



**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY**  
**ComPak® BUSINESSOWNERS POLICY**  
**AMENDED DECLARATIONS**

POLICY #: R2636149A

CHANGE(S): CHANGE MAIL ADDRESS MAIL/CONTACT

EFF DATE: 01/31/26

**A. POLICYHOLDER AND AGENT INFO**

Insured: FISHERMAN'S WATCH CONDOMINIUM      Agent: COMMONWEALTH INSURANCE PARTNERS LLC  
 C/O AMERICAN PROPERTIES TEAM I      Phone: (617)847-0005  
 500 W CUMMINGS PK STE 6050      Agent #: 20877  
 WOBURN, MA 01801

Business Form: ASSOCIATION      Policy Period: 1 YEAR  
 Business Description: 28 UNIT RESIDENTIAL CONDO      From: 01/31/26      To: 01/31/27  
 ASSOCIATION

Coverage begins at 12:01 A.M. Eastern Standard Time.

Payment Plan: DIRECT BILL - 10 PAY

**B. POLICY PREMIUM**

Annual Premium	Subject To Audit	State Taxes or Fees	Prior Annual Premium	Additional/Return Premium
\$ 62,198	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 62,198	\$ 0

**C. BUILDING AND BUSINESS PERSONAL PROPERTY COVERAGES AND LIMITS**

LOCATION 1, BUILDING 1: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

	ACV Option: No	Limit(s)	Premium
Building		\$ 20,063,500	\$ 51,276
Business Personal Property		\$	\$
Mortgage Holder	None		

LOCATION 1, BUILDING 2: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

	ACV Option: No	Limit(s)	Premium
Building		\$ 550,000	\$ 2,422
Business Personal Property		\$	\$
Mortgage Holder	None		

**D. LOCATION COVERAGES AND LIMITS**

LOCATION 1: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

		Limit(s)	Premium
Outdoor Property		\$ 25,000	\$ Included
Outdoor Signs		\$ 25,000	\$ Included
Money & Securities	On Premises/Off Premises	\$ 15,000/15,000	\$ Included



**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY**  
**ComPak® BUSINESSOWNERS POLICY**  
**AMENDED DECLARATIONS**

POLICY #: R2636149A

**E. POLICY INFO**

Policy Deductible	Applicable to Section I - Property	\$ 25,000	\$ Included
Optional Coverage Deductible		\$ 500	\$ Included
Building Coverage Limit	Automatic Increase	4%	\$ -1074

**F. POLICY COVERAGES AND LIMITS**

**SECTION I - PROPERTY**

		Limit(s)	Premium
Accounts Receivable	On Premises/Off Premises	\$ 100,000/5,000	\$ Included
Valuable Papers	On Premises/Off Premises	\$ 100,000/5,000	\$ Included
Employee Dishonesty		\$ 25,000	\$ Included
Forgery & Alteration		\$ 25,000	\$ Included

**SECTION II - LIABILITY AND MEDICAL EXPENSES**

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the Businessowners Coverage Form and any attached endorsements.

		Limit(s)	Premium
Liability and Medical Expenses	Per Occurrence	\$ 2,000,000	\$ 3,202
Medical Expenses	Per Person	\$ 5,000	\$ Included
Damage To Premises Rented to You	Any One Premises	\$ 50,000	\$ Included
General Aggregate		\$ 4,000,000	\$ Included
Products/Completed Operations Aggregate		\$ 4,000,000	\$ Included



**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY**  
**ComPak® BUSINESSOWNERS POLICY**  
**AMENDED DECLARATIONS**

POLICY #: R2636149A

**G. ENDORSEMENTS**

**POLICY ENDORSEMENTS**

Form #	Date	Description	Limit(s)	Premium
BP 00 03	07 13	Businessowners Coverage Form	\$ 0	\$ Included
BP 01 08	03 11	Massachusetts Changes		\$ Included
BP 01 44	01 21	Massachusetts Changes Intentional Loss		\$ Included
BP 02 05	03 19	Massachusetts Changes - Condominium Association All-In Coverage Insurance Trustee: All Trustees Condominium: Fisherman's Watch Condominium		\$ 2,685
BP 02 06	04 25	ComPak® Enhanced Coverage Endorsement		\$ Included
BP 02 09	09 12	Personal Property Off Premises	\$ 25,000	\$ Included
BP 02 13	02 22	Exclusion - Tobacco and Electronic Smoking Device Liability		\$ Included
BP 02 15	10 22	ComPak Plus Enhanced Coverage Endorsement		\$ 300
BP 02 27	09 12	Two Or More Policies Issued By Us		\$ Included
BP 02 34	09 12	Employment-Related Practices, Policies, Acts Or Omissions Exclusion		\$ -32
BP 02 46	01 19	Massachusetts Changes		\$ Included
BP 02 52	01 19	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)		\$ Included
BP 02 58	04 25	EnviroPak Insurance Endorsement Named Insured and Address: FISHERMAN'S WATCH CONDOMINIUM C/O AMERICAN PROPERTIES TEAM I 500 W CUMMINGS PK STE 6050 WOBURN, MA 01801 Contractor's Pollution Legal Liability Insurance Aggregate Limit: Excluded Each "Pollution Condition" Limit: Excluded Deductible for Each "Pollution Condition": N/A "Commencement Date": N/A Professional Legal Liability Insurance Aggregate Limit: Excluded Each Professional Loss: Excluded Deductible for Each "Professional Loss" N/A "Contracting Services": N/A "Professional Services": N/A "Retroactive Date": N/A "Extended Reporting Period": N/A Premises Pollution Legal Liability Insurance Aggregate Limit: Each "Pollution Condition" Limit: Deductible for Each "Professional Loss": \$0 "Covered Location"(s): See Policy Declarations "Retroactive Date": 01/31/2026	\$ 50,000 \$ 50,000	\$ 131



