



Thank you for continuing to choose Westfield to protect your business.

Enclosed, you will find a summary of recent changes made to your policy as well as any other information you need to know about how these changes have impacted your policy.

If you have questions about this change or anything else related to your policy, simply contact **Marsh & McLennan Agency LLC** at **859-254-8023** or visit their website at www.jsmithlanier.com. You can also visit us at www.westfieldinsurance.com for information about us and your policy.

Thank you for your business. Together, let's continue to greet the future by imagining all the possibilities.



Westfield
 One Park Circle, P.O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
 WestfieldInsurance.com

SureStepSM
Commercial Common Policy
Declarations
Amended

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:

Agency: 167355

Forest view Towne Home Association Inc
 PO Box IS 2441
 Lexington, KY 40524

Marsh & McLennan Agency LLC
 360 E VINE ST STE 200
 LEXINGTON, KY 40507-1522
 Telephone: 859-254-8023

Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From 02/13/2026 To 02/13/2027

At 12:01 A.M. standard time at your mailing
 address shown above

Business Of Named Insured: Apartment House

Entity Of Named Insured: Corporation

Coverage and Premium Summary

Commercial Property Coverage Part	\$17,647.00
Commercial General Liability Coverage Part	\$2,303.00
Commercial Automobile Coverage Part	\$211.00
Inland Marine Coverage Part	\$2.00
Inland Marine AAIS Coverage Part	Included
Crime And Fidelity Coverage Part	Included
Commercial Umbrella Coverage Part	\$787.00
SureStepSM Annual Premium	\$20,950.00
Municipal Tax	\$1,209.54
State Surcharges	\$377.08

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. For more detail, please refer to the individual coverage parts inside your policy.

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73

PLEASE REFER TO IL7097 FOR A DETAILED SUMMARY OF TAXES AND SURCHARGES BY STATE.

Disclosure of KY Local Government Tax:

Tax Type	Jurisdiction	Amount
Municipal Tax	LEXINGTON-FAYETTE	\$1,209.54

Total Municipal Tax: \$1,209.54

*** The municipal tax amount includes a collection fee that is either 15% of the tax collected or 2% of the premium charged, whichever is less**



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**Amended
 Common Policy Declarations**

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At 12:01 A.M. standard time at your mailing address
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Effective 02/13/2026, this Common Policy Declarations amends all prior Common Policy declarations and endorsements as shown below.

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Commercial Property Coverage Part Endorsement	Additional	\$503.00
	Additional Municipal Tax or State Surcharge	\$37.89
	Net Additional Premium	\$540.89

** This Endorsement changes your policy. Please attach it to your original policy**



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Endorsement Summary

Company Providing Coverage: Old Guard Insurance Company

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 LEXINGTON, KY 40507-1522
 Telephone: 859-254-8023

Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From 02/13/2026 To 02/13/2027

At 12:01 A.M. standard time at your mailing address
 shown above

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Effective Date

02/13/2026

Change coverage

Description

Amend Sqft on each Loc

** This Endorsement changes your policy. Please attach it to your original policy**

CONTINUATION OF THE DECLARATIONS: SCHEDULE OF STATE TAXES AND SURCHARGES

NAMED INSURED: Forest view Towne Home Association Inc
EFFECTIVE DATE: 02/13/2026

Tax Totals – By State

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	1,209.54
	Kentucky Surcharge	377.08
KY Total		1,586.62
Total Policy Taxes		\$1,586.62

Tax Totals – By Line of Business

Property

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	1,014.72
	Kentucky Surcharge	317.62
KY Total		1,332.34
Property Total Taxes		\$1,332.34

General Liability

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	132.43
	Kentucky Surcharge	41.45
KY Total		173.88
General Liability Total Taxes		\$173.88

Commercial Auto

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	12.14
	Kentucky Surcharge	3.80
KY Total		15.94
Commercial Auto Total Taxes		\$15.94

Inland Marine

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	5.00
	Kentucky Surcharge	0.04

