



Policy Q42-0750657 Declaration effective 06/07/2021

ERIE INSURANCE EXCHANGE
ULTRAFLEX POLICY

RENEWAL DECLARATIONS

GG4203 MITCHELL INS AGY INC 06/07/21 TO 06/07/22 Q42 0750657 C
TERRACES ON WALHALLA
& ENDT #1 C/O HER/TRINITY GRP
PO BOX 14377
COLUMBUS OH 43214-0377

POLICY PERIOD BEGINS AND ENDS AT 12.01 A.M. STANDARD TIME AT THE STATED ADDRESS OF THE NAMED INSURED.

THE INSURANCE APPLIES TO THOSE PREMISES DESCRIBED AS PER THE ATTACHED SUPPLEMENTAL DECLARATIONS. THIS IS SUBJECT TO ALL APPLICABLE TERMS OF THE POLICY AND ATTACHED FORMS AND ENDORSEMENTS DEDUCTIBLE (PROPERTY PROTECTION ONLY)- \$ 2,500.

Table with 2 columns: COVERAGES and DEPOSIT PREMIUM. Rows include PROPERTY PROTECTION - AS PER THE ATTACHED SUPPLEMENTAL DECLARATIONS, BUILDINGS, BUSINESS PERSONAL PROPERTY AND PERSONAL PROPERTY OF OTHERS, INCOME PROTECTION, GLASS AND LETTERING, SIGNS, LIGHTS AND CLOCKS.

LIMITS OF INSURANCE

Table with 2 columns: LIMITS OF INSURANCE and DEPOSIT PREMIUM. Rows include EACH OCCURRENCE LIMIT \$ 1,000,000, DAMAGE TO PREMISES RENTED TO YOU LIMIT \$ 1,000,000 ANY ONE PREMISES, MEDICAL EXPENSE LIMIT \$ 5,000 ANY ONE PERSON, PERSONAL & ADVERTISING INJURY LIMIT \$ 1,000,000 ANY ONE PERSON OR ORGANIZATION, GENERAL AGGREGATE LIMIT \$ 2,000,000, PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT \$ 2,000,000.

OPTIONAL COVERAGES SEE NEXT PAGE
TOTAL DEPOSIT PREMIUM - - - - \$ 7,963.

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

Table with 2 columns: OPTIONAL COVERAGES and DEPOSIT PREMIUM. Rows include EMPLOYEE DISHONESTY - INCREASED COVERAGE \$ 25,000 - 5 EMPLOYEES, DIRECTORS AND OFFICERS LIABILITY - CONDOMINIUM \$ 1,000,000 EACH CLAIM \$ 2,000,000 AGGREGATE, 20 UNITS \$ 1,000 SELF INSURED RETENTION, RETROACTIVE DATE 10/17/2014.

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SUPPLEMENTAL DECLARATIONS

Table with 2 columns: LOCATION OF PREMISES and OCCUPANCY/OPERATIONS. Row 1: LOCATION 1, BUILDING 1, 10 E WEBER RD, COLUMBUS, FRANKLIN CO, OH 43202, 20 CONDOMINIUMS.

INTEREST OF NAMED INSURED IN SUCH PREMISES - OWNER

PROPERTY PROTECTION

Table with 3 columns: COVERAGES, CO-INS %, AMOUNT OF INSURANCE. Row 1: 1. BUILDINGS, 80, \$ 6,585,000.

2. BUSINESS PERSONAL PROPERTY AND PERSONAL PROPERTY OF OTHERS 80 \$ 10,000

3. INCOME PROTECTION OCCURRENCE

OPTIONAL COVERAGES - PROPERTY PROTECTION
POLICYHOLDER RENEWAL SERVICE -

BUILDING AMOUNT INCREASED BY - 4 PERCENT COMMERCIAL STRUCTURE

FIRST MORTGAGEE

SECOND MORTGAGEE

THE HUNTINGTON NATIONAL BANK

COMMUNITY CAPITAL DEV CORP &

ISAOA ATIMA / LN #0063000723

US SM BUS ADMIN ATIMA

PO BOX 718

900 MICHIGAN AVE

AMELIA OH 45102-0718

COLUMBUS OH 43215-1165

LOSS PAYEE

THE HUNTINGTON NATIONAL BANK

ISAOA ATIMA

PO BOX 5072

TROY MI 48007-5072

ENDORSEMENT 1

IT IS AGREED THAT THE NAMED INSURED SHALL READ AS FOLLOWS:

