STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

3 Ravinia Drive
Atlanta GA 30346-2117

RENEWAL DECLARATIONS

Policy Number	96-LQ-6334-3	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	FEB 26 2018	FEB 26 2019

The policy period begins and ends at 12:01 am standard time at the premises location.

Named Insured

AT2 M-07-3441-FA24 F V

000561 3125
IPSWICH VILLAGE HOMEOWNERS
ASSOCIATION INC
C/O CALL, JASON E
1012 LONG BEECHES AVE
CHESAPEAKE VA 23320-0679

Agent and Mailing Address
JENEL SMITH
1428 KEMPSVILLE RD STE B
CHESAPEAKE VA 23320-1418

PHONE: (757) 545-7526

0105-ST-1-1001

Residential Community Association Policy

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: HOMEOWNERS ASSOCIATION

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM $ 1,027.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
DEC 29 2017
CMP-4000

003221 294 I
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for IPSWICH VILLAGE HOMEOWNERS
Policy Number 96-LQ-6334-3

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	2018 PARAMONT AVE CHESAPEAKE VA 23320-2442

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	$1,000,000
Coverage M - Medical Expenses (Any One Person)	$5,000
Damage To Premises Rented To You	$300,000
Directors And Officers Liability	$1,000,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	$2,000,000
General Aggregate	$2,000,000
Directors and Officers Aggregate	$1,000,000

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

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for IPSWICH VILLAGE HOMEOWNERS
Policy Number 96-LQ-6334-3

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
FE-6999.2	*Terrorism Insurance Cov Notice
CMP-4246.2	Amendatory Endorsement
CMP-4872	Directors & Officers Liability
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4561.1	Policy Endorsement

* New Form Attached

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yousell
Secretary

Michael T. Tipton
President

Prepared
DEC 29 2017
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for IPSWICH VILLAGE HOMEOWNERS
Policy Number 96-LQ-6334-3

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.® using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm® does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015, this disclosure is part of your policy.

FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

0305-ST-1-1001

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a $100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds $100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A $100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

553-3447.1

IMPORTANT NOTICE . . . Data Compromise Coverage Now Available

Nearly all businesses collect and retain personal information about their clients, employees and business associates. Yet many businesses lack the resources to respond effectively in the event this data is stolen or released when it is in their care, custody or control.

If a data breach occurs, a business may be required to notify all parties who were affected by the breach, effectively communicate the nature of the loss or disclosure and, if warranted, provide credit monitoring assistance and identity restoration case management service to those affected. Many states already require businesses to provide these services.

Data Compromise coverage may help a business respond to the expense of service obligations following a covered data breach.

Coverage Summary

Data Compromise coverage is designed to help a business investigate a data breach, notify individuals and provide credit monitoring, case management and other services that help prevent identity theft and fraud following a covered breach of non-public personal information. Data Compromise coverage may be available for certain necessary and reasonable expenses including:

- Legal and forensic information technology reviews;
- Notification to affected individuals; and
- Service to affected individuals including:
  - Informational materials;
  - Toll-free help line;
  - Credit report monitoring; and
  - Identity restoration case management.

If you choose to purchase Data Compromise coverage, Identity Restoration coverage will be included for your business.

No one can predict if a covered data breach will occur, but you are able to protect your business from certain response costs a breach may create. If you are interested in adding Data Compromise coverage to your policy, contact your State Farm® agent to see if your business qualifies.

553-3447.1 (C)

553-1405 VA.5

Important Information Regarding Your Policy

Flood Coverage Is Excluded

Please note that this Virginia property insurance policy excludes coverage for damage due to flood, surface water, waves, tidal water, or any other overflow of a body of water. Information regarding flood insurance is available from State Farm®, your State Farm agent, or the National Flood Insurance Program. Contents coverage may be available with the flood policy for an additional premium.

553-1405 VA.5 (C)

(CONTINUED)

553-3461 VA.3

Important Information To Policyholders

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact the insurance company issuing this policy at:

State Farm Insurance Companies
Ravinia Operations Center
3 Ravinia Drive
Atlanta, GA 30346-2118
Phone: (855) 760-9031

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia Bureau of Insurance at:

Property and Casualty Division
Bureau of Insurance
Post Office Box 1157
Richmond, VA 23218
In-state toll free number: (800) 552-7945
Out-of-state number: (804) 371-9741

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

553-3461 VA.3 (C)

553-0394 VA.3

IMPORTANT NOTICE . . .
Building Ordinance or Law Coverage is Available for Your Policy

If you have not already purchased it, we want to remind you that Building Ordinance or Law Coverage can be added to your policy for an additional premium.

This coverage provides protection when a building damaged by a covered cause of loss must be repaired or rebuilt in a more costly manner because when the building was built it did not comply with today's building codes. Coverage also applies when laws or ordinances require the demolition of damaged buildings, including undamaged portions, prior to rebuilding in compliance with current building codes.

If you are a renter or owner of a condominium unit, this coverage would apply to those portions of the building for which you are responsible, such as structural improvements or changes, or condominium loss assessments.

Please contact your State Farm® agent if you would like to add this additional coverage, or if you have any questions concerning your insurance needs.

553-0394 VA.3 (C)

(CONTINUED)

IMPORTANT NOTICE ABOUT YOUR POLICY

0505-ST-1-1001

No Coverage For Earthquake Damage

Earthquake coverage is excluded unless purchased by endorsement.

In order to be covered for a loss caused by Earthquake, if you haven't done so already, you will need to purchase an Earthquake and Volcanic Explosion (Eruption) endorsement for an additional premium.

If you haven't done so already, please contact your State Farm® agent if you are interested in purchasing this coverage or if you have any questions about the information in this Notice.

This message is provided for informational purposes only, and does not change, modify or invalidate any of the provisions, terms or conditions of your policy and applicable endorsements.

StateFarm

STATE FARM FIRE AND CASUALTY COMPANY

3 Ravinia Drive
Atlanta GA 30346-2117

BALANCE DUE NOTICE

POLICY NUMBER 96-LQ-6334-3
Residential Community Association Policy

DATE DUE	PLEASE PAY THIS AMOUNT
FEB 26 2018	$1,027.00

M-07- 3441-FA24 V F

000561 3125
IPSWICH VILLAGE HOMEOWNERS
ASSOCIATION INC
C/O CALL, JASON E
1012 LONG BEECHES AVE
CHESAPEAKE VA 23320-0679

Full payment by Date Due continues this policy to FEB 26 2019

0101-1001

PREMIUM	$	1,027.00
AMOUNT DUE	$	1,027.00

Location: 2018 PARAMONT AVE
CHESAPEAKE VA 23320-2442

Important Message(s)

17 2986 6546

See reverse for important information.
Please keep this part for your record.
Prepared DEC 29 2017

Agent JENEL SMITH
Telephone (757) 545-7526

↓ Please fold and tear here ↓

StateFarm

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-3441-FA24

INSURED	IPSWICH VILLAGE HOMEOWNERS ASSOCIATION INC	
POLICY NUMBER	96-LQ-6334-3	**CONDOMINIUM**

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE	PLEASE PAY THIS AMOUNT
FEB 26 2018	$1,027.00

0709803283
Insurance Support Center
P.O. Box 588002
North Metro, GA 30029-8002

538-181 b.8 10-04-2010 (o1f3092a) (o1f3091j)
or office use only 0403 M 3221

Prepared: DEC 29 2017
94 I

FIRE BAL DUE	$1,027.00	0328

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

For Office Use Only