CONTINUATION OF THE DECLARATIONS: SCHEDULE OF STATE TAXES AND SURCHARGES

	KY Total	5.04
Inland Marine Total Taxes		\$5.04

Crime

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	0
	Kentucky Surcharge	0

	KY Total	0
Crime Total Taxes		\$0.00

Inland Marine AAIS

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	0
	Kentucky Surcharge	0

	KY Total	0
Inland Marine AAIS Total Taxes		\$0.00

Commercial Umbrella

State	Tax/Surcharge	Amount
KY	Kentucky Municipal Tax	45.25
	Kentucky Surcharge	14.17

	KY Total	59.42
Umbrella Total Taxes		\$59.42



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SureStepSM
Commercial Property Declarations
Amended

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 360 E VINE ST STE 200
 LEXINGTON, KY 40507-1522
 Telephone: 859-254-8023

Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From: 02/13/2026 To: 02/13/2027

At 12:01 A.M. standard time at your mailing address shown above.

Coverage Provided - Insurance applies at locations shown on the Schedule of Insured Locations and to which a limit of Insurance is shown in these Declarations or specified in an endorsement attached to this Coverage Part.

Coverage and Premium Schedule

Loc.	Bldg.	Coverage	Co Ins.	Ded.	Cause of Loss	Limit Of Insurance	Premium
1	1	3900-3914 Lauren Way, Lexington, KY 40517					
		Building	90%	\$2,500	Special - Incl Theft	\$558,272	\$2,568
		Replacement Cost					
		Earthquake					
		Earthquake Deductible-5%					
		Agreed Value Expires	02/13/2027				
		BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	12 Months Actual Loss Sustained	\$63
2	1	3916-3930 Lauren Way, Lexington, KY 40517					
		Building	90%	\$2,500	Special - Incl Theft	\$558,272	\$2,535
		Replacement Cost					
		Earthquake					
		Earthquake Deductible-5%					
		Agreed Value Expires	02/13/2027				
		BI & Extra Expense - Business Income Including Rental			Special - Incl Theft	12 Months Actual Loss Sustained	\$62



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Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From: 02/13/2026 To: 02/13/2027

At 12:01 A.M. standard time at your mailing address
 shown above.

Value

3 1 3942-3956 Lauren Way, Lexington, KY 40517

Building	90%	\$2,500	Special - Incl Theft	\$558,272	\$2,535
Replacement Cost					
Earthquake					
Earthquake Deductible-5%					
Agreed Value Expires 02/13/2027					

BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	12 Months Actual Loss Sustained	\$62
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4 1 3958-3960 Lauren Way, Lexington, KY 40517

Building	90%	\$2,500	Special - Incl Theft	\$254,468	\$1,341
Replacement Cost					
Earthquake					
Earthquake Deductible-5%					
Agreed Value Expires 02/13/2027					

BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	12 Months Actual Loss Sustained	\$62
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5 1 3962-3976 Lauren Way, Lexington, KY 40517

Building	90%	\$2,500	Special - Incl Theft	\$558,272	\$2,535
Replacement Cost					



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Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From: 02/13/2026 To: 02/13/2027

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Earthquake
 Earthquake Deductible-5%
 Agreed Value Expires 02/13/2027

BI & Extra Expense
 - Business Income
 Including Rental
 Value

Special - Incl
 Theft

12 Months
 Actual Loss
 Sustained

\$62

6 1 3978-3996 Lauren Way, Lexington, KY 40517

Building 90% \$2,500
 Replacement Cost
 Earthquake
 Earthquake Deductible-5%
 Agreed Value Expires 02/13/2027

Special - Incl
 Theft

\$684,424

\$2,988

BI & Extra Expense
 - Business Income
 Including Rental
 Value

Special - Incl
 Theft

12 Months
 Actual Loss
 Sustained

\$62

Total Commercial Property Premium	\$14,875
Total Additional Coverages and Endorsements Premium	\$2,715
Total Terrorism Premium	\$57
Total Advance Annual Commercial Property Premium	\$17,647

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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Policy Number: 264963G	Billing Account No: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From: 02/13/2026 To: 02/13/2027	At 12:01 A.M. standard time at your mailing address shown above.	

