#### COMMON POLICY DECLARATIONS

THIS POLICY IS ISSUED BY THE

#### STRATHMORE INSURANCE COMPANY

HOME OFFICE

200 MADISON AVENUE NEW YORK, NY 10016

A STOCK COMPANY

POLICY NUMBER 8106D31907

AUTHORIZED REPRESENTATIVE

ACCOUNT NUMBER 06D3190714 ENDORSEMENT NUMBER POLICY TERM 1 Year PRODUCER 0010187 NAMED INSURED AND MAILING ADDRESS PEOPLE'S UNITED INSURANCE AGENCY, 3300 PARK AVENUE CONDOMINIUM INC. ASSOCIATION, INC. C/O DRUMM REAL ESTATE SVCS LLC 850 MAIN STREET BRIDGEPORT CT 06604 PO BOX 320995 FAIRFIELD CT 06825-0995 POLICY PERIOD: FROM 11-01-2014 TO: 11-01-2015 AT 12:81 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN. ENDORSEMENT DATE: CORPORATION BUSINESS DESCRIPTION: 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. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS: PREMIUM 16,687.00 COMMERCIAL PROPERTY COVERAGE PART 2,280.00 COMMERCIAL GENERAL LIABILITY COVERAGE PART TOTAL S 18,967.00 FORMS APPLICABLE TO ALL COVERAGE PARTS: SEE SCHEDULE OF FORMS AND ENDORSEMENTS PREMIUM \$ 18,967.00 TOTAL THE POLICY MAY BE SUBJECT TO ADJUSTMENT. BY Odanes It!

COUNTERSIGNED

DATE

#### DESIGNATION OF PREMISES SCHEDULE COMMERCIAL LINES POLICY

#### THIS POLICY IS ISSUED BY THE

#### STRATHMORE INSURANCE COMPANY

NAN	MED INS	URED		EFFECTIVE DATE	L06D31907	
1			VENUE CONDOMINIUM	11-01-14	ENDORSEMENT NUM	BER
}			, INC.			
ĭ.a		BLDG. NO.	OCCUPANCY			
	01	001	3300 PARK AVE, UNITS	(ADDRESS, CITY, STATE) E 1-8, BRIDGEPORT	, CT	RES CONDO 8
i.			06604-1144 APPLIES TO: GENERAL NUMBER OF STORIES: (	LIABILITY, PROPE	i	UNITS 1 BLDG
O	01	002	3300 PARK AVE, UNITS 06604-1144 APPLIES TO: PROPERT NUMBER OF STORIES:	¥	RT, CT	RES CONDO 8 UNITS 1 BLDG
	001	003	3300 PARK AVE, UNIT 06604-1144 APPLIES TO: PROPERT NUMBER OF STORIES:	X	RES CONDO 10 UNITS 1 BLDG	
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GNY 002 (0691)

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## SCHEDULE OF FORMS AND ENDORSEMENTS

