

**COMMON POLICY DECLARATIONS**

NEW

Underwritten by: Scottsdale Insurance Company

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

18700 North Hayden Road • Scottsdale, Arizona 85255

1-800-423-7675 • A Stock Company

Policy Number

**CPS7660237**

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

HIDDEN LAKE ASSOCIATION INC

P.O. BOX 401  
HIGGANUM CT 06441

**AGENT NAME AND ADDRESS**

RT SPECIALTY (HARTFORD, CT) 20 CHURCH ST STE  
1500 HARTFORD CT 06103-1247

Agent No.: 06006

Program No.: 89

**ITEM 2. POLICY PERIOD**

From: 09/23/2022

To: 09/23/2023

Term: 365

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description: LAKE ASSOCIATION

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. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

| <b>Coverage Part(s)</b>                     | <b>Premium Summary</b> |
|---|------------------------|
| Commercial General Liability Coverage Part  | \$ 6,227 MP            |
| Commercial Property Coverage Part           | \$ NOT COVERED         |
| Commercial Crime And Fidelity Coverage Part | \$ NOT COVERED         |
| Commercial Inland Marine Coverage Part      | \$ NOT COVERED         |
| Commercial Auto Coverage Part               | \$ NOT COVERED         |
| Professional Liability Coverage Part        | \$ NOT COVERED         |
|   | \$                     |
|   | \$                     |
|   | \$                     |
|   | \$                     |
|   | \$                     |
|   | \$                     |
|   | \$                     |
|   | \$                     |
| <b>Total Policy Premium</b>                 | \$ 6,227.00            |
| TOTAL TAXES AND FEES                        | \$ 499.08              |
|   | \$                     |
| <b>Policy Total</b>                         | \$ 6,726.08            |

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

*X J. Ely*

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE-NUMBERED POLICY.





NOTICE

THIS IS A SURPLUS LINES POLICY  
AND IS NOT PROTECTED BY THE  
CONNECTICUT INSURANCE  
GUARANTY ASSOCIATION OR  
SUBJECT TO REVIEW BY THE  
CONNECTICUT INSURANCE  
DEPARTMENT. IT IS IMPORTANT  
THAT YOU READ AND  
UNDERSTAND THIS POLICY.

Underwritten by: Scottsdale Insurance Company  
Home Office: One Nationwide Plaza • Columbus, Ohio 43215  
Administrative Office: 18700 North Hayden Road • Scottsdale, Arizona 85255  
1-800-423-7675 • A Stock Company

In Witness Whereof, the Company has caused this policy to be executed and attested.

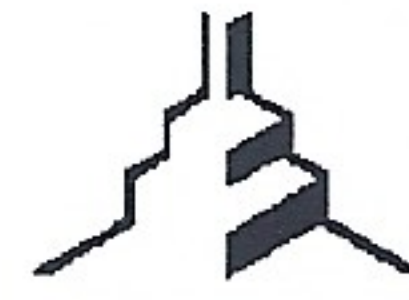
Handwritten signature of Denise Skye in cursive.

Secretary

Handwritten signature of the President in cursive.

President

The information contained herein replaces any similar information contained elsewhere in the policy.



SCOTTSDALE INSURANCE COMPANY®

**CONNECTICUT REQUIRED NOTICE**

**THIS IS A SURPLUS LINES POLICY AND IS NOT PROTECTED BY THE CONNECTICUT INSURANCE GUARANTY ASSOCIATION OR SUBJECT TO REVIEW BY THE CONNECTICUT INSURANCE DEPARTMENT. IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS POLICY.**



**Scottsdale Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company**

**CLAIM REPORTING INFORMATION**

Your insurance policy has been placed with a Nationwide® insurance company.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact us 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our website at [www.nationwideexcessandsurplus.com](http://www.nationwideexcessandsurplus.com).

Thank you for your business and as always, we appreciate the opportunity to serve you.

**HOW TO REPORT A CLAIM**

Call **1-800-423-7675** or visit our website at [www.nationwideexcessandsurplus.com](http://www.nationwideexcessandsurplus.com).

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

**Please refer to your policy for specific claim reporting requirements.**



SCOTTSDALE INSURANCE COMPANY®

**SCHEDULE OF TAXES, SURCHARGES OR FEES**

Policy No. CPS7660237

Effective Date: 09/23/2022  
12:01 A.M., Standard Time

Named Insured HIDDEN LAKE ASSOCIATION INC

Agent No. 06006

|                                  |        |
|----------------------------------|--------|
| POLICY FEE                       | 125.00 |
| INSPECTION FEE                   | 125.00 |
| SURPLUS LINES TAX                | 249.08 |
|                                  | -----  |
| TOTAL TAXES, SURCHARGES OR FEES: | 499.08 |



SCOTTSDALE INSURANCE COMPANY®

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Policy No. CPS7660237

Effective Date 09/23/2022

12:01 A.M. Standard Time

Named Insured HIDDEN LAKE ASSOCIATION INC

Agent No. 06006

**COMMON POLICY**

|              |       |  |
|--------------|-------|--|
| NOTS0354CT   | 09-14 | CONNECTICUT REQUIRED NOTICE                                      |
| NOTX0178CW   | 03-16 | CLAIM REPORTING INFORMATION                                      |
| NOTX0423CW   | 12-20 | POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE |
| UTS-COVPG    | 03-21 | COVER PAGE   |
| OPS-D-1-0117 | 01-21 | COMMON POLICY DECLARATIONS                                       |
| UTS-126L     | 10-93 | SCHEDULE OF TAXES, SURCHARGES OR FEES                            |
| UTS-SP-2     | 12-95 | SCHEDULE OF FORMS AND ENDORSEMENTS                               |
| UTS-SP-3     | 08-96 | SCHEDULE OF LOCATIONS  |
| IL 00 17     | 11-98 | COMMON POLICY CONDITIONS   |
| IL 02 60     | 01-19 | CONNECTICUT CHANGES-CANCELLATION AND NONRENEWAL                  |
| UTS-496      | 06-19 | MINIMUM EARNED CANCELLATION PREMIUM                              |
| UTS-9g       | 06-20 | SERVICE OF SUIT CLAUSE   |

**COMMERCIAL LIABILITY**

|           |       |  |
|-----------|-------|--|
| CLS-SD-1L | 08-01 | COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS   |
| CLS-SP-1L | 10-93 | COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS  |
| CG 00 01  | 04-13 | COMMERCIAL GENERAL LIABILITY COVERAGE FORM   |
| CG 20 02  | 11-85 | ADDITIONAL INSURED-CLUB MEMBERS  |
| CG 21 04  | 11-85 | EXCLUSION-PRODUCTS-COMPLETED OPERATIONS HAZARD   |
| CG 21 06  | 05-14 | EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION |
| CG 21 39  | 10-93 | CONTRACTUAL LIABILITY LIMITATION   |
| CG 21 44  | 04-17 | LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION  |
| CG 21 47  | 12-07 | EMPLOYMENT-RELATED PRACTICES EXCLUSION   |
| CG 21 49  | 09-99 | TOTAL POLLUTION EXCLUSION ENDORSEMENT  |
| CG 21 67  | 12-04 | FUNGI OR BACTERIA EXCLUSION  |
| CG 21 73  | 01-15 | EXCLUSION OF CERTIFIED ACTS OF TERRORISM   |

UTS-SP-2 (12-95)

## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CONNECTICUT CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
 COMMERCIAL AUTOMOBILE COVERAGE PART  
 COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 COMMERCIAL INLAND MARINE COVERAGE PART  
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART  
 COMMERCIAL PROPERTY COVERAGE PART  
 CRIME AND FIDELITY COVERAGE PART  
 EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART  
 EQUIPMENT BREAKDOWN COVERAGE PART  
 FARM COVERAGE PART  
 FARM UMBRELLA LIABILITY POLICY  
 LIQUOR LIABILITY COVERAGE PART  
 POLLUTION LIABILITY COVERAGE PART  
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
 STANDARD PROPERTY POLICY

**A.** The **Cancellation** Common Policy Condition is replaced by the following:

**Cancellation**

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. Cancellation of policies in effect for less than 60 days.  
 If this policy has been in effect for less than 60 days and is not a renewal of a policy we issued, we may cancel this policy for any reason by giving you written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. Cancellation of policies in effect for 60 days or more.

a. If this policy has been in effect for 60 days or more or this is a renewal of a policy we issued, we may cancel this policy by giving you written notice of cancellation at least:

- (1) 10 days before the effective date of cancellation if we cancel for one or more of the following reasons:
  - (a) Nonpayment of premium;
  - (b) Conviction of a crime arising out of acts increasing the hazard insured against;
  - (c) Discovery of fraud or material misrepresentation by you in obtaining the policy or in perfecting any claim thereunder;
  - (d) Discovery of any willful or reckless act or omission by you increasing the hazard insured against; or
  - (e) A determination by the Commissioner that continuation of the policy would violate or place us in violation of the law; or



(2) 60 days before the effective date of cancellation if we cancel for one or more of the following reasons:

- (a) Physical changes in the property which increase the hazard insured against;
- (b) A material increase in the hazard insured against; or
- (c) A substantial loss of reinsurance by us affecting this particular line of insurance.

b. We may not cancel policies in effect for 60 days or more or renewal policies for any reason other than the reasons described in Paragraph 3.a. above.

c. If we cancel for nonpayment of premium, you may continue the coverage and avoid the effect of the cancellation by payment in full at any time prior to the effective date of cancellation.

d. Notice of cancellation will be delivered or sent by:

- (1) Registered mail;
- (2) Certified mail; or
- (3) Mail evidenced by a United States Post Office certificate of mailing.

4. We will give notice to you at your last mailing address known to us.

5. Notice of cancellation will state the specific reason for the cancellation and the effective date of cancellation. The policy period will end on that date.

6. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

7. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. The following conditions are added and supersede any other provision to the contrary:

**1. Nonrenewal**

If we decide not to renew this policy, we will send notice as provided in Paragraph B.3. of this endorsement.

With respect to automobile liability insurance policies only, your policy shall terminate on the effective date of any other insurance policy you purchase with respect to any automobile designated in both policies.

**2. Conditional Renewal**

a. If we conditionally renew this policy under terms or conditions less favorable to the insured than currently provided under this policy, then we will send notice as provided in Paragraph B.3. of this endorsement.

b. The conditional renewal notice shall clearly state or be accompanied by a statement clearly identifying any:

- (1) Reduction in coverage limits;
- (2) Coverage provisions added or revised that reduce coverage; or
- (3) Increases in deductibles.

**3. Notices Of Nonrenewal And Conditional Renewal**

a. If we decide not to renew this policy or to conditionally renew this policy as provided in Paragraphs B.1. and B.2. of this endorsement, we will mail or deliver to you a written notice of nonrenewal or conditional renewal, stating the specific reason for nonrenewal or conditional renewal, at least 60 days before the expiration date of this policy. The notice will be sent to your address last known to us.

b. This notice will be delivered or sent by:

- (1) Registered mail;
- (2) Certified mail; or
- (3) Mail evidenced by a certificate of mailing.

If notice is mailed, proof of mailing is sufficient proof of notice.

c. However, we are not required to send notice of nonrenewal if nonrenewal is due to your failure to pay any advance premium required for renewal.

C. The **When We Do Not Renew** Condition of the Commercial General Liability Coverage Part, Commercial Liability Umbrella Coverage Part and Employment-Related Practices Liability Coverage Part does not apply.

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED               | AGENT NO. |
|---|---|-----------------------------|-----------|
| CPS7660237                                      | 09/23/2022  | HIDDEN LAKE ASSOCIATION INC | 06006     |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MINIMUM EARNED CANCELLATION PREMIUM**

The following provision is added to the Cancellation Condition:

If You request cancellation of this policy, We will retain not less than 25% of the premium.

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED               | AGENT NO. |
|---|---|-----------------------------|-----------|
| CPS7660237                                      | 09/23/2022  | HIDDEN LAKE ASSOCIATION INC | 06006     |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SERVICE OF SUIT CLAUSE**

It is agreed that in the event of the failure of the Company to pay any amount claimed to be due under this policy, the Company at the request of the Insured (or reinsured), will submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give the Court jurisdiction. All matters which arise will be determined in accordance with the law and practice of the Court. In a suit instituted against any one of them under this contract, the Company agrees to abide by the final decision of the Court or of any Appellate Court in the event of an appeal. However, nothing in this endorsement constitutes a waiver of company's right to remove an action to a United States District Court or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States.

Pursuant to any statute of any state, territory or district of the United States of America which makes a provision, the Company will designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Insured (or reinsured) or any beneficiary arising out of this contract of insurance (or reinsurance).

The person named below is authorized and directed to accept service of process on behalf of the Company:

COMMISSIONER OF INSURANCE

P. O. BOX 816

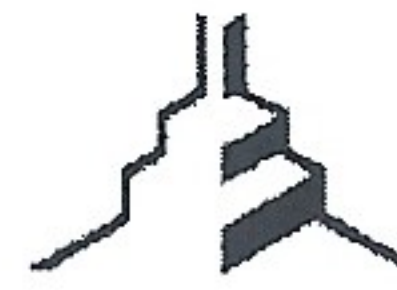
HARTFORD, CT 06142-0816

Having accepted service of process on behalf of the Company, the person designated above is authorized to mail the process or a true copy to:

RECIPIENT NOT REQUIRED

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Policy No. CPS7660237

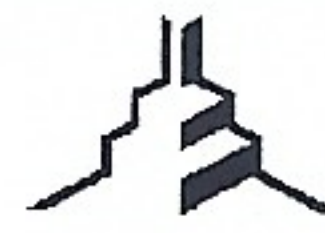
Effective Date 09/23/2022  
12:01 A.M., Standard Time

Named Insured HIDDEN LAKE ASSOCIATION INC

Agent No. 06006

| Item 1. Limits of Insurance  |                     |   |
|--|---------------------|---|
| Coverage   |                     | Limit of Liability  |
| Aggregate Limits of Liability  | \$ <u>Excluded</u>  | Products/Completed Operations Aggregate   |
|  | \$ <u>4,000,000</u> | General Aggregate (other than Products/Completed Operations)  |
| Coverage A—Bodily Injury and Property Damage Liability   | \$ <u>2,000,000</u> | any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability |
| Damage to Premises Rented to You Limit   | \$ <u>100,000</u>   | any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability       |
| Coverage B—Personal and Advertising Injury Liability   | \$ <u>2,000,000</u> | any one person or organization subject to the General Aggregate Limits of Liability                       |
| Coverage C—Medical Payments  |                     | any one person subject to the Coverage A occurrence and the General Aggregate Limits<br>\$ <u>5,000</u>   |
| Item 2. Description of Business  |                     |   |
| Form of Business:  |                     |   |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company<br><input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company) |                     |   |
| Location of All Premises You Own, Rent or Occupy:<br>SEE SCHEDULE OF LOCATIONS   |                     |   |
| Item 3. Forms and Endorsements   |                     |   |
| Form(s) and Endorsement(s) made a part of this policy at time of issue:<br><b>See Schedule of Forms and Endorsements</b>   |                     |   |
| Item 4. Premiums   |                     |   |
| Coverage Part Premium:   | \$                  | \$6,227 MP  |
| Other Premium:   | \$                  |   |
| Total Premium:   | \$                  | \$6,227 MP  |

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
EXTENSION OF SUPPLEMENTAL DECLARATIONS**

Policy No. CPS7660237

Effective Date: 09/23/2022

Named Insured HIDDEN LAKE ASSOCIATION INC

12:01 A.M., Standard Time

Agent No. 06006

|   |                |                     |                |                          |
|---|----------------|---------------------|----------------|--------------------------|
| Prem. No.<br>1  | Bldg. No.<br>2 | Class Code<br>40072 | Exposure<br>3  | Basis<br>EACH            |
| Class Description:<br>BEACHES   |                |                     |                | Premises/Operations      |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | \$585.00 \$1,755         |
|   |                |                     |                | Products/Comp Operations |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | EXCLUDED EXCLUDED        |
| Prem. No.<br>1  | Bldg. No.<br>3 | Class Code<br>45524 | Exposure<br>35 | Basis<br>PER ACRE/EACH   |
| Class Description:<br>LAKES - OWNED   |                |                     |                | Premises/Operations      |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | \$46.80 \$1,638          |
|   |                |                     |                | Products/Comp Operations |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | EXCLUDED EXCLUDED        |
| Prem. No.<br>1  | Bldg. No.<br>4 | Class Code<br>48727 | Exposure<br>1  | Basis<br>PER MILE/EACH   |
| Class Description:<br>STREETS & ROADS   |                |                     |                | Premises/Operations      |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | \$99.45 \$99             |
|   |                |                     |                | Products/Comp Operations |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | EXCLUDED EXCLUDED        |
| Prem. No.<br>1  | Bldg. No.<br>5 | Class Code<br>49452 | Exposure<br>32 | Basis<br>PER ACRE/EACH   |
| Class Description:<br>VACANT LAND - NOT-FOR-PROFIT ONLY                       |                |                     |                | Premises/Operations      |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | \$4.89 \$156             |
| + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE<br>GENERAL AGGREGATE LIMIT |                |                     |                | Products/Comp Operations |
|   |                |                     |                | Rate Premium             |
|   |                |                     |                | INCLUDED INCLUDED        |



SCOTTSDALE INSURANCE COMPANY®

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
EXTENSION OF SUPPLEMENTAL DECLARATIONS**

Policy No. CPS7660237

Effective Date: 09/23/2022  
12:01 A.M., Standard Time

Named Insured HIDDEN LAKE ASSOCIATION INC

Agent No. 06006

| Prem. No.<br>1  | Bldg. No.<br>6 | Class Code<br>41670 | Exposure<br>111 | Basis<br>PER DWELLING/EACH   |                     |  |      |         |          |          |                          |  |      |         |          |          |
|---|----------------|---------------------|-----------------|--|---------------------|--|------|---------|----------|----------|--------------------------|--|------|---------|----------|----------|
| <b>Class Description:</b><br>HOMEOWNER ASSOCIATION (SINGLE FAMILY)<br><br>+ PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE<br>GENERAL AGGREGATE LIMIT |                |                     |                 | <table border="1"> <tr><th colspan="2">Premises/Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td>\$22.23</td><td>\$2,468</td></tr> <tr><th colspan="2">Products/Comp Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td>INCLUDED</td><td>INCLUDED</td></tr> </table> | Premises/Operations |  | Rate | Premium | \$22.23  | \$2,468  | Products/Comp Operations |  | Rate | Premium | INCLUDED | INCLUDED |
| Premises/Operations   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| \$22.23   | \$2,468        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Products/Comp Operations  |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| INCLUDED  | INCLUDED       |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Prem. No.   | Bldg. No.      | Class Code<br>49950 | Exposure<br>1   | Basis<br>INCLUDED  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| <b>Class Description:</b><br>ADDITIONAL INSURED - CLUB MEMBERS PER FORM CG 20<br>02   |                |                     |                 | <table border="1"> <tr><th colspan="2">Premises/Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td>INCLUDED</td><td>INCLUDED</td></tr> <tr><th colspan="2">Products/Comp Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td></td><td></td></tr> </table>               | Premises/Operations |  | Rate | Premium | INCLUDED | INCLUDED | Products/Comp Operations |  | Rate | Premium |          |          |
| Premises/Operations   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| INCLUDED  | INCLUDED       |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Products/Comp Operations  |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
|   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Prem. No.   | Bldg. No.      | Class Code          | Exposure        | Basis  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| <b>Class Description:</b>   |                |                     |                 | <table border="1"> <tr><th colspan="2">Premises/Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td></td><td></td></tr> <tr><th colspan="2">Products/Comp Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td></td><td></td></tr> </table>                               | Premises/Operations |  | Rate | Premium |          |          | Products/Comp Operations |  | Rate | Premium |          |          |
| Premises/Operations   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
|   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Products/Comp Operations  |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
|   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Prem. No.   | Bldg. No.      | Class Code          | Exposure        | Basis  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| <b>Class Description:</b>   |                |                     |                 | <table border="1"> <tr><th colspan="2">Premises/Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td></td><td></td></tr> <tr><th colspan="2">Products/Comp Operations</th></tr> <tr><th>Rate</th><th>Premium</th></tr> <tr><td></td><td></td></tr> </table>                               | Premises/Operations |  | Rate | Premium |          |          | Products/Comp Operations |  | Rate | Premium |          |          |
| Premises/Operations   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
|   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Products/Comp Operations  |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
| Rate  | Premium        |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |
|   |                |                     |                 |  |                     |  |      |         |          |          |                          |  |      |         |          |          |