Schedule of Additional Coverages and Endorsements

Form Number/Endorsement	Premium
CPDS75 - Commercial Property Coverage Part Equipment Breakdown Coverage Schedule	Included
CP0401 - Brands And Labels	Included
CP0407 - Pollutant Clean Up And Removal Additional Aggregate Limit Of Insurance	Included
CP0415 - Debris Removal Additional Insurance	Included
CP0417 - Utility Services - Direct Damage	Included
CP1038 - Discharge From Sewer, Drain or Sump (Not Flood-Related)	\$708
CP1230 - Peak Season Limit Of Insurance	Included
CP1430 - Outdoor Trees, Shrubs And Plants	Included



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CP1440 - Outdoor Signs	Included
CP1402 - Unscheduled Building Property Tenant's Policy	Included
CP1509 - Business Income From Dependent Properties - Limited Form	Included
CP1545 - Utility Services - Time Element	Included
CP1040 - Earthquake And Volcanic Eruption Endorsement	\$363
CP0405 - Ordinance Or Law Coverage	Included
CP7204 - Commercial Business Owners Property Extension Endorsement*	\$6
CP7205 - Business Income - Actual Loss Sustained Endorsement	Included
CP7195 - Equipment Breakdown Coverage	\$1,266
CP7181 - Commercial Property Expanded Coverage*	\$372
Total Additional Coverages and Endorsements Coverage Premium:	\$2,715

** All or part of the displayed premium is due to coverages/limits provided as part of the SureStepSM Program and may not be removed.*



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SureStepSM
Commercial General Liability
Declarations
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Forest view Towne Home Association Inc PO Box IS 2441 Lexington, KY 40524	Marsh & McLennan Agency LLC 360 E VINE ST STE 200 LEXINGTON, KY 40507-1522 Telephone: 859-254-8023	
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Limits of Insurance

Each Occurrence Limit	\$1,000,000
General Aggregate Limit (Other than products/completed-operations)	\$2,000,000
Products/Completed-Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any one premises)	\$1,000,000
Medical Expense Limit (Any one person)	Excluded

Total Premises/Operations Premium	\$2,166
Total Products/Completed Operations Premium	Included
Total Additional Coverages and Endorsements Premium	\$126
Total Additional Interests Premium	Included
Total Terrorism Premium	\$11
Total Advance Annual General Liability Premium	\$2,303

Forms And Endorsements Applicable To This Coverage Part:
 Refer to Schedule of Forms and Endorsements - IL DS 73



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SureStepSM
Commercial General Liability
Declarations
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Policy Period: From: 02/13/2026 To: 02/13/2027		At 12:01 A.M. standard time at your mailing address shown above

Classification and Premium Schedule

Location of all premises owned by, rented to, or controlled by the name insured are shown on the Schedule of Insured Locations, IL DS 02, unless otherwise indicated.

Location	Classification Code and Description	Premium Basis	Rate	Premium
#1: 3900-3914 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	8 Units	49.19 Prem/Ops	\$394
#2: 3916-3930 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	8 Units	49.19 Prem/Ops	\$394
#3: 3942-3956 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	8 Units	49.19 Prem/Ops	\$394
#4: 3958-3960 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	2 Units	49.19 Prem/Ops	\$98



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SureStepSM
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Policy Number: 264963G	Billing Account Number: 6000066424	Payment Plan: Quarterly (Paper Invoices)
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#5: 3962-3976 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	8 Units	49.19 Prem/Ops	\$394
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#6: 3978-3996 Lauren Way, Lexington, KY 40517	62003 - Condominiums - residential - (association risk only)	10 Units	49.19 Prem/Ops	\$492
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Total Premises/Operations Premium	\$2,166
Total Products/Completed Operations Premium	Included