# THIS POLICY IS ISSUED BY THE STRATHMORE INSURANCE COMPANY

NAMED INSURED	يستر المناوا الله المناطعين المناوا الله المناوا الله المناوا الله المناوا الله	POLICY NUMBER 8106D31907
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ASSOCIATION, INC	*	ENDORSEMENT NUMBER
		COUNTERSIGNED BY:
		AUTHORIZED REPRESENTATIVE
SCHEDULE OF FORMS	& ENDORSEMENTS	POLICY PERIOD: FROM: 11-01-2014
EFEECTIVE DATE: 11	-01-14	TO: 11-01-2015
COMMON POLICY FO	ORMS AND ENDORS	SEMENTS
PG SIC	06-13	PROTECTO-GUARD COMMON POLICY DECLARATIONS
GNY 001	09-91	DESIGNATION OF PREMISES SCHEDULE
GNY 002	06-91	
GNY 003Y	07-09	SCHEDULE OF FORMS AND ENDORSEMENTS
IDR COVDEC	07-09 02-09	IDENTITY RECOVERY COVERAGE PART DEC
IDRAS	O.J	pulse and the state of the stat
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08 11-05	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 00 21 IL 01 40 IL 01 43 IL 09 35	11-05	CONNECTICUT CHANGES - CIVIL UNION
TT. 01 43	01-09	CONNECTICUT CHANGES - CANC & NONRENL
TT. 09 35	ስማስታ	FYCT. OF CERTAIN COMPUTER- RELATED LOSSES
IL 09 52	03-08	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR COND EXCL-TERROR (REL TO DISP/FED TRIA)
IL 09 95	01-07	COND EXCL-TERROR (REL TO DISP/FED TRIA)
IL 09 99	01-07	DISC OF PREM/EST PREM CERT ACTS/TERR COV
PROPERTY FORMS	AND ENDORSEMEN	
GNY 004	09-91	
GNY 004 GNY 005	06-91	COMMERCIAL PROPERTY COVERAGE PART
GNYCP 03	02-11	EQUIPMENT BREAKDOWN ENHANCEMENT ENDT
CPCIVIL	02-11 01-06	CLARIFICATION OF CIVIL AUTHORITY
LIMDED	12-13	AMENDMENT OF LIMITS AND DEDUCTIBLES
PACKC CW	04-13	ENHANCED PROPERTY COVERAGE ENDORSEMENT T
PERUDED	03-13	PER UNIT DEDUCTIBLE COV END
PUDSCH	03-12	
	03-12 03-05	EXTENDED REPLACEMENT COST ENDORSEMENT
XREPCST CP 00 30	06-07	BUSINESS INCOME COVERAGE (&/EX EXP)
CP 10 32	08-08	WATER EXCLUSION ENDORSEMENT
CP 10 32	06-07	The second secon
CP 00 17	07-88	
	06-95	CONNECTICUT CHANGES - CONDO ADDL PROV
CP 01 38	06-95	CONNECTICUT CHANGES - CONDO ASSOC CHGS
CP 01 39		CONNECTICUT CHANGES
CP 01 80	03-12	
	~~ ^~	
CP 03 21	06-07	WINDSTORM OR HAIL PERCENTAGE DED
CP 10 30	06-07	CAUSES OF LOSS - SPECIAL FORM
CP 03 21		CAUSES OF LOSS - SPECIAL FORM ADDITIONAL BUILDING PROPERTY STATEMENT OF VALUES

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## SCHEDULE OF FORMS AND ENDORSEMENTS

# THIS POLICY IS ISSUED BY THE STRATHMORE INSURANCE COMPANY

NAMED INSURED	M. W.		POLICY NUMBER 8106D31907
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ASSOCIATION, INC.			ENDORSEMENT NUMBER
			COUNTERSIGNED BY:
			AUTHORIZED REPRESENTATIVE
SCHEDULE OF FORMS & E	NDORSEMENTS		POLICY PERIOD: FROM: 11-01-2014
EFFECTIVE DATE: 11-01			TO: 11-01-2015
DETECTIVE DATE. LL 02	7		
GENERAL LIABILITY	forms and en	DORSEME	nts
			L LIABILITY DECLARATIONS
GMX 050	11-04 06-91		L LIABILITY SCHEDULE
GNY 021		ANDERGE AND TO THE PROPERTY OF	ION OF CERTIFIED ACTS OF TERRORISM
GNY 21 33	02-08	EAULUD	CIAL GENERAL LIABILITY COV FORM
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CG 00 68	05-09	RECRDG	AND DISTRIB OF MAINT ON THE CHAPT
CG 20 04	11-85	ADDL I	NSD-CONDOMINIUM UNIT OWNERS
CG 21 16	07-98	EXCL-D	ESIGNATED PROFESSIONAL SERVICES
CG 21 44	07-98	LIMIT	OF COV TO DESIGNATED PREM OR PROJ
CG 81 02	02-05	BASIC	CONSTRUCTION EXCLUSION
CGU 00 05	02-06	AMENDM	MENT OF OTHER INSURANCE CONDITIONS
CGU-001	02-05	HIRED	AUTO AND NON-OWNED AUTO LIABILITY
DOCT	02-05	CONNEC	CTICUT AMENDATORY ENDORSEMENT
U329 DO1	02-05	DIRECT	FORS AND OFFICERS' LIAB COV PART
XPUNDAM	06-13	TEXCTAIS	STON FOR PUNITIVE DAMAGES AND SIMIL
EPLIDEC	10-07	COMME	RCIAL EMPLOYMENT PRACTICES DEC PAGE
EPLI CT	10-07	EMPLO	YMENT PRACTICES LIAB INS COV
CG 21 47	12-07	EMPLOT	YMENT-RELATED PRACTICES EXCLUSION
	06-14	ENHAN	CED GENERAL LIABILITY COVERAGE ENDO
PAKC GL	02-05	BETECH	ACTIVE DATE ENDORSEMENT
E-RD	12-04	WITHIE T	OR BACTERIA EXCLUSION
CG 21 67	02-05	r ongr	TOS HAZARD EXCLUSION ENDT
GLU-113		ANDERA PROTE	POISONING EXCLUSION
LEMS	02-05	LEAU C	R TERRORISM EXCLUSION
CG 21 69	01-02	WARE CA	SION OF CERTIFIED ACTS OF TERRORISM
CG 21 73	01-08	ረማረጎ <b>አ</b> ንጀንን	EXCL-TERR (DISP/FED TRIA ACT 2002)
CG 21 87	01-07	CURD.	ANGES - CONDOMINIUMS
CG 26 19	11-06 05-14 09-99	CT CH	ACC/DISCL OF CONFI OR PERSONAL INFO
CG 21 07	05-14	EXCL-	POLLUTION EXCLUSION WITH A HOSTILE
CG 21 55	09-99	TATOT	, PUDDUTION BACHUSTON RITH A HOSTILES
POLICYHOLDER JACK	ETS		·
PG SIC	06-13	PROTE	CTO-GUARD

