



**THE ANDOVER COMPANIES**

Merrimack Mutual Fire Insurance Company Founded 1828 | Bay State Insurance Company Founded 1955  
 Cambridge Mutual Fire Insurance Company Founded 1833

**Renewal Declaration**

POLICY NUMBER	POLICY PERIOD	AGENT NO.	AGENT
SBP34105579	07/14/2024 to 07/14/2025 12:01 AM Standard Time	6441	Telephone: 978-922-4600
NAME AND ADDRESS			
11 ORCHARD STREET CONDOMINIUMS TRUST 11 ORCHARD ST MEDFORD MA 02155-4323			CLEMENT C ARCHER INS AGCY INC 271 CABOT ST BEVERLY MA 01915-4519

In return for the payment of the premium, and subject to all the terms of this policy, we agree to provide the insurance as stated in this policy.

**Full Named Insured**

11 Orchard Street Condominiums Trust

**Named Insured Entity Type**

Trust

**Issuing Company**

Bay State Insurance Company

**Liability and Medical Payments**

Except for Fire Legal Liability, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to paragraph D.4. of the Businessowners Liability Coverage Form.

Coverage	Limit of Liability
General Aggregate (Except Products-Completed Operations)	\$2,000,000
Products-Completed Operations	\$1,000,000
Each Occurrence	\$1,000,000
Personal and Advertising Injury Occurrence	\$1,000,000
Medical Expenses (per person)	\$5,000

**Property**

Coverage at the below described locations is provided only where a limit of insurance is shown or a premium is stated. Business Income and Extra Expense included. Please refer to Property Coverage Form.

**Location 1:** 11 Orchard St Medford MA 02155-4323

Business of Named Insured to which this insurance applies: Habitational Condo Association  
 Coverage: Special, Inflation Guard = 8%, Construction: Frame, Territory: 15, Protection Class: 2, Year Built: 1910, Building Rate: Condo Apartment, # Units = 2, Max # Units between firewalls = 2, Owner Occupancy Percentage = 75%  
 Standard Deductible: \$2,500



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<b>Coverage</b>	<b>Limit of Insurance</b>	<b>Premium</b>
Building Coverage	\$1,274,500	\$2,643.00
Business Income and Extra Expense	12 months Actual Loss Sustained	Included

**Location 1 - Additional Coverages:**

Locations with Building Coverage receive Exterior Building Glass Coverage (\$500 deductible applies)

<b>Additional Coverage</b>	<b>Limit of Insurance</b>	<b>Premium</b>
Tenants Fire Legal Liability	\$50,000	Included
Accounts Receivable	\$5,000	Included
Valuable Papers	\$5,000	Included
Businessowners Extension Endorsement - Form 5038		Included
Superior Enhancement - Form 5067		\$275.00
Condominium Association Clarifying Endorsement - Form 5017		Included
<b>Location 1 - Total Additional Coverages Premium</b>		<b>\$275.00</b>

**Total Premium for Location 1.....\$2,918.00**

**Policy Level Additional Coverages:**

<b>Additional Coverage</b>	<b>Limit of Insurance</b>	<b>Premium</b>
Limited Fungi or Bacteria Coverage (Property) - Form 970576	\$15,000	Included
Limited Fungi or Bacteria Coverage (Liability) - Form 970578	\$15,000	Included
Equipment Breakdown (\$500 deductible applies) - Form 6001		Included
Terrorism Risk Insurance Act		Waived
Agreed Amount - Form 5065		Included
<b>Policy Level Additional Coverages Premium</b>		<b>\$0.00</b>



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### Cyber Liability Coverage

Coverage Agreement: **\$100,000**

Retroactive Date: **07/14/2023**

Cyber Liability	Limit of Insurance	Premium
Cyber Liability Coverage - Form 5075		\$75.00
Multimedia Liability	\$100,000	
Security and Privacy Liability	\$100,000	
Privacy Regulatory Defense and Penalties	\$100,000	
PCI DSS Assessment	\$100,000	
Privacy Breach Response Costs, Notification Expenses, and Breach Support and Credit Monitoring Expenses	\$100,000	
Proactive Privacy Breach Response Costs Sublimit	\$100,000	
Voluntary Notification Expenses Sublimit	\$100,000	
Network Asset Protection	\$100,000	
Cyber Extortion	\$100,000	
Cyber Terrorism	\$100,000	
BrandGuard®	\$100,000	
Business Owner ID Theft Recovery	\$100,000	
Annual Aggregate Limit	\$100,000	
<b>Total Cyber Liability Premium</b>		<b>\$75.00</b>

### Forms and Endorsements

Form Number	Form Title
BP0002 12/99	Businessowners Special Property Coverage Form
BP0006 01/97	Businessowners Liability Coverage
BP0009 01/97	Businessowners Common Policy Conditions
5038 03/98	Businessowners Extension Endorsement
5065 09/11	Agreed Amount Endorsement
5067 03/20	Superior Enhancement
5041 04/03	Extension Enhancement Deductible Clarification
5021 06/92	Clarifying Endorsement Businessowners Liability



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<b>Form Number</b>	<b>Form Title</b>
BP0515 12/20	Disclosure Pursuant to Terrorism Risk Insurance Act
BP0564 01/15	Conditional Exclusion of Terrorism Relating to Disposition of Terrorism Risk Ins. Act
BP0523 01/15	Cap on Losses from Certified Acts of Terrorism
BP0542 01/15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
970576 06/03	Limited Fungi or Bacteria Coverage Property
970578 06/03	Limited Fungi or Bacteria Coverage Liability
971486 07/20	Communicable Disease Exclusion
BP0417 01/96	Employment Related Practices Exclusion
BP0439 01/96	Abuse or Molestation Exclusion
5017 01/97	Clarifying Condominium Coverage Endorsement
6001 01/20	Equipment Breakdown Endorsement
970159 09/10	Water Exclusion Endorsement
BP0514 01/03	War Liability Exclusion
BP0496 10/01	Premium Audit Endorsement
5075 06/17	Cyber Liability Insurance
BP0412 01/87	Limitation of Coverage to Designated Premises or Project 11 Orchard St, Medford, MA, 02155-4323
BP1707 01/97	Massachusetts Changes Condo Association Coverage
5082MA 12/18	Massachusetts Changes Cyber
970606 01/07	Massachusetts Exclusion of Loss Due to Virus or Bacteria
BP0143 11/94	Massachusetts Changes Lead Poisoning Endorsement
BO133 11/94	Massachusetts Summary Disclosure Form
BP0108A 11/15	Massachusetts Changes
970144 01/21	Massachusetts Changes Intentional Loss

**Premium**

Total Premium for Location 1 .....	\$2,918.00
Total Policy Level Additional Coverages Premium.....	\$75.00
<b>Total Annual Premium (all locations) .....</b>	<b>\$2,993.00</b>



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### Important Notices

7003 06/15	Notice to Policyholders Notice of Terrorism Insurance Coverage
ILP001 01/04	OFAC Advisory Notice to Policyholders
P-714 06/23	Payment Plan Information Notice

\_\_\_\_\_  
Countersignature of Authorized Agent  
(where required)

05/01/2024  
Date