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Schedule of Additional Coverages and Endorsements

Form Number/ Endorsement	Premium
CG7164 - Commercial General Liability Expanded*	\$119
CG0435 - Employee Benefits Liability Coverage	\$7
CG2404 - Waiver of Transfer of Rights of Recovery Against Others to Us	Included
CG7022 - Voluntary Property Damage	Included
CG7023 - Care Custody or Control Coverage Form	Included
CG2135 - Exclusion-Coverage C-Medical Payments	Included
Total Additional Coverages and Endorsements Coverage Premium:	\$126

** All or part of the displayed premium is due to coverages/limits provided as part of the SureStepSM Program and may not be removed.*



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SureStepSM
Commercial General Liability
Declarations
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Schedule of Additional Interests

Form Number/ Endorsement	Premium
CG2027 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Co-Owner of Insured Premises	Included
CG2003 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONCESSIONAIRES TRADING UNDER YOUR NAME	Included
CG2005 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONTROLLING INTEREST	Included
CG2029 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Grantor of Franchise	Included
CG2034 - Additional Insured-Lessor of Leased Equipment-Automatic Status When Required in Lease Agreement With You	Included
CG2011 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Managers or Lessors of Premises	Included
CG2018 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Mortgagee Assignee or Receiver	Included
CG2024 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Owners or Other Interests From Whom Land Has Been Leased	Included
CG2012 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-State or Governmental Agency or Subdivision or Political Subdivision-Permits or Authorizations	Included



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CG2015 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Vendors	Included
CG2004 - Condominium Unit Owners	Included
Total Additional Interests Premium:	Included



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**Commercial Inland Marine
 Declarations
 Amended**

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Policy Number: 264963G	Billing Account Number: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From 02/13/2026 To 02/13/2027		At 12:01 A.M. standard time at your mailing address shown above

Coverage and Premium Schedule

Coverages	Premium
Accounts Receivable Coverage Form	\$2
Valuable Papers & Records Coverage Form	Included
Computer Coverage	Included
Fine Arts Coverage-Fine Arts Floater	Included
Total Additional Interests Premium:	
Total Terrorism Premium:	Included
Total Advance Annual Commercial Inland Marine Premium:	\$7

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 Amended**

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Accounts Receivable Coverage

SCHEDULE OF LOCATIONS

Loc. No.	Address
	3900-3914 Lauren Way, Lexington, KY 40517
	3916-3930 Lauren Way, Lexington, KY 40517
	3942-3956 Lauren Way, Lexington, KY 40517
	3958-3960 Lauren Way, Lexington, KY 40517
	3962-3976 Lauren Way, Lexington, KY 40517
	3978-3996 Lauren Way, Lexington, KY 40517

COVERED PROPERTY AND LIMITS OF INSURANCE

A.	Coverage Applicable At Your Premises	Limit of Insurance
	Loc No. 1	\$100,000
	Loc No. 2	\$100,000
	Loc No. 3	\$100,000
	Loc No. 4	\$100,000
	Loc No. 5	\$100,000
	Loc No. 6	\$100,000
B.	Coverage Applicable Away From Your Premises	\$5,000



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**Commercial Inland Marine
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DESCRIPTION OF RECEPTACLES

Loc. No. Class: Label: Issuer: Manufacturer:

COINSURANCE

The Coinsurance percentage is 80% unless otherwise stated:



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company		
Named Insured and Mailing Address:		Agency: 167355
Forest view Towne Home Association Inc PO Box IS, 2441 Lexington, KY 40524		Marsh & McLennan Agency LLC 360 E VINE ST STE 200 LEXINGTON, KY 40507-1522 Telephone: 859-254-8023
Policy Number: 264963G	Billing Account No: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From: 02/13/2026 To: 02/13/2027		At 12:01 A.M. standard time at your mailing address shown above

RATES AND PREMIUM

A. Non-reporting Rate	Premium \$2
B. Reporting	
1. Deposit Premium	\$1
2. Minimum Annual Premium	
3. Reporting Period	
4. Premium Adjustment Period	
5. Rates	