## COMMERCIAL PROPERTY DECLARATIONS COMMERCIAL PROPERTY COVERAGE PART

#### THIS POLICY IS ISSUED BY THE

#### STRATHMORE INSURANCE COMPANY

NAMBD	INSURE	ED .	EFFECTIVE DATE POLICY		WMBER 8106D31907		
3300	PARI	AVENUE CONDOMINIUM	11-01-14 ENDORS		rsement number		
ASSO	CIAT	ON, INC.					
COVER	ages Pi	of premises: see designation of pre royided: insurance at the describ			Y FOR COV	erages for which a limi	T OF
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		FRAME		SUSTAINE	)		
A derrican chart pa many) are			OTHER PROV	POTONIC			
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		YALUE:	☐ REPLACE	MENT COST		$\square$ inflation guard	46
		ss income indemnity: monthly limi		PERIOD: MAX		EXT. DAYS BI MEI	VIC
	CTIBLE	•	CTIBLE:	% EXCEP	TIONS:		
LOC.	BLDG	# 2.		LIMIT	OF	COVERED	
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001	1	BUILDING		BLKT GRP		SPECIAL	90
		FRAME				·	
		E PAPEL					or his or recovery for the first first body because of our
	err brace	ANY AA4	OTHER PROV CTION CLASS: 0			CCUPANCY:RES CONDO	. 0
(***		ORY: <b>001</b> PROTE D VALUE:		MENT COST		INFLATION GUARD	
0		SS INCOME INDEMNITY: MONTHLY LIMI		PERIOD: MAX		EXT. DAYS BIME	
DEDU	CLIBLE	2,500 EARTHQUAKE DEDU	CITBLE:	% excep	TIONS:		
LOC.	BLDG	4 to 1 to		LIMIT	OF	COVERED	The state of the s
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		1	OTHER PROV				***************************************
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1		d value: iss income indemnity: monthly lim		ement cost period: Max		<ul><li>Inplation guarteet.</li><li>Days bime</li></ul>	
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GNY 004 (0991)

#### COMMERCIAL PROPERTY DECLARATIONS COMMERCIAL PROPERTY COVERAGE PART

THIS POLICY IS ISSUED BY THE

#### STRATHMORE INSURANCE COMPANY

NAMED	INSURI	BD .	ERRECTI	VE DATE	POLICAN	GWBBE RIGOD2T301	
3300 PARK AVENUE CONDOMINIUM			11-01-14 ENDORS		ENDORSE	rsement number	
		ION, INC.					
				~ ~	<u> </u>		
DESCR	MOTTS	of premises: see designation of pri	emises schedu	LE		~~~ * * * * * * * * * * * * * * * * * *	מיז הים
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		SHOWN.					
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		FRAME					
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## CHANGE ENDORSEMENT

