VERMONT MUTUAL GROUP
89 State Street, PO Box 188
Montpelier, VT 05601-0188

BUSINESSOWNERS POLICY DECLARATIONS

To report a claim call your Agent or the Company at 800-435-0397

Policy Number: BP17041337 - RENEWAL POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address
CAPITOL PLACE CONDOMINIUM
ASSOCIATION
C/O TREASURER
13 COURT ST
CONCORD, NH 03301-4345

Agency / Address
DAVIS&TOWLE-MORRILL&EVERETT
115 AIRPORT ROAD
PO BOX 1260
CONCORD, NH 03302-1260

(603) 224-9551

POLICY PERIOD From 01/01/2026 To 01/01/2027 at 12:01 A.M.*
*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.
TOTAL POLICY PREMIUM at inception is: $16,163 and at each anniversary.

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.

BUSINESS DESCRIPTION
Form of Business: OTHER

DESCRIBED PREMISES

Prem. No.	Bldg. No.	Location/Occupancy	Mortgageholder Name and Address
001	001	NINE UNIT CONDO/BLANKET 10,8,6,4,2 MONTGOMERY ST AND 9,11 COURT ST CONCORD, NH 03301	**(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)**

PROPERTY - Limits of Insurance for

BUILDINGS	$ 2,688,441
• Actual Cash Value - Buildings Option (Y/N)	N
• Automatic Increase - Building Limit (pct.)	4%
BUSINESS PERSONAL PROPERTY	$
EARTHQUAKE DEDUCTIBLE (pct)	%

DEDUCTIBLE $ 5,000 **OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE $** 250

OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:	**Limits of Insurance**
1. ☐ Outdoor Signs	$ per occurrence
2. ☐ Tenant's Exterior Building Glass	$
3. Interior Glass ☐ Basement/ground floor level ☐ All Floors	included
4. ☐ Employee Dishonesty	$ per occurrence
5. ☐ Money & Securities (Special Form Only)	$ Inside the Premises
	$ Outside the Premises
COVERAGE EXTENSIONS	
1. Optional Higher Limits - Accounts Receivable	$
2. Optional Higher Limits - Valuable Papers	$
ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration	$

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.

	Limits of Insurance	
Liability and Medical Expenses	$ 1,000,000	
Medical Expenses	$ 5,000	Per person
Fire Legal Liability	$ 50,000	Any one fire or explosion

FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY: (See Schedule of Forms and Endorsements - BPDEC4)

COUNTERSIGNED _____ **BY** _____
(DATE) (AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS TOGETHER WITH THE COVERAGE FORM(S), COMMON POLICY CONDITIONS, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREFORE, COMPLETE THE ABOVE NUMBERED POLICY.

INSURED COPY 12/09/2025 (DSTO)

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BUSINESSOWNERS POLICY DECLARATIONS

Policy Number: BP17041337 **Named Insured:** CAPITOL PLACE CONDOMINIUM

DESCRIBED PREMISES			
Prem. No.	**Bldg. No.**	**Location/Occupancy**	**Mortgageholder Name and Address**
001	002	SEVEN UNIT CONDO/BLANKET 15,17,19,21,23,25,27 COURT ST AND 60 N STATE ST CONCORD, NH 03301	**(See Schedule of Mortgageholder(s) - BPDEC5 - If Applicable)**

PROPERTY - Limits of Insurance for	
BUILDINGS	$ 2,054,600
• Actual Cash Value - Buildings Option (Y/N)	N
• Automatic Increase - Building Limit (pct.)	4%
BUSINESS PERSONAL PROPERTY	$
EARTHQUAKE DEDUCTIBLE (pct)	%