TERRACES ON WALHALLA

WALHALLA CONDOMINIUM ASSOC DBA

C/O HER REALTORS

RECORD OF ADDITIONAL INSUREDS - DESIGNATED PERSON/ORGANIZATION

THE HUNTINGTON NATIONAL BANK

ISAOA ATIMA / RE: CG2018

PO BOX 5072

TROY MI 48007-5072

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ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE OR RECEIVER

NAME OF PERSON OR ORGANIZATION: THE HUNTINGTON NATIONAL BANK

ISAOA/ATIMA

DESIGATION OF PREMISES: 10 E WEBER RD, COLUMBUS,

FRANKLIN CO, OH 43202

SEE FORM CG2018

SCHEDULE OF FORMS

FORM NUMBER	EDITION DATE	DESCRIPTION
ULF	03/01	ULTRAFLEX PACKAGE POLICY
IL0244	09/07	OHIO CHANGES - CANCELLATION AND NONRENEWAL
IL985G*	01/21 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
GU92	07/08	OHIO AMENDATORY ENDORSEMENT
UF8705*	06/96	IMPORTANT NOTICE - NO FLOOD COVERAGE
UF4810*	03/08	IMPORTANT NOTICE - POLICY SERVICE FEES
UF6330*	08/09	IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS?
FORM SA	11/12	SUBSCRIBERS AGREEMENT
ULTD	12/09	AMENDMENT OF OCCURRENCE DEFINITION FOR SUBCONTRACTED WORK
UFD314	05/20	IMPORTANT NOTICE TO POLICYHOLDERS - ULTRAFLEX PACKAGE PROGRAM
ENDT1		LONG NAMED INSURED ENDORSEMENT
FX0001	05/20	ULTRAFLEX COMMERCIAL PROPERTY COVERAGE PART
IL0952	01/21 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
ULOA	07/16	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
ULKD	02/02	EMPLOYEE DISHONESTY - INCREASED COVERAGE
ULBKOH	07/16	DIRECTORS AND OFFICERS LIABILITY COVERAGE -

ULPA 03/01 CONDOMINIUMS - OHIO
 PUNITIVE DAMAGES ERIE INSURANCE EXCHANGE
 ULTRAFLEX POLICY

RENEWAL DECLARATIONS
 GG4203 MITCHELL INS AGY INC 06/07/21 TO 06/07/22 Q42 0750657 C
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SCHEDULE OF FORMS (CONTINUED)

FORM NUMBER	EDITION DATE	DESCRIPTION
GU32	03/01	EXCLUSION - LEAD LIABILITY
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
ULED	09/05	EXCLUSION - ASBESTOS
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
FX0003	07/16	ULTRAFLEX EXTRA LIABILITY COVERAGES
ULQN	06/14	EXCLUSION - PROFESSIONAL LIABILITY
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
GU30	03/01	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS
IL0017	11/98	COMMON POLICY CONDITIONS
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
CG2170	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT
UF8385	03/95	IMPORTANT NOTICE
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION
GU136	03/09	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
CG2106	05/14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY- WITH LIMITED BODILY INJURY EXCEPTION

SCHEDULE OF FORMS (CONTINUED)

FORM NUMBER	EDITION DATE	DESCRIPTION
CG2004	11/85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
ULQW	02/02	CONDOMINIUMS - LIABILITY COVERAGE
ULAH	06/14	CONDOMINIUM ASSOCIATION COVERAGE
CG2018	04/13	ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE, OR RECEIVER

57

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Policy Q30-0770193 Declaration effective 06/07/2021

ERIE INSURANCE EXCHANGE
BUSINESS CATASTROPHE POLICY

RENEWAL DECLARATIONS
GG4203 MITCHELL INS AGY INC 06/07/21 TO 06/07/22 Q30 0770193 C
TERRACES ON WALHALLA
& ENDT #1 C/O HER/TRINITY GRP
PO BOX 14377
COLUMBUS OH 43214-0377

POLICY PERIOD BEGINS AND ENDS AT 12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED.

LEGAL ENTITY - OTHER
DESCRIPTION OF OPERATIONS - CONDOS/APARTMENTS
CLASS CODE - 62003

THE ERIE'S LIMIT FOR THIS COVERAGE IS SHOWN BELOW. THIS INSURANCE IS SUBJECT TO THE TERMS OF THE POLICY AND ITS FORMS.

COVERAGE AND LIMITS - BUSINESS CATASTROPHE LIABILITY COVERAGE

LIMIT OF LIABILITY \$ 1,000,000 EACH OCCURRENCE
AGGREGATE LIMIT \$ 1,000,000 WHERE APPLICABLE

TWD TOTAL PREMIUM - - - - - \$ 462.
APPLICABLE FORMS - SEE SCHEDULE OF FORMS

SCHEDULE OF UNDERLYING INSURANCE

TYPE OR DESCRIPTION: ULTRAFLEX
INSURER: E I E
POLICY NUMBER: Q42 0750657
POLICY PERIOD: 06-07-21/22
LIMITS OF INSURANCE:
EACH OCCURRENCE \$ 1,000,000
PERSONAL & ADVERTISING INJURY \$ 1,000,000
GENERAL AGGREGATE \$ 2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE \$ 2,000,000

TYPE OR DESCRIPTION: DIRECTORS & OFFICERS LIABILITY-CONDOMINIUMS
INSURER: E I E
POLICY NUMBER: Q42 0750657
POLICY PERIOD: 06-07-21/22
LIMITS OF INSURANCE:
EACH CLAIM \$ 1,000,000
AGGREGATE \$ 2,000,000

ERIE INSURANCE EXCHANGE
BUSINESS CATASTROPHE POLICY

RENEWAL DECLARATIONS
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ENDORSEMENT #1

IT IS AGREED THAT THE NAMED INSURED SHALL READ AS FOLLOWS -
TERRACES ON WALHALLA
WALHALLA CONDOMINIUM ASSOCIATION D/B/A
C/O HER REALTORS

SCHEDULE OF FORMS

FORM NUMBER EDITION DATE DESCRIPTION
BCL 04/03 BUSINESS CATASTROPHE LIABILITY POLICY

IL0244	09/07	OHIO CHANGES - CANCELLATION AND NONRENEWAL
GU143	03/09	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
CU2420	09/00	BROADENED BODILY INJURY DEFINITION
CAT157	04/03	PUNITIVE DAMAGES
UF4810	03/08	IMPORTANT NOTICE-POLICY SERVICE FEES
GU119	07/08	OHIO AMENDATORY ENDORSEMENT
CAT6	04/03	EXCLUSION - AUTOMOBILE LIABILITY
ENDT1		LONG NAMED INSURED ENDORSEMENT
CAT165	07/11	UNDERLYING INSURANCE EXCLUSION/LIMITATION ENDORSEMENT
CU0001	04/13	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
FORM SA	11/12	SUBSCRIBERS AGREEMENT
CU2186	05/14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION
CU2171	06/15	EXCLUSION - UNMANNED AIRCRAFT
CAT192	08/16	AMENDMENT OF PROFESSIONAL SERVICES EXCLUSION
IL0017	11/98	COMMON POLICY CONDITIONS
CAT166	09/17	BUSINESS CATASTROPHE LIABILITY EXTRA COVERAGES
CU2126	04/13	EXCLUSION - CROSS SUITS LIABILITY ENDORSEMENTS ERIE INSURANCE EXCHANGE BUSINESS CATASTROPHE POLICY
RENEWAL DECLARATIONS		
GG4203	MITCHELL INS AGY INC	06/07/21 TO 06/07/22 Q30 0770193 C
TERRACES ON WALHALLA		
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CAT149	04/20	EXCLUSION - ABUSE AND SEXUAL MOLESTATION
IL985F*	03/21 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
CU2130	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CU2700	04/13	UNDERLYING CLAIMS-MADE COVERAGE
CAT195	07/18	DIRECTORS AND OFFICERS LIABILITY COVERAGE