THIS POLICY IS ISSUED BY THE

## STRATHMORE INSURANCE COMPANY

NAMED INSURED	CHANGE E EFFECTIVE	NDORSEMENT	POLICY NUMBER 8106D31907
2200 EWER WATHOUT COURSE			ENDORSEMENT NUMBER 003
ASSOCIATION, INC.	0-2 2 7 2-3	***************************************	
	TD:	VICV PERIOD:	FROM: 11-01-2014
PRO-RATA .542	1.	JEJOT TIMOD.	TO: 11-01-2015
COVERAGE PART INFORMATION -	Coverage Pari	s affected by this ch	
COVERAGE PART ENTORMATION			
X COMMERCIAL PROPERTY			NO CHARGE
COMMERCIAL GENERAL LIABIL	ITY		
COMMERCIAL CRIME AND FIDE	ELITY		
COMMERCIAL INLAND MARINE	,		
			4
	•		
	CTT STOTE NO	SCHIPTION	
	CHANGE DE		
THE FOLLOWING ADDITIONAL INTERPOLICY: SAVINGS INSTITUTE BANK & TISAOA ATIMA 803 MAIN STIWILLIMANTIC CT 06226-250	RUST COME		S BEEN ADDED TO THE
THE FOLLOWING FORM(S) HAS BEE			
i e		LOSS PAYEE	(S)
{The following applies ONLY to change(s) appli	cable to premi	ses located in the	State of New York}
"This endorsement cannot be used to alter or recan be used only to perform administrative charmed removing or changing the name and address of acquisition or disposal of property in accordance	ges, such as a Loce Pavee	or Mortagaee of L	p-dating Limits after a purchase or
	PREMIUM	CHANGE	A CONTRACTOR OF THE PROPERTY O
ADDITIONAL \$NO CHARGE		RETURN \$NO	CHARGE

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CHANGE ENDORSEMENT

# THIS POLICY IS ISSUED BY THE STRATHMORE INSURANCE COMPANY

NAMED INSURED	POLICY NUMBER 8106D31907		
3300 PARK AVENUE CONDOMINIUM ASSOCIATION, INC.	ENDORSEMENT NUMBER 003		
CHANGE ENDORSEMENT EFFECTIVE DATE:	COUNTERSIGNED BY:		
04-17-15	AUTHORIZED REPRESENTATIVE		
PRO-RATA .542	POLICY PERIOD: FROM: 11-01-2014		
	TO: 11-01-2015		

CHANGE DESCRIPTION (Continued)

NO CHANGE IN PROPERTY PREMIUM:

NO CHANGE IN GENERAL LIABILITY PREMIUM:

{The following applies ONLY to change(s) applicable to premises located in the State of New York}

"This endorsement cannot be used to alter or re-write provisions providing coverage under your policy. This endorsement can be used only to perform administrative changes, such as adding or deleting a location, changing your address, adding, removing or changing the name and address of a Loss Payee or Mortgagee or up-dating Limits after a purchase or acquisition or disposal of property in accordance with the reporting provisions of your policy."

#### Policy Number 8106D31907

### SCHEDULE OF LOSS PAYEE(S)

## STRATHMORE INSURANCE COMPANY

Named Insured 3300 PARK AVENUE CONDOMINIUM

Effective Date: 04-17-15

Named Insured	3300 PARK AVENUE CONDOMINIUM		, Standard Time			
Agent Name	PEOPLE'S UNITED INSURANCE AGENCY, INC.	Agent No.	0010187			
Loc. Bldg.	Bldg. Loss Pavee Name and Mailing Address					
No. No. 001/001 001/002 001/003	SAVINGS INSTITUTE BANK & TRUST COMPANY, ISAOA ATIMA 803 MAIN ST WILLIMANTIC, CT USA 06226-2503	and a property of the control of the				

A subsidiary of People's United Bank

850 Main Street Bridgeport, CT 06604 PH (203) 338-7900 • FAX (203) 338-5900

## CONDOMINIUM - NOTICE OF INSURANCE

o: To Whom it May Concern		Date: November 13, 20		
opon m. J. A				
Bridgeport, CT 06606				
The 3300 Park Avenue Cond	ominium Assoc	has obtain	ned the following insurance policy,	
Subject to its terms, condition	ns and exclusions, w	nich is at prese	ent in force in:	
Company(s): GNY	Familia de la companya de la company			
Policy Number(s): 8106D31907		Cove	ering the Association's property at:	
olicy Period: From: 11/1/14		3300	) Park Avenue	
To: 11/1/15		Brid	geport, CT 06606	
COVERAGE PROVIDED BY THE ABO	•			
PROPERTY COVERAGES	PERILS INSURED	AGAINST	LIMITS OF LIABILITY	
Bulldings	Blanket Building - All Un All In Coverage Deductible Replacement Cost - 26		\$10,624,226 \$2,500	
Contents (owned and maintained by the Association)	☐ Same as Above ☐ Named Perils			
Other Coverages (describe)	Employee Dishonesty 8106D31907		\$25,000	
		I INDITE OF	- LIABILITY	
LIABILITY COVERAGES	\$1,000,000	Each Occurren	WASHINGTON TO THE TRANSPORT OF THE PROPERTY OF THE TAXABLE PROPERTY OF THE PRO	
Bodily Injury and Property Damage (single limit)	\$2,000,000	Aggregate		
Mortgagee: As applicable	e to each owner		•	
		Peo	ple's United Insurance Agency	
		by:	Patricia Fiebick	

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