

THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000

NEW

A Stock Insurance Company

Previous Policy No.

COMMON POLICY DECLARATIONS

DECLARATIONS	POLICY NUMBER CPP 366 62 67																								
NAMED INSURED WEST BUILDING AT NEWS PLACE A CONDOMINIUM AND IVY PARTNERS LLC PO BOX 21097 ST SIMONS ISLAND GA 31522 ADDRESS (Number & Street, Town, County, State & Zip No.)																									
Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE All coverages except Automobile and / or Garage Policy number: CPP 366 62 67 FROM: 08-15-2008 TO: 08-15-2011 Automobile and / or Garage Policy number: FROM: TO:																									
Agency WACHOVIA INSURANCE SERVICES, INC. 10-153 City SAVANNAH GA																									
Legal Entity / Business Description LIMITED LIABILITY COMPANY																									
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. FORMS APPLICABLE TO ALL COVERAGE PARTS: (show numbers)																									
<table style="width: 100%; border: none;"> <tr> <td>IA102</td> <td>02/03</td> <td>IA904</td> <td>04/04</td> <td>IA4114GA</td> <td>08/05</td> <td>IA4226</td> <td>03/02</td> </tr> <tr> <td>IA4236</td> <td>01/08</td> <td>IA4238</td> <td>01/08</td> <td>IP446</td> <td>08/01</td> <td>FM501</td> <td>08/06</td> </tr> <tr> <td>GA501</td> <td>10/01</td> <td>USC504</td> <td>12/04</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		IA102	02/03	IA904	04/04	IA4114GA	08/05	IA4226	03/02	IA4236	01/08	IA4238	01/08	IP446	08/01	FM501	08/06	GA501	10/01	USC504	12/04				
IA102	02/03	IA904	04/04	IA4114GA	08/05	IA4226	03/02																		
IA4236	01/08	IA4238	01/08	IP446	08/01	FM501	08/06																		
GA501	10/01	USC504	12/04																						

CBG BC7

09-16-2008

Countersigned 10-1-2008 (Date) By Jacquelyn Lucka (Authorized Representative)

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. This provision does not apply in Arizona, Virginia and Wisconsin.

Kenneth W. Stecher

Secretary

James E. Benock

President

AGENT'S COPY

THE CINCINNATI INSURANCE COMPANY
COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: CPP 366 62 67 Effective Date: 08-15-2008												
Named Insured: IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATIONS												
Loc. (address)												
1. 165 W BAY STREET SAVANNAH GA 31401												
COVERAGE PROVIDED					OPTIONAL COVERAGES Applicable only when an entry is made							
Item	Coverage	Limits	Coin- surance	Covered Cause of Loss	I N F L A T I O N G U A R D (%)	R E P L A C E M E N T C O S T (x)	R E P L A C E M E N T C O S T (x)	I N C L S T O C K (x)	A G R E E D V A L U E (x)	Business Income Indemnity		
										Monthly Limit (fraction)	Maximum Period (X)	Extended Period (Days)
1-1	BUILDING	12,000,000	100%	SPECIAL		X						
1-1	BUSINESS PERSONAL PROPERTY	100,000	100%	SPECIAL			X					
DEDUCTIBLE: \$500.00 unless otherwise stated \$ <u>5,000</u>												
MORTGAGE HOLDER Item:												
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART												
FA450	11/04	FM101	04/04	FA4042	04/04	FA4028GA	11/04					
FA244	04/04	CP9993	10/90	FA104	04/04	FA250	04/06					
FA4053	04/06	FA4061GA	07/07									

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF LOCATIONS

<u>LOC.</u>	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>
1.	165 W BAY STREET SAVANNAH GA 31401			

THE CINCINNATI INSURANCE COMPANY

A STOCK INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: <u>CPP 366 62 67</u> Effective Date: <u>08-15-2008</u>						
Named Insured: IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATIONS						
LIMITS OF INSURANCE						
EACH OCCURRENCE LIMIT					\$ <u>1,050,000</u>	
GENERAL AGGREGATE LIMIT					\$ <u>2,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT					\$ <u>2,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT					\$ <u>1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT					ANY ONE PERSON OR ORGANIZATION	
\$100,000 limit unless otherwise indicated herein:					\$ <u>REFER TO GA227</u> ANY ONE PREMISES	
MEDICAL EXPENSE LIMIT					ANYONEPERSON	
\$5,000 limit unless otherwise indicated herein:					\$ _____	
CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll C - Gross Sales D - Units E - Other	RATE		ADVANCE PREMIUM	
			Products / Completed Operations	All Other	Products / Completed Operations	All Other
EXTENDED LIABILITY	20296					125 MP
HIRED AND NON-OWNED AUTO						52
CONDOMINIUMS-COMMERCIAL INCL PROD AND/OR COMP OP	62000	A 9,000		21.384		192
CONDOMINIUMS-RESIDENTIAL INCL PROD AND/OR COMP OP	62003	D 24		15.735		378
The General Liability Coverage Part is subject to an annual minimum premium.						TOTAL ANNUAL PREMIUM \$ 747
FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:						
GA101	12/04	GA227	02/07	CG2004	11/85	GA207 12/04
GA245	01/04	GA4250	11/05			