

Ultrapack Plus Policy Declarations Renewal Certificate

Mailing Name and Address for Insured:

LEGENDS AT GROVE CITY
PO BOX 105
GROVE CITY PA 16127



AA3377

Other Interest:

As Listed Below

Named Insured's Full Name:

Legends at Grove City

Agent:

AA3377 REINHARDTS AGENCY INC

Policy Period:

07/01/2025 to 07/01/2026

Policy Number:

Q972350862

Agent Address and Phone

REINHARDTS AGENCY INC
3775 E STATE ST
HERMITAGE PA 16148-3410
724-342-2291

Policy begins at 12:01 A.M. standard time on the effective date and ends at 12:01 A.M. standard time on the expiration date. Standard time is determined at the stated address of the named insured.

The insurance applies to those premises described below. This is subject to all applicable terms of the policy and attached forms and endorsements.

PARTICIPATING-DIVIDENDS ARE NOT GUARANTEED AND MAY BE DECLARED BY THE BOARD OF DIRECTORS IN ITS SOLE DISCRETION.

Premium Summary

Pay Plan Discount Applies

Total Annual Policy Premium:

(This is not a bill. Your invoice will follow in a separate mailing.)

**Property Protection - As Per Attached Supplemental Declarations
Deductible (Property Protection Only) \$5,000**

Policy-Level Coverages

Liability Protection

Limits of Insurance

Commercial General Liability Limits of Insurance

Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000 Any One Premises
Medical Expense Limit	\$5,000 Any One Person
Personal & Advertising Injury Limit	\$1,000,000 Any One Person or Organization
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Optional Coverages

Deductible

Amount of Insurance

Policy-Level Optional Coverages:

Property and Inland Marine - Optional Coverages:

Additional Limits for Employee Dishonesty Number of Employees: 4		\$25,000
Check, Credit, Debit or Charge Card Forgery or Alteration - Increased Coverage Number of Class 1 Employees: 4		\$25,000
Money and Securities-Increased Coverage		\$25,000
Terrorism		Included

General Liability - Optional Coverages:

Directors and Officers-Condominium or Homeowner Associations Retroactive Date-07/01/10		\$1,000,000 Each Claim/ \$2,000,000 Aggregate
Self-Insured Retention-\$1,000 40 Units		
General Liability Extended To: Activity Center		\$Included
Swimming Pools: Number of Swimming Pools 1		\$Included

Other Optional Coverages:

Enhancement Endorsement-General

Supplemental Declarations

Location 1 / Building 1

Address:

411, 413, 415, 417 STEWART LN
GROVE CITY PA 16127-3465

County: Mercer

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings - Replacement Cost	Property Deductible	BLANKET
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Blanket Coverage - Buildings - All Locations		\$3,338,000
Automatic Adjustment of Building Coverage - 4%		

Supplemental Declarations

Location 2 / Building 1

Address:

420-422 STEWART LN
GROVE CITY PA 16127-3466

County: Mercer

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings - Replacement Cost	Property Deductible	BLANKET
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Blanket Coverage - Buildings - All Locations		\$3,338,000
Automatic Adjustment of Building Coverage - 4%		

Supplemental Declarations

Location 3 / Building 1

Address:

527-529 WOODS CT
41-43 LINKS LN
GROVE CITY PA 16127-3473

County: Mercer

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings - Replacement Cost	Property Deductible	BLANKET
2. Business Personal Property and Personal Property of Others		NIL
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Blanket Coverage - Buildings - All Locations		\$3,338,000
Automatic Adjustment of Building Coverage - 4%		

Supplemental Declarations

Location 4 / Building 1

Address:

GOLF CLUB LN, JONES CT, NICKLAUS CT
GROVE CITY PA 16127

County: Mercer

Occupancy/Operations:

Habitational Condominiums or Homeowners
Association - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings		NIL
2. Business Personal Property and Personal Property of Others Replacement Cost Theft Exclusion Applies: No	Property Deductible	\$500
3. Income Protection & Extra Expense		Actual Loss Sustained 12 Months
Automatic Adjustment of Business Personal Property and Personal Property of Others Coverage – 5%		

Supplemental Declarations

Location 5 / Building 1

Address:

409 STEWART LN
GROVE CITY PA 16127-3465

County: Mercer

Occupancy/Operations:

Clubhouse - Lessor Risk

Interest of Named Insured In Such Premises: Condominium or Homeowner Associations

Coverage	Deductible	Amount of Insurance
Property Protection		
1. Buildings - Replacement Cost	Property Deductible	BLANKET
2. Business Personal Property and Personal Property of Others Replacement Cost Theft Exclusion Applies: No	Property Deductible	\$31,500
3. Income Protection & Extra Expense Blanket Coverage - Buildings - All Locations		Actual Loss Sustained 12 Months \$3,338,000
Automatic Adjustment of Building Coverage - 4%		
Automatic Adjustment of Business Personal Property and Personal Property of Others Coverage - 5%		

Location/Building-Level Additional Interests

Other Interest - First Mortgagee

Mercer County State Bank Sandy Lake/Main Office
PO BOX 38
SANDY LAKE PA 16145-0038
Location-1 Building-1

Other Interest - First Mortgagee

Mercer County State Bank Sandy Lake/Main