



**ASPEN SPECIALTY INSURANCE COMPANY**

**COMMERCIAL PACKAGE POLICY DECLARATIONS PAGE**

<b>Policy Number:</b>
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<b>Inception Date:</b>	<b>Expiration Date:</b>	<b>12:01 AM Standard Time at the address of the insured as stated herein.</b>
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<b>Named Insured and Address</b>	<b>Producing Agency Name and Address</b>

This policy consists of the following coverage parts for which a premium is indicated. The premium may be subject to audit by the company.

<b>Coverage(s) Included in Policy</b>	<b>Premium</b>
Commercial Property	
Commercial General Liability	
Crime - Employee Dishonesty	
Directors & Officers Liability	
<b>Policy Premium:</b>	
<b>Fees</b>	
<b>Total Premium and Fees:</b>	

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 Policy Supercedes Any Previous Policy Bearing The Same Number And Policy Period.

**“SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY STATE REGULATORY AGENCY.”**

**Payment Method: This is an agency bill policy.**

Premium payable at inception:

\_\_\_\_\_  
Authorized Representative





**ASPEN SPECIALTY INSURANCE COMPANY**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE**

<b>Policy Number:</b>	<b>Policy Period:</b>	<b>To:</b>
<b>Named Insured:</b>		

**LIMITS OF INSURANCE**

[Empty box for Limits of Insurance details]

**BUSINESS DESCRIPTION AND LOCATION OF PREMISES**

Business Description:  
Location - See Location Schedule

**PREMIUM**

<u>Code No.</u>	<u>Classification Description</u>	<u>Premium Basis</u>	<u>Exposure</u>



**ASPEN SPECIALTY INSURANCE COMPANY**

**COMMERCIAL CRIME COVERAGE PART DECLARATIONS PAGE**

**Policy Number:**  
**Named Insured:**

**Policy Period:**

**To:**

**COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLES**

Insuring Agreements, Limit of Insurance and Deductible Amounts shown below are subject to all of the terms of this policy that apply.

[Empty box for coverages, limits, and deductibles]



**ASPEN SPECIALTY INSURANCE COMPANY**

**CONDOMINIUM DIRECTORS OFFICERS AND EMPLOYMENT PRACTICES LIABILITY  
INSURANCE POLICY DECLARATIONS PAGE**

<b>Policy Number:</b>	<b>Policy Period:</b>	<b>To:</b>
<b>Named Insured:</b>		

**ITEM 1.**      **INSURED ORGANIZATION NAME AND PRINCIPAL ADDRESS**

**ITEM 2.**      **POLICY PERIOD**

Local time at the address shown in item

**ITEM 3.**      **LIMIT OF LIABILITY**

\$                    maximum aggregate limit of liability for all claims first made in the policy  
period. EACH CLAIM LIMIT \$

**ITEM 4.**      **DEDUCTIBLE \$ \_\_\_\_\_ per claim**

**ITEM 5.**      **PREMIUM \$Included**

**ITEM 6.**      **ENDORSEMENTS ATTACHED**

**ITEM 7.**      **NOTICES**

**All notices required to be given to the insurer under this policy shall be addressed to:**

These Declarations along with the completed and signed Condominium Association Supplemental application, the Condominium Directors, Officers and Employment Practices Liability Insurance Policy and any endorsements attached shall constitute the contract between the insured and us.



**ASPEN SPECIALTY INSURANCE COMPANY**

**ENVIRONMENTAL INSURANCE POLICY DECLARATIONS PAGE**

<b>Policy Number:</b>	<b>Policy Period:</b>	<b>To:</b>
<b>Named Insured:</b>		

**ITEM 1 FIRST NAMED INSURED:**

**ITEM 2 POLICY PERIOD:**

**ITEM 3 AGGREGATE LIMIT OF LIABILITY:**

**ITEM 4 POLLUTION INCIDENT LIMIT OF LIABILITY:**

**ITEM 5 POLLUTION INCIDENT DEDUCTIBLE:**

**ITEM 6 RETROACTIVE DATE:**

**ITEM 7 NOTICES:**

- (a) Notices to first named insured:
  
- (b) Notices to insurer of any matter or factor that may give rise to coverage under the Policy, including without limitation, occurrences, crisis events, emergency events, claims or pollution conditions or imminent threat thereof:
  
- (c) All other notices to the insurer:

## POLICY FORMS DECLARATIONS

Form Number	Form Date	Form Description
ASPCO098	02/13	Signature Page
ASIC CIU CPP 001D	10/12	Commercial Package Policy Declarations Page
ASIC CIU IL 003	10/12	Policy Location Schedule
ASIC CIU GL 007D	10/12	Commercial General Liability Coverage Part Declarations Page
ASIC CIU CR 001D	01/16	Commercial Crime Coverage Part Declarations Page
ASIC CIU DO 005D	10/12	Condominium Directors Officers And Employment Practices Liability Insurance Policy Declarations Page
ASIC CIU ENV 001D	05/20	Environmental Insurance Policy Declarations
IL1207	07/02	Florida Policy Changes
CIU0101FL	03/08	Surplus Lines Statement
ASIC CIU IL 001	10/12	Minimum Earned Premium Endorsement
IL0003	09/08	Calculation of Premium
IL0017	11/98	Common Policy Conditions
ASIC CIU IL 005	10/12	Service of Suit Clause
TRIA Disclosure	09/12	Policyholder Disclosure Notice of Terrorism Insurance Coverage And Cap On Losses
ASIC CIU IL 031	05/20	Cancellation And Nonrenewal Endorsement
ASIC CIU CP 019	07/13	Special Activity Exclusion
CG0001	12/07	Commercial General Liability Coverage Form
CG0300	01/96	Deductible Liability Insurance
CG2004	11/85	Additional Insured - Condominium Unit Owners
CG0067	03/05	Exclusion - Violation of Statutes that Govern E-mails, Fax, Phone Calls or Other Methods of Sending Material or Information
CG2147	12/07	Exclusion - Employment Related Practices Exclusion
CG2165	12/04	Exclusion - Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying Equipment Exception And A Hostile Fire Exception
ASIC CIU GL 004	08/18	General Liability Coverage Extension Endorsement - Community Association
CG2160	09/98	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG2196	03/05	Silica or Silica Related Dust Exclusion
ASIC CIU IL 018	11/13	Nuclear, Biological or Chemical Terrorism Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
ASIC CIU IL 019	01/15	Terrorism Exclusion
CG2426	07/04	Amendment of Insured Contract Definition
ASIC CIU GL 002	10/12	Exclusion - Lead Paint
ASIC CIU GL 003	10/12	Exclusion - Asbestos
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ASIC CIU GL 006	10/12	Hired and Non-Owned Auto Liability
ASIC CIU GL 023	01/16	Limited Fungi Or Bacteria Coverage
ASIC CIU ENV 003	11/20	Communicable Disease Exclusion
ASIC CIU GL 025	11/20	Communicable Disease Exclusion
ASIC CIU ENV 001	05/20	Environmental Insurance Policy
ASIC CIU DO 001	02/18	Condominium Directors, Officers and Employment Practices Liability Insurance Policy
ASIC CIU DO 012	01/15	Property Manager Entity Coverage Endorsement

ASIC CIU DO 016	01/15	Increased Consent To Settle Clause Coverage Endorsement
ASIC CIU DO 019	02/15	Bodily Injury / Physical Damage Exclusion Endorsement
ASIC CIU DO 021	03/15	Catastrophic Event Preparedness And Response Exclusion
ASIC CIU DO 022	03/15	Failure To Obtain Or Maintain Insurance Exclusion
ASIC CIU DO 002	01/16	Continuity of Coverage Endorsement
CR0020	11/15	Commercial Crime Policy (Discovery Form)
CR2508	10/10	Include Specified Non-Compensated Officers
CR2506	10/10	Include Chairman and Member of Specified Committees
CR2502	10/10	Include Designated Agents as Employees
CR0151	08/07	Florida Changes - Legal Action Against Us



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**INCLUDE DESIGNATED AGENTS AS EMPLOYEES**

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY
- GOVERNMENT EMPLOYEE THEFT AND FORGERY POLICY

and applies to the Employee Theft Insuring Agreement:

**SCHEDULE**

Capacity Of Agent	Limit Of Insurance
	\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. The definition of "employee" is amended to include each natural person, partnership or corporation you appoint in writing to act as your agent in the capacity shown in the Schedule while acting on your behalf or while in possession of covered property. These natural persons, partnerships or corporations are not covered for faithful performance of duty, even in the event that this insurance may have been amended by endorsement to provide such coverage on other "employees". Only coverage for "theft" applies to the agents scheduled above.
2. Each such agent and the partners, officers and employees of that agent are considered to be, collectively, one "employee" for the purposes of this insurance. However, the Termination As To Any Employee Condition applies individually to each of them.
3. The most we will pay under this insurance for loss caused by an agent included as an "employee" by this endorsement is the Limit of Insurance shown in the Schedule. That Limit Of Insurance is part of, not in addition to, the Limit Of Insurance shown in the Declarations as applicable to the Employee Theft Insuring Agreement.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FLORIDA CHANGES – LEGAL ACTION AGAINST US**

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM  
GOVERNMENT CRIME COVERAGE FORM  
KIDNAP/RANSOM AND EXTORTION COVERAGE FORM

- A.** Under the Commercial Crime Coverage Form and Government Crime Coverage Form, the **Legal Action Against Us** Condition is replaced by the following:
- LEGAL ACTION AGAINST US**
- You may not bring any legal action against us involving loss:
1. Unless you have complied with all the terms of this insurance;
  2. Until 90 days after you have filed proof of loss with us; and
  3. Unless brought within 5 years from the date you "discover" the loss.
- B.** Under the Kidnap/Ransom And Extortion Coverage Form, the **Legal Action Against Us** Condition is replaced by the following:
- LEGAL ACTION AGAINST US**
- You may not bring any legal action against us involving loss:
1. Unless you have complied with all the terms of this insurance;
  2. Until 90 days after you have filed proof of loss with us; and
  3. Unless brought within 5 years from the date you reported the loss to us.