Total Advance Annual Accounts Receivable Premium \$2

DUPLICATE RECORDS:

If this endorsement is attached, the following applies:

Percentage Duplicated: **0%**

Forms and Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



Westfield
 One Park Circle, P. O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
 www.westfieldgrp.com

**Commercial Inland Marine
 Valuable Papers and Records
 Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:		Agency: 167355
Forest view Towne Home Association Inc PO Box IS,2441 Lexington, KY, 40524		Marsh & McLennan Agency LLC 360 E VINE ST STE 200 LEXINGTON KY 40507-1522
Policy Number: 264963G	Billing Account No: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From: 02/13/2026 To: 02/13/2027		At 12:01 A.M. standard time at your mailing address shown above

Valuable Papers and Records Declarations Coverage

Effective Date: 02/13/2026

Premium For This Coverage Form: Included **Rate:**

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

3900-3914 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

3916-3930 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

3942-3956 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

3958-3960 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

3962-3976 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

3978-3996 Lauren Way, Lexington, KY 40517

a. Specifically Described Property

b. All other Covered Property

\$100,000

B. PROPERTY AWAY FROM YOUR PREMISES

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated.

DESCRIPTION OF RECEIPTACLES

Address	Manufacturer	Class	Label	Issuer
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Special Provisions (if any):



Westfield
 One Park Circle, P.O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
 WestfieldInsurance.com

**Commercial Liability Umbrella
 Coverage Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company		
Named Insured and Mailing Address:	Agency: 167355	
Forest view Towne Home Association Inc PO Box IS 2441 Lexington, KY 40524	Marsh & McLennan Agency LLC 360 E VINE ST STE 200 LEXINGTON, KY 40507-1522	
Policy Number: 264963G	Billing Account No: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From: 02/13/2026 To: 02/13/2027 At 12:01 A.M. standard time at your mailing address shown above		

Limits Of Insurance	\$ 1,000,000	Each Occurrence Limit
	\$ 1,000,000	General Aggregate Limit
	\$ 1,000,000	Personal & Advertising
	\$ 0	Self-Insured Retention

Schedule Of Underlying Insurance

Type Of Coverage	Insurer	Policy Number	Limits Of Liability	Policy Period	
General Liability	Old Guard Insurance Company	264963G	General Aggregate	\$ 2,000,000	02/13/2026-02/13/2027
			Products/Completed Operations Aggregate	\$ 2,000,000	
			Personal and Advertising Injury	\$ 1,000,000	
			Each Occurrence	\$ 1,000,000	
Auto	Old Guard Insurance Company	264963G	Bodily Injury and Property Damage Each Accident	\$ 1,000,000	02/13/2026-02/13/2027



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**Commercial Liability Umbrella
 Coverage Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company		
Named Insured and Mailing Address:	Agency: 167355	
Forest view Towne Home Association Inc PO Box IS 2441 Lexington, KY 40524	Marsh & McLennan Agency LLC 360 E VINE ST STE 200 LEXINGTON, KY 40507-1522	
Policy Number: 264963G	Billing Account Number: 6000066424	Payment Plan: Quarterly (Paper Invoices)
Policy Period: From: 02/13/2026 To: 02/13/2027 At 12:01 A.M. standard time at your mailing address shown above		

Total Commercial Liability Umbrella Annual Premium	\$787
Total Terrorism Premium	Included
Total Advance Annual Premium	\$787

Forms And Endorsements Applicable To This Coverage:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Schedule of Forms and
 Endorsements
 Amended**

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:

Agency: 167355

Forest view Towne Home Association Inc
 PO Box IS, 2441
 Lexington, KY 40524

Marsh & McLennan Agency LLC
 360 E VINE ST STE 200
 LEXINGTON, KY 40507-1522
 Telephone: 859-254-8023

Policy Number: 264963G

Billing Account No: 6000066424

Payment Plan: Quarterly
 (Paper Invoices)

