COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS

NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction Type: Renewal

Renewal of Policy # NN382771
Rewrite of Policy # _____
Cross Ref. Policy # _____
NIC Quote # _____

Inspection Ordered:
☐ Yes ☒ No

Policy No. NN497336

This insurance contract is issued pursuant to the Maine Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Maine Bureau of Insurance.

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

The Inn at Diamond Cove LLC

PO Box 3572
Portland ME 04104-

Agent and Mailing Address **Agency No.** 04400 - 00
(No., Street, Town or City, County, State, Zip Code)

New England Excess Exchange, Ltd.
PO Box 650
Barre, VT 05641

NO FLAT CANCELLATION

Policy Period: From 10/15/2014 to 10/15/2015 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Vacant Building undergoing Renovations **Tax State** ME

Form of Business: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☒ Limited Liability Company (LLC)
☐ Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial General Liability Coverage Part	$ 7,688.00
	$
	$
	$
	$
	$
	$

Tax & Fee Schedule

	$	TOTAL ADVANCE PREMIUM Minimum & Deposit	$ 7,688.00
Policy Fee	150.00	TOTAL TAXES & FEES	$ 385.14
Surplus Lines Tax	235.14		
		TOTAL	$ 8,073.14

Form(s) and Endorsement(s) made a part of this policy at time of issue:
Refer to Schedule of Forms and Endorsements.

New England Excess Exchange, LTD.

Countersigned: Barre, VT
10/07/2014 Rita
RC

By _____
Countersignature or Authorized Representative, whichever is applicable

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

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