

## Commercial Umbrella Policy

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Thank you for choosing  
The Hanover  
for your Business  
Insurance needs.

Insured Copy

The  
**Hanover**  
Insurance Group®

## IMPORTANT NOTICE TO POLICYHOLDERS

### Summary of Form Changes

**THIS NOTICE CONTAINS IMPORTANT SUMMARY INFORMATION ABOUT CHANGE IN COVERAGE. PLEASE READ IT CAREFULLY.**

**THIS NOTICE DOES NOT PROVIDE ANY COVERAGE AND DOES NOT REPLACE ANY PROVISIONS IN YOUR POLICY. READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE, THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

The Hanover Insurance Group, in an effort to further address the needs of our policyholders, has modified some of the Life Sciences Umbrella Liability endorsements to clarify coverage intent.

The following is a list of endorsements that may attach to your policy at renewal. However, please note that not all endorsements listed below are included on a particular policy. Please read your policy language carefully for the coverage you are afforded. If you have any questions or concerns, please contact your Insurance Agent or Broker.

**The endorsements are:**

- 475-0494 Exclusion – Healthcare Professional Services with Personal and Advertising Injury Exception (Coverage A and B)
- 475-0495 Exclusion – Healthcare Professional Services (Coverage A and B)
- 475-0498 Exclusion – Your Product Being Tested in a Human Clinical Trial (Coverage A and B)
- 475-0499 Products-Completed Operations Hazard Redefined for Life Sciences
- 475-0500 Restriction of Coverage – Life Sciences (Coverage A and B)
- 475-0623 Exclusion – Human Clinical Trial, Life Science Products and Healthcare Professional Services (Coverage A and B)





440 Lincoln Street  
Worcester, Massachusetts 01653  
1-800-922-8427

RENEWAL OF POLICY UHQ J585764 01

## COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

### CLAIMS-MADE WARNING

COVERAGE A – FOLLOW FORM EXCESS LIABILITY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS WHEN THE APPLICABLE “UNDERLYING INSURANCE” IS WRITTEN ON A CLAIMS-MADE BASIS. WHEN CLAIMS-MADE COVERAGE APPLIES, THIS POLICY, SUBJECT TO ITS TERMS, APPLIES ONLY TO “CLAIMS” FIRST MADE AGAINST YOU DURING THE POLICY PERIOD, AUTOMATIC EXTENDED REPORTING PERIOD OR ANY PURCHASED OPTIONAL EXTENDED REPORTING PERIOD. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

### “CLAIMS EXPENSE” OR “DEFENSE EXPENSE” WITHIN LIMITS NOTICE

THIS POLICY MAY PROVIDE FOR “CLAIM EXPENSE” OR “DEFENSE EXPENSE” PAYABLE WITHIN, AND NOT IN ADDITION TO, THE LIMITS OF INSURANCE. “CLAIM EXPENSE” OR “DEFENSE EXPENSE” WILL REDUCE AND MAY EXHAUST THE LIMIT OF INSURANCE, AND WILL BE APPLIED AGAINST THE DEDUCTIBLE. IN THE EVENT THAT THE LIMIT OF INSURANCE IS EXHAUSTED, WE SHALL NOT BE LIABLE FOR “CLAIM EXPENSE” OR “DEFENSE EXPENSE”, JUDGMENTS OR SETTLEMENTS IN EXCESS OF THE APPLICABLE LIMIT.

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

POLICY NUMBER: UHQ J585764 02  
COMPANY: Hanover Insurance Company

### DECLARATIONS

#### Item 1. Named Insured and Address (No., Street, Town, County, State)

#### Agent

VILLAGE OF FOUNTAINVIEW CONDO  
C/O FIRSTSERVICE RESIDENTIAL  
5301 LIMESTONE ROAD, SUITE 228  
WILMINGTON DE 19808

5103392  
AP BENEFITS ADVISORS  
DBA BHI STE 405  
111 CONTINENTAL DR  
NEWARK DE 19713

#### Item 2. Policy Period: (Month, Day, Year)

From 10/29/2025 To 10/29/2026  
12:01 A. M., standard time at the address of the Named Insured as stated herein.