Policy Period: From 02/13/2026 To 02/13/2027

At 12:01 A.M. standard time at your mailing
 address shown above

SCHEDULE OF FORMS AND ENDORSEMENTS

The following forms have been added or amended:

FORMS THAT APPLY TO MULTIPLE COVERAGE PARTS

NUMBER	EDITION DATE	TITLE
ILDS01	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY DECLARATIONS
ILDS71	0518	AMENDED COMMON POLICY DECLARATIONS
ILDS72	0518	ENDORSEMENT SUMMARY
IL7097	0920	CONTINUATION OF THE DECLARATIONS: SCHEDULE OF STATE TAXES AND SURCHARGES
CL0700	1006	VIRUS OR BACTERIA EXCLUSION

FORMS THAT APPLY TO COMMERCIAL PROPERTY

NUMBER	EDITION DATE	TITLE
CPDS73	0518	COMMERCIAL PROPERTY DECLARATIONS

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

NUMBER	EDITION DATE	TITLE
CGDS01	0518	COMMERCIAL GENERAL LIABILITY DECLARATIONS

FORMS THAT APPLY TO COMMERCIAL AUTOMOBILE

NUMBER	EDITION DATE	TITLE
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FORMS THAT APPLY TO INLAND MARINE

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
CMDS73	0518	COMMERCIAL INLAND MARINE ACCOUNTS RECEIVABLE COVERAGE DECLARATIONS
CMDS86	0518	COMMERCIAL INLAND MARINE VALUABLE PAPERS AND RECORDS DECLARATIONS
CM9010	0621	CYBER INCIDENT EXCLUSION



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**Schedule of Forms and
 Endorsements
 Amended**

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:

Agency: 167355

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 address shown above

FORMS THAT APPLY TO INLAND MARINE AAIS

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS

FORMS THAT APPLY TO CRIME

NUMBER	EDITION DATE	TITLE
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FORMS THAT APPLY TO COMMERCIAL UMBRELLA

NUMBER	EDITION DATE	TITLE
CUDS70	0518	COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

VIRUS OR BACTERIA EXCLUSION

DEFINITIONS

Definitions Amended --

When "fungus" is a defined "term", the definition of "fungus" is amended to delete reference to a bacterium.

When "fungus or related perils" is a defined "term", the definition of "fungus or related perils" is amended to delete reference to a bacterium.

PERILS EXCLUDED

The additional exclusion set forth below applies to all coverages, coverage extensions, supplemental coverages, optional coverages, and endorsements that are provided by the policy to which this endorsement is attached, including, but not limited to, those that provide coverage for property, earnings, extra expense, or interruption by civil authority.

1. The following exclusion is added under Perils Excluded, item 1.:

Virus or Bacteria --

"We" do not pay for loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

This exclusion applies to, but is not limited to, any loss, cost, or expense as a result of:

- a. any contamination by any virus, bacterium, or other microorganism; or
- b. any denial of access to property because of any virus, bacterium, or other microorganism.

2. **Superseded Exclusions** -- The Virus or Bacteria exclusion set forth by this endorsement supersedes the "terms" of any other exclusions referring to "pollutants" or to contamination with respect to any loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

OTHER CONDITIONS

Other Terms Remain in Effect --

The "terms" of this endorsement, whether or not applicable to any loss, cost, or expense, cannot be construed to provide coverage for a loss, cost, or expense that would otherwise be excluded under the policy to which this endorsement is attached.

CL 0700 10 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE

- A.** We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Cyber Incident

1. Unauthorized access to or use of any computer system (including electronic data).
2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system (including electronic data) 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 (including electronic data) or otherwise disrupt its normal functioning or operation.

3. 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.

B. Fire Or Explosion Exception

If a cyber incident as described in Paragraphs **A.1.** through **A.3.** of this exclusion results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

C. Vandalism

The following is added to vandalism:

Vandalism does not include a cyber incident as described in Paragraph **A.**