GENERAL LIABILITY Coverage Part Declarations

MESA UNDERWRITERS SPECIALTY INSURANCE COMPANY A Stock Company 40 Wantage Avenue, Branchville, NJ 07890

cy Number:	MP001000510065900							
ed Insured:	IMPERIAL EMBASSY CONDOMINIUM	TWO, INC.			*			
DBA:								
ective Date:	03/15/2025	A THE WAR AND THE						
LIMITS OF	INSURANCE							
General Aggregate Limit (Other Than Products / Completed Operations					2,000,000			
Products / Con	npleted Operations Aggregate Lin	nit		\$ 2,000,000 \$ Included				
	Advertising Injury Limit	ž.	\$ 1,000,					
Each Occurrence Limit			\$ 1,000,000					
Damage To Pr	emises Rented to You Limit (An	v 1 Premises)	emises)			\$ 100,000		
Medical Expen	se Limit (Any 1 Person)	,			\$ 5,000			
Location(s) O	f All Premises you Own, Rent o	or Occupy Classification &	Premium Pro	wided				
	year only to the coupy, stabilication of		Rate		Advanced Premium			
Code No.	Classification Description	Premium Basis / Exposure*	Premises / Operations	Products/ Comp Ops	Premises / Operations	Products		
Loc. No. Str	eet Address	Street Address		City	State	CompOps		
001) 4747 2	AZALEA DR			ony Port riche		Zip 34652		
62003 Condom	iniums - Residential (associ	lation right 24	154.9400	Included	\$3,719	Include		
only)					4-7 2			
only)					\$2,479			
Product	ts-Completed Operations are	subject to the General	Aggregate Li	.mit				
□ Ahuse and M	olectation Limited Coverage		111.6					
 ☐ Abuse and Molestation Limited Coverage ☐ Assault and Battery Limited Coverage 			 ☐ Increased Limits ☐ Hired Automobile 					
			□ Non-Owner Automobile					
☐ Employee Benefit Liability Coverage		□ Stop	□ Stop Gap					
☐ Liability Enhancement Coverage			☐ Swimming Pool Pop-up Coverage					
	progation Coverage	☐ Prima	ry & Non Cont	ributory Covera	ige			
□ Lost Key Cov	erage		er Overcut Cov		•			
☐ Limited Pollut	tion Coverage	☐ Limite	ed Pollution La	wn Care Covera	age			
□ Earth Movement			Pesticides Cov		•			
	onal Llability Coverage			E&O Coverage)			
\square Swimming Po	ols - Dwelling Coverage		actors Liability					
☐ Other:								
*Premium Basis T	ypes: a - Area (per 1,000 Square fee	et of area) c - Cost (per \$1 nnn	Total Cost) -	n - Admissions	(per 1,000 Admis			
	p - Payroll (per \$1,000 of Payr	roll) s - Sales (per \$1,000 G				CIONCI		
		3 - 3ales (pel \$1,000 G	cross Sales)	t – i otai (per ea	ch) u-Units (pe			
		s - sales (per \$1,000 C		Annual Pren				

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial General Liability Conditions, the Coverage Form(s), and the Coverage Endorsement(s) Indicated as applicable.