DEDUCTIBLE $ 5,000 **OPTIONAL COVERAGE/EXTERIOR BUILDING GLASS DEDUCTIBLE $** 250

OPTIONAL COVERAGES - Applicable only if an "X" is shown in the boxes below:	**Limits of Insurance**	
1. ☐ Outdoor Signs	$	per occurrence
2. ☐ Tenant's Exterior Building Glass	$	
3. Interior Glass ☐ Basement/ground floor level ☐ All Floors	included	
4. ☐ Employee Dishonesty	$	per occurrence
5. ☐ Money & Securities (Special Form Only)	$	Inside the Premises
	$	Outside the Premises
COVERAGE EXTENSIONS		
1. Optional Higher Limits - Accounts Receivable	$	
2. Optional Higher Limits - Valuable Papers	$	
ADDITIONAL COVERAGES Optional Higher Limits - Forgery and Alteration	$	

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BUSINESSOWNERS POLICY DECLARATIONS
SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number: BP17041337 **Named Insured:** CAPITOL PLACE CONDOMINIUM

FORMS / ENDORSEMENTS ATTACHED TO THIS POLICY:

BCEE	(06/19)	COVERAGE ENHANCEMENT ENDT
BPEBC1	(11/99)	EQUIPMENT BREAKDOWN ENDT
BP0002	(12/99)	SPECIAL PROPERTY COVERAGE FORM
BP0006	(01/97)	LIABILITY COVERAGE FORM
BP0009	(01/97)	COMMON POLICY CONDITIONS
BP0412	(01/87)	LIMIT COV TO DESIGN PREM/PROJ
BP0514	(01/03)	WAR LIABILITY EXCLUSION
BP0523	(01/15)	CAP LOSSES CERT. ACTS OF TERR.
BP1203	(06/89)	LOSS PAYABLE PROVISIONS
BP1701	(01/97)	CONDOMINIUM ASSOC COVERAGE
NO104	(04/15)	BUSINESSOWNERS POLICY JACKET
NP9946	(07/24)	NOTICE-BLDG LIMIT AUTO INCR
TRIADIS2	(01/21)	OFFER OF TERRORISM COV./PREM.
VB0006	(12/17)	AMEND- PERSONAL OR ADVERTISING
VB0067	(12/17)	EXCL- REC OR DISTRIB OF INFO
VB0576	(02/04)	LIMITED FUNGI OR BACTERIA COV
VB0577	(02/04)	FUNGI OR BACTERIA EXCLUSION
VB1201	(07/04)	BLANKET INSURANCE ENDORSEMENT
VB1400	(07/99)	CONDOMINIUM ASSOC COVERED PROP
VB1504	(12/17)	EXCL- DISCL CONF OR PERS INFO
VB2021	(09/05)	ADD'L INS'D VOLUNTEER WORKERS
VL0402	(03/01)	DIRECTORS & OFFICERS LIABILITY
VMAE	(06/19)	ADVANTAGE ENDORSEMENT

FORMS / ENDORSEMENTS APPLICABLE TO DESCRIBED PREMISES NO.: 001

BP0146	(02/96)	NH CHANGE-CONCEAL/MISREP/FRAUD
BP0419	(06/89)	LIQUOR LIAB EXCL-EXCPT SCH ACT
BP0496	(10/01)	PREMIUM AUDIT ENDORSEMENT
VB0022	(01/10)	EFFECTIVE TIME CHANGES
VB0113	(03/22)	NEW HAMPSHIRE CHANGES
VB9019	(01/21)	EXCLUSION OF LOSS-COMM DISEASE
VM0122	(03/11)	STANDARD FIRE POLICY PROVISION
VM2801	(09/02)	NH CHANGES-CANC & NON-RENEW

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BUSINESSOWNERS POLICY DECLARATIONS
LOSS PAYABLE PROVISIONS SCHEDULE

Policy Number: BP17041337 **Named Insured:** CAPITOL PLACE CONDOMINIUM

Prem. No.	Bldg. No.	Loss Payee Name and Address	Description of Property	Provision Applicable (paragraph)
001	001	TD BANK NA ISAOA ATIMA ME2-003-028 32 CHESTNUT ST LEWISTON, ME 04240-7744	REAL PROPERTY	B
001	002	TD BANK NA ISAOA ATIMA ME2-003-028 32 CHESTNUT ST LEWISTON, ME 04240-7744	REAL PROPERTY	B

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the Businessowners Special Property Coverage Form.

Endorsement Overview: