



PROVIDENCE MUTUAL

The Providence Mutual Fire Insurance Company
P.O. Box 6066
Providence, Rhode Island 02940-6066

BUSINESSOWNERS DECLARATION

Policy Number	Policy Period From	To
BOP 0167602 00	05/25/2025	05/25/2026 12:01 A.M. Standard Time at the described location

Transaction	
ENDORSEMENT COVERAGE CHANGE	Effective: 05/25/2025
Named Insured and Address	Agent
BIRCHWOOD COMMONS CONDOMINIUM ASSOC INC PO BOX 269 UNCASVILLE CT 06382-0269	WORLD INSURANCE ASSOCIATES, LLC 100 WOOD AVENUE SOUTH ISELIN, NJ 08830 Telephone: 203-754-3156
	0000098

In return for 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.

Described Premises: See attached schedule
Business Description: See attached schedule

PROPERTY COVERAGE LIMITS OF INSURANCE:

Blanket Building Limit	8,787,113
Business Personal Property	See attached schedule
Deductible	See attached schedule
Optional Coverages	See attached schedule

LIABILITY AND MEDICAL EXPENSES:

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements.

	Limits of Insurance
Liability And Medical Expenses	2,000,000 Per Occurrence
Medical Expenses	5,000 Per Person
Damage To Premises Rented To You	50,000 Any One Premises
Other Than Products/Completed Operations	4,000,000 Aggregate
Products/Completed Operations	4,000,000 Aggregate

RETURN PREMIUM	\$	-110.00
TOTAL POLICY PREMIUM	\$	22,296.00

Forms and endorsements applicable to all locations			
PMBP37	(08/18)	Protective Safeguards	BP0501 (07/02) Calculation of Premium
BP0211	(01/19)	CT Changes Cancellation & NonR	BP0003 (07/13) Businessowners Coverage
BP0419	(07/13)	Amendment - Liq Liab Excl	BP0417 (01/10) Employment-Related Pract Excl
BP0577	(01/06)	Fungi/Bacteria Exclusion	BP0517 (01/06) Excl.-Silica or Silica Dust
PMBP15	(06/11)	Lead Exclusion	PMBP16 (06/11) Asbestos Exclusion
BP0439	(07/02)	Abuse/Molestation Excl	BP1504 (12/23) Excl-Access or Disclosure of C
ADIL01	(01/21)	Electronic Delivery	BP1486 (07/13) Communicable Disease Exclusion
BP1564	(02/21)	CT - Cyber Incident Exclusion	BP1803 (12/23) Cyber Incident Liability Excl.

This declaration, together with the coverage form(s), common policy conditions and forms, and endorsements, if any, issued to form a part thereof, complete the above number policy.

Countersigned this _____ Day of _____,

Authorized Representative

Issued Date: 05/27/2025
BOPDEC 0220

INSURED