

ADDENDUM

Some internal notes, stamps or typing on the Declaration sheet may appear. The intended use for these is internal only and may not have been a part of the policy received by the insured.

Policy fees, inspection fees or taxes, or additional instructional stamps may have appeared on the policy received by the insured but may not appear on this copy.



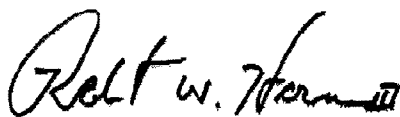
Western Heritage
Insurance Company

P.O. Box 5100 Scottsdale, Arizona 85261-5100
9200 East Pima Center Parkway, Suite 350
Scottsdale, AZ 85258
1-800-873-9442
A Stock Company

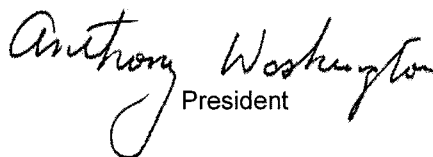
COMMERCIAL POLICY JACKET

THIS POLICY CONSISTS OF: DECLARATIONS, COMMON POLICY CONDITIONS, ONE OR MORE COVERAGE PARTS OR FORMS AND ENDORSEMENTS. A COVERAGE PART CONSISTS OF: ONE OR MORE COVERAGE FORMS, APPLICABLE FORMS AND ENDORSEMENTS.


IN WITNESS WHEREOF, the Company has caused this policy to be signed by its President and Secretary but this policy shall not be valid unless completed by the attachment hereto of a Declarations Page and Coverage Part(s) and counter-signed on the aforesaid Declarations Page by a duly Authorized Representative of the Company.



Secretary



President

COMMERCIAL POLICY DECLARATIONS	
Renewal of <u>NEW</u>	<div style="text-align: right;">SCP0-989651 Policy Number</div> <div style="text-align: center;">  Western Heritage <i>Insurance Company</i> P.O. BOX 5100 ■ Scottsdale, Arizona 85261 9200 E. Pima Ctr. Pkwy., Ste. 350 ■ Scottsdale, Arizona 85258 1-800-873-9442 A STOCK COMPANY </div>
ITEM 1. NAMED INSURED AND MAILING ADDRESS	AGENT NAME AND ADDRESS
APPLE RENAISSANCE RESTORATION CORP 310 85TH STREET, SUITE 4C BROOKLYN, NY 11209	SCOTTISH AMERICAN INSURANCE GENERAL AGENCY, INC. 17822 E. 17TH ST., SUITE 300 TUSTIN, CA 92780
Agent No.: <u>31010</u>	
ITEM 2. POLICY PERIOD From: 03/18/2014 To: 03/18/2015 12:01 A.M., Standard Time at the NAMED INSURED'S mailing address.	

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECTED TO ADJUSTMENT.

ITEM 3. Commercial Property Coverage Part	\$	NOT COVERED
Commercial General Liability Coverage Part	\$	7,676
Professional Liability Coverage Form	\$	NOT COVERED
Commercial Inland Marine Coverage Form	\$	NOT COVERED
Garage Coverage Part	\$	NOT COVERED
.....	\$	
.....	\$	
.....	\$	
Premium Total \$		7,676.00
ADDITIONAL INSURED PREMIUM INCLUDED		500.00
IN GENERAL LIABILITY PREMIUM		
- ALL AI'S/CERTS SUBJECT TO COMPANY		
APPROVAL		
ANY/ALL ADDITIONAL INSURED PREMIUM		
IS 100% FULLY EARNED		

Endorsements (Identify by form numbers and edition dates):

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Audit Period: Annual, unless otherwise stated.

ITEM 4. Named Insured is (check one)

- ☐ Individual
 ☐ Partnership
 ☐ Joint Venture
 ☐ Trust
 ☐ Limited Liability Company
☒ Organization including a corporation (other than Partnership, Joint Venture, Trust or Limited Liability Company)

IMPORTANT NOTICES TO POLICYHOLDER (Please read carefully):

- A. Any misrepresentation or any concealment or fraud on the part of the Insured which misrepresentation, concealment or fraud affects either the acceptance of the risk or the hazard assumed by the Company shall render this policy void.
- B. Notice of all accidents or occurrences must immediately be given to Western Heritage Insurance Company whether or not such accidents or occurrences appear likely to involve this policy.



Western Heritage
Insurance Company

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
SCP0-989651	03/18/2014	APPLE RENAISSANCE RESTORATION CORP	31010

(The above information is required only when this endorsement is issued subsequent to preparation of the policy.)

SCHEDULE OF FORMS AND ENDORSEMENTS

COMMON FORMS

WHI 20-0297 6-12	Commercial Policy Jacket
WHI 20-0295a 2-08	Commercial Policy Declarations
WHI 20-0399 7-12	Schedule Of Forms and Endorsements
IL 00 17 11-98	Common Policy Conditions
IL 00 21 9-08	Nuclear Energy Excl
WHI 20-0117 2-11	Service Of Suit
WHI 20-0478 7-11	Amendment Of Common Policy Conditions

GENERAL LIABILITY FORMS

WHI 21-0296 10-11	General Liability Coverage Declarations
CG 00 01 4-13	General Liab Cov
CG 00 68 5-09	Recording/Distribution Of Material/Info
CG 21 49 9-99	Total Pollution Exclusion
CG 21 67 12-04	Fungi Or Bacteria Excl
CG 21 73 1-08	Exclusion-Certified Acts Of Terrorism
CG 21 86 12-04	Excl-Exterior Insulation And Finish Systems
CG 21 96 3-05	Silica Or Silica-Related Dust Excl
CG 22 79 4-13	Excl-Contractors-Prof Liab
CG 22 94 10-01	Excl-Dmg To Work-Subcontractor
CG 24 26 4-13	Amend Of Insured Contract Definition
WHI 21-0128 1-08	Deductible Liability Insurance
WHI 21-0149 11-10	Open Roof Exclusion
WHI 21-0177 12-12	Excl-Overspray
WHI 21-0194 12-12	Combined Special Prov Liab Ins
WHI 21-0261 8-03	Subcontractors Warranty
WHI 21-0467 2-04	Non-Stacking Of Limits Endt
WHI 21-0475 11-13	Limited Exclusion-Habitational Construction
WHI 21-0480 2-05	Contractors-Amend Of Insured Contract Def
WHI 21-0481 2-05	Contractors-Amend Of Insuring Agreement
WHI 21-0482 1-12	Excl-Injury To Contractors
WHI 21-0483 2-05	Excl-Continuing Damage-Contractors
WHI 21-0484 6-13	Excl-Designated Construction/Contractor Ops
WHI 21-0490 8-05	Amendment Of Conditions
WHI 21-0491 10-13	Exclusion-Designated Roofing Operations
WHI 21-0517 7-08	Add'l Ins-Automatic Status
WHI 21-0556 7-09	Valet Parking Exclusion
WHI 21-0648 11-09	Total Exclusion-Chinese Drywall
WHI 21-0835 1-12	Excl-Snow Removal/Plowing Ops

STATE FORMS

WHI 21-1044-NY 1-13	NY-Comm'l GL Cov Form Changes
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ADDITIONAL FORMS

All other Terms and Conditions of this Policy remain unchanged.

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