT PROVIDED
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		NOT PROVIDED

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**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPHL3019578927**

From **01-01-21** To **01-01-22**

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

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Interest Number:

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PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

LIABILITY DECLARATIONS

Policy Number: **ACP BPHL 3019578927**

Policy Period:
From **01-01-21** To **01-01-22**

LIMITS OF INSURANCE

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

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

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Directors & Officers with Non-Monetary Relief	Per Occurrence	\$1,000,000
Directors & Officers Liab-Retro Date 12/01/19	Aggregate	\$1,000,000

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Period:

Policy Number: ACP BPHL 3019578927

From 01-01-21 To 01-01-22

FORM NUMBER	TITLE
LI0021	0101 NUCLEAR ENERGY LIABILITY EXCLUSION
PB0002	1114 PREMIER BUSINESSOWNERS
PB0006	1114 PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
PB0009	1114 PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS
PB0412	0101 LIMITATION OF COVERAGE TO DESIGNATED PREMISES
PB0523	0715 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
PB1504	1114 ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
PB2998	0908 EXCLUSION - VIOLATION OF CONSUMER PROTEC
PB2999	0215 EXCLUSION - FUNGI OR BACTERIA
PB4151	0515 D&O LIABILITY (COOPERATIVES OR CONDOMINIUMS) WITH NON-MONETA
PB6005	1109 ADDITIONAL INSURED - HOMEOWNERS ASSOCIATIONS
PB9032	1114 NORTH CAROLINA AMENDATORY ENDORSEMENT

IMPORTANT NOTICES

IN7395	0107 NC - NOTICE OF EXCLUSION-FLOOD, EARTHQUAKE, MUDSLIDE, MUDFLO
IN7809	1115 DATA BREACH & IDENTITY RECOVERY SERVICES

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL AGENT PREMIUM SUMMARY

Policy Number: **ACP BPHL 3019578927**

Policy Period:
From **01-01-21** To **01-01-22**

Loc /Bldg	Coverage	Limits	Premium
	POLICY WIDE OPTIONAL COVERAGES		
	DIRECTORS & OFFICERS WITH NON-MONETARY RELIEF	1,000,000	888
01 01	BUILDING	294,500	1,064
	PERSONAL PROPERTY	5,200	7
	EQUIPMENT BREAKDOWN	INCLUDED	23
	LIABILITY	1,000,000	933
	POOL	INCLUDED	400
	BUILDING TOTAL PREMIUM		2,427

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 LKGP

WT

AGENT COPY

UID 29

45 16617

EFFECTIVE DATE: 12:01 AM Standard Time,
(at your principal place of business)

BUSINESSOWNERS
PB AI 06 (01-01)

ACKNOWLEDGEMENT OF ADDITIONAL INSURED STATUS CONTROLLING INTEREST

Person or Organization Designated as an Additional Insured:

GRANDCHESTER MEADOWS INC

**PO BOX 1149
APEX NC 275023149**

This form has been sent to you to acknowledge your status as an additional insured under our, meaning the issuing Company stated below, insurance policy issued to the Named Insured shown below.

Under our Premier Businessowners Liability Coverage Form, Section II. WHO IS AN INSURED provides as follows:

Any of the following persons or organizations are automatically insureds when you (i.e. the Named Insured stated below) and such person or organization have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy providing general liability coverage.

Controlling Interest

Any person or organization that has a controlling interest in you is an additional insured, but only with respect to liability arising out of:

- (1) Their financial control of you; or
- (2) Their ownership, maintenance or control of premises you lease or occupy;

Subject to the following additional exclusion:

This insurance, including any duty we have to defend "suits", does not apply to structural alterations, new construction or demolition operations performed by or for such person or organization.

HOWEVER, their status as additional insured under this policy ends when they cease to have such controlling interest in you.

The policy language set forth above is subject to all of the terms and conditions of the policy issued to the Named Insured shown below. For your information, our Named Insured, the Policy Number, Policy Term and Limits of Insurance are stated below.

Named Insured **MITCHELL MILL HOMEOWNERS ASSOCIATION INC**

Issuing Company: **AICOA**
Policy Number: **ACP BPHL3019578927**
Policy Term: **01-01-21 To 01-01-22**
Limits of Insurance: **Per Occurrence \$1,000,000**
 All Occurrences \$2,000,000

PB AI 06 (01-01)

ACP BPHL3019578927

AGENT COPY

Page 1 of 1

45 16618

EFFECTIVE DATE: 12:01 AM Standard Time,
(at your principal place of business)

BUSINESSOWNERS
PB AI 06 (01-01)

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 All Occurrences \$2,000,000

PB AI 06 (01-01)

ACP BPHL3019578927

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Page 1 of 1

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