**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY**  
**ComPak® BUSINESSOWNERS POLICY**  
**AMENDED DECLARATIONS**

POLICY #: R2636149A

Form #	Date	Description	Limit(s)	Premium
		"Extended Reporting Period": 90 days "Business Interruption" and "Extra Expense" Aggregate Limit: Limit: "Deductible Period": 3 days "Pollution Emergency" Telephone Number: 1-800-347-4384	\$ 5,000 \$ 5,000	
BP 02 61	12 16	Condominium Association Endorsement Property Manager(s) Name & Address: #1 AMERICAN PROPERTIES TEAM INC 500 W CUMMINGS PK STE 6050 C/O STEPHANIE SPENCER WOBURN, MA 01801		\$ 200
BP 04 19	07 13	Amendment - Liquor Liability Exclusion - Exception For Scheduled Premises or Activities Description Of Activity(ies): None		\$ Included
BP 05 15	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act		\$ Included
BP 05 26	01 15	Exclusion Of Certified Acts Of Terrorism Involving Nuclear, Biological, Chemical Or Radiological Terrorism; Cap On Covered Certified Acts Losses		\$ Included
BP 05 42	01 15	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism		\$ Included
BP 05 77	01 06	Fungi Or Bacteria Exclusion (Liability)		\$ Included
BP 06 98	07 13	Massachusetts - Fungi, Wet Rot Or Dry Rot Exclusion And Limitations		\$ Included
BP 14 86	07 13	Communicable Disease Exclusion		\$ Included
BP 15 04	12 23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information		\$ Included
BP 15 11	12 16	Exclusion - Unmanned Aircraft		\$ Included
BP 15 31	09 19	Cannabis Property Exclusion With Hemp Exception		\$ Included
BP 15 33	09 19	Cannabis Liability Exclusion With Hemp Exception		\$ Included
BP 15 60	02 21	Cyber Incident Exclusion		\$ Included
BP 15 91	12 23	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)		\$ Included
BP 17 24	01 10	Condominiums, Co-Ops, Associations - Directors And Officers Liability Endorsement Aggregate Limit: Deductible: \$ 500 Pending Or Prior Litigation Date: None Retroactive Date: 01/31/2026	\$ 2,000,000	\$ 270
BP 18 03	12 23	Cyber Incident Liability Exclusion		\$ Included
BP 18 04	12 23	Exclusion - Violation Of Law Addressing Data Privacy		\$ Included
BPND 002	12 25	Assignment Of Claims Benefits		\$ Included
IL P 001	01 25	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders		\$ Included



**NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY**  
**ComPak® BUSINESSOWNERS POLICY**  
**AMENDED DECLARATIONS**

POLICY #: R2636149A

**LOCATION ENDORSEMENTS**

LOCATION 1: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

**Endorsement Applicable Per Location(s)**

Form #	Date	Description	Limit(s)	Premium
BP 02 48	02 14	Named Storm Percentage Deductibles Deductible: 1%		\$ Included
BP 02 53	10 22	Water Back-Up And Sump Overflow	\$ 75,000	\$ 133
BP 04 46	07 13	Ordinance Or Law Coverage (Cov 1, Comb 2&3)Loss To Undamaged Portion Of Bldg With Comb Demo And ICC Combined Demo And ICC Limit: Business Income And Extra Expense Optional Coverage: No	\$ 250,000	\$ Included

**Endorsement Applicable To Specific Building(s)**

BUILDING 1: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

Form #	Date	Description	Limit(s)	Premium
BP 02 23	09 18	Building Extended Replacement Cost Coverage (25%)		\$ 2,564
BP 04 30	07 13	Protective Safeguards Protective Safeguards Symbol Applicable: P-1		\$ Included

BUILDING 2: 71 GREENWOOD AVE, SWAMPSCOTT, MA 01907

Form #	Date	Description	Limit(s)	Premium
BP 02 23	09 18	Building Extended Replacement Cost Coverage (25%)		\$ 121

In case of fire notify the company or its local agent at once in writing.

This declarations page together with the policy jacket, the policy form and any endorsements, completes this policy.