**Form of Business:**

- ☐ Individual
 ☐ Partnership
 ☐ Corporation
 ☐ Limited Liability Company  
☒ Organization (Other than Partnership, Joint Venture or Limited Liability Company)

**Business Description: RESIDENTIAL CONDOMINIUM BUILDING**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

**Item 3. Limit of Insurance**

<b>Each Occurrence or Each Claim Limit:</b>	\$5,000,000
<b>Products – Completed Operations Aggregate Limit:</b>	\$5,000,000
<b>General Aggregate Limit</b>	\$5,000,000
 <b>Retained Limit:</b>	 \$0

**Item 4. Premium Computation:**

	<b>Estimated Annual Premium</b>	\$5,733.00
	<b>Premium Surcharges</b>	
(Premium Surcharges NOT APPLICABLE in New York)		
	<b>Annual Minimum Premium</b>	\$5,733.00
	<b>Advance Premium</b>	\$5,733.00

**Endorsements:**

See next page

- ☐ PREPAID - the total annual premium is due at inception.  
☐ HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attached.  
☐ ACCOUNT BILL    ☐ DIRECT BILL    ☐ Annual    ☐ Semi-Annual    ☐ Other

Audit period: Non Auditable Unless indicated by ☐ Annual ☐ Semi-Annual ☐ Other

If you cancel this policy, we shall receive and retain not less than NIL as a policy minimum premium.

**Forms Applicable To This Policy:**

\*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Form Edition</u>	<u>Description</u>
401-1337	02/16	Trade Or Economic Sanctions Endorsement
401-1374	12/20	Disclosure Pursuant To Terrorism Risk Insurance Act
401-1377	06/20	Company Address Listing



### Forms Applicable To This Policy:

\*Asterisk denotes new or changed form

<b><u>Form Number</u></b>	<b><u>Form Edition</u></b>	<b><u>Description</u></b>
* 401-1426	06/24	Important Notice To Policyholders Summary Of Form Changes
475-0001	12/22	Hanover Commercial Follow Form Excess And Umbrella Policy
475-0027	12/14	Exclusion - Total Pollution (Coverage A)
475-0031	12/14	Exclusion - Professional Liability (Coverage A)
475-0050	12/14	Exclusion - Abuse and Molestation (Coverage A and B)
475-0057	12/14	Exclusion - Lead (Coverage A and B)
475-0066	01/15	Cap on Losses From Certified Acts of Terrorism
475-0070	01/15	Exclusion of Punitive Damages Related To A Certified Act Of Terrorism
475-0080	12/14	Exclusion - Fungi Or Bacteria Liability (Coverage A and B)
475-0084	12/14	Exclusion - Silica (Coverage A and B)
475-0142	12/14	Delaware Changes
* 475-0174	12/14	Multiple Named Insured Endorsement
475-0215	12/14	Exclusion - Discrimination (Coverage A and B)
475-0613	11/20	Underlying Insurance Defined (Coverage A and B)
475-0654	12/23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information And Electronic Data (Coverage A And B)
475-0655	12/23	Exclusion - Violation Of Law Addressing Data Privacy (Coverage A And B)
* 475-0661	01/25	Exclusion - Cyber Incident - Cyber Content
SIG 11 00	11/17	Signature Page



### SCHEDULE OF UNDERLYING POLICIES

<b>Insured:</b> VILLAGE OF FOUNTAINVIEW CONDO <b>Effective on and after</b> 10/29/2025 12:01 A.M. Standard Time <b>This Schedule is part of Policy Number:</b> UHQ J585764 02
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CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE	
(a) Carrier: CITIZENS INSURANCE COMPANY OF AMERICA Policy Number: RBQ J585761 02 Policy Period: 10/29/2025 TO 10/29/2026	Commercial General Liability	\$1,000,000	Occurrence/ Each Claim
	<input type="checkbox"/> Owned Autos	\$1,000,000	Personal Injury
	<input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000	Advertising Injury
		\$2,000,000	General Aggregate
		Incl in Gen Agg	Product/Completed Operations Aggregate
(b) Carrier: CITIZENS INSURANCE COMPANY OF AMERICA Policy Number: RBQ J585761 02 Policy Period: 10/29/2025 TO 10/29/2026	Comprehensive Automobile Liability including	Bodily Injury and Property Damage Liability Combined:	
	<input type="checkbox"/> Owned Autos	\$1,000,000	Each Accident
	<input checked="" type="checkbox"/> Non-Owned & Hired Autos	Bodily Injury	
		\$	Each Person
		\$	Each Accident
(c) Carrier:  Policy Number: Policy Period:	Garage Liability	Bodily Injury and Property Damage Liability Combined:	
	<input type="checkbox"/> Dealers		Each Accident
	<input type="checkbox"/> Service	Garage Operations	
		\$	Auto Only
		\$	Other than Auto Only
(d) Carrier: Excluded  Policy Number: Policy Period:	Standard Workers' Compensation & Employers' Liability	<b>Coverage B – Employers Liability</b>	
		Bodily Injury by Accident	
		\$	Each Accident
		Bodily Injury by Disease	
		\$	Each Employee
		\$	Aggregate
	<b>NEW YORK ONLY:</b> The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.		

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance



(e) Carrier: Policy Number: Policy Period:	Liquor Liability	\$ \$ \$ \$	Each Common Cause Other Aggregate Other
(f) Carrier: Policy Number: Policy Period:	Professional Liability	\$ \$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate Other
(g) Carrier: Policy Number: Policy Period:	Directors & Officers Liability	\$ \$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate Other
(h) Carrier: Policy Number: Policy Period:	Stop Gap Liability	Bodily Injury by Accident \$ Bodily Injury by Disease \$ \$	Each Accident Each Employee Aggregate
(i) Carrier: Policy Number: Policy Period:	Abuse and Molestation	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate
(j) Carrier: Policy Number: Policy Period:	Foreign	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate
(k) Carrier: Policy Number: Policy Period:	Employee Benefits Liability	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate
(l) Carrier: Policy Number: Policy Period:	Other	\$ \$ \$ \$	Each Occurrence Each Claim Other Aggregate

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance

Countersigned By: \_\_\_\_\_  
Authorized Representative of the Company

Date: \_\_\_\_\_



## MULTIPLE NAMED INSURED ENDORSEMENT

The NAMED INSURED on the Follow Form Excess and Umbrella Policy Declarations is amended to include all the following as NAMED INSURED applicable to this policy.

NAMES	LEGAL ENTITY
ASSOCIATION	
CONDOMINIUM ASSOCIATION	

*(Completion of this following, including countersignature, is required to make this endorsement effective only when it is issued subsequent to the preparation of the Policy.)*

Effective: 10/29/2025                      this endorsement forms a part of Policy No.: UHQ J585764 02

Issued to: VILLAGE OF FOUNTAINVIEW CONDO

By: Hanover Insurance Company

Date of issue:

Countersigned by:

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Authorized Representative of the Company



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION – CYBER INCIDENT – CYBER CONTENT

This endorsement modifies insurance provided under the following:

HANOVER COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

**A. The following is added to section VII. EXCLUSIONS, 1. Applicable to both Coverage A – Follow Form Excess and Coverage B – Umbrella Liability:**

This insurance does not apply to:

**Cyber Incident**

Any liability or expense caused by, arising out of or as a consequence of a "cyber incident".

This exclusion applies even if damages are claimed for notification costs, credit or identity monitoring expenses, forensic expenses, public relations expenses, data restoration expenses, extortion expenses or any other similar cost or expense incurred by you or others arising out of a "cyber incident".

**B. For the purposes of this endorsement only, the following definitions are added to section IX. DEFINITIONS:**

1. **"Cyber content"** means the electronic display, electronic transmission, or electronic dissemination of information through any network or through an insured's system, including through email or an insured's internet website.

2. **"Cyber incident"** means any:

- a. Unauthorized access to or use of any computer system;
- b. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system and is designed to access, alter, corrupt,

damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system or otherwise disrupt its normal functioning or operation;

c. Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation; or

d. Alleged or actual unintentional and unauthorized:

(1) Infringement of a collective mark, service mark, service name, trademark, trade dress, domain name, commercial logo, commercial slogan, commercial symbol, commercial title, copyright, name of a product, service or entity, or title of an artistic or literary work;

(2) Plagiarism or unauthorized use of protected literary or artistic work, format, character or performance;

(3) Invasion or interference with the right of publicity including name, persona, voice or likeness; or

(4) Defamation, libel, slander, trade libel, false light or other tort directly arising from the disparagement of or harm to the reputation or character of any person or entity;

resulting directly from "cyber content" of the insured entity.

ALL OTHER POLICY TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

