ENDORSEMENT # 14

This endorsement, effective 12:01 a.m.,11/14/2024

forms a part of

Policy No. PPP7489666

issued to Aberdeen Homeowners Association Of Pasco, Inc.

by Greenwich Insurance Company

Changes

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

	Named Insured	□ Named Insured Mailing Address	
	Policy Number	□ Exposures	
	Policy Period	☐ Insured legal status/business	
	Limits	☐ Additional Interested Parties	
	Coverage Forms and Endorsements	□ Policy Premium	-
	Rates	□ Deductibles	
	Covered Property/Location Description	□ Classification/Class Codes	
X	Underlying Insurance	□ Broker of Record	

Is (are) changed to read:

The schedule of underlying Insurance is hereby amended as shown on the attached updated Schedule of Underlying Insurance which forms part of this policy.

All other terms and conditions remain the same.

The above amendments result in a change in the premium as follows:

☐ INCREASE
☐ DECREASE
☒ NO CHANGE

ENDORSEMENT PREMIUM: \$0.00 STATE TAX (if applicable) N/A TOTAL ADDITIONAL/RETURN \$0.00

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Regulatory Office: 505 Eagleview Blvd. Suite 100 Dept.: Regulatory Exton, PA 19341-1120 800-688-1840

COMPANY PROVIDING COVERAGE: Greenwich Insurance Company

Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of Underlying Insurance

UNDERLYING INSURER		TYPE OF COVERAGE	o And Forming Part Of Certificate Number: PPP748 LIMITS OF LIABILITY	
a.	Name: Atain Insurance Company	Commercial General Liability	f. 4.000.000	
	Delian		\$ 1,000,000	each Occurrence
	Policy Number: BWPF0076265R02	☐ Claims Made	\$ 2000000	General Aggregate
		☑ Occurrence	(Other than Products Completed Operations)	
	Term: 11/03/2024 to 11/03/2025		\$ 2000000	Products Completed Operations Aggregate
			\$ 1000000	Personal and Advertising Injury
b.	Name: Atain Insurance Company	Automobile Liability	\$1,000,000 Combined Single Limit	
	Policy Number: BWPF0076265R02			
	Term: 11/03/2024 to 11/03/2025			
c.	Name: PennsylvaniaManufacturers	Employers' Liability	Coverage B – Emp	loyers' Liability
			Bodily Injury by Acc	cident
	Policy Number: WC734550375		\$ 500,000	
	Humber, Were 1000070		Bodily Injury by Dis	each Accident Disease
	Term: 11/03/2024 to 11/03/2025		\$ 500,000	each Policy
			Bodily Injury by Dis \$ 500,000	ease each Employee
d.	Name: United States Liability	Directors & Officers Liability	Ψ 300,000	each Employee
	Policy	☑ Claims Made		
	Number: CAP1566792A	□ Occurrence	\$ 1,000,000	each Occurrence
	Term: 01/01/2024 to 01/01/2025	- Occurrence	\$ 1,000,000	Aggregate
₽.	Name: Excluded	Stop Gap Employers' Liability	Bodily Injury by Acc	ident
		- Inployors Elability	\$ 0	each Accident Disease
	Policy Number:		Bodily Injury by Dise	
	Trainibol.		\$ 0	each Policy
	Tem:		Bodily Injury by Dise	ease
			\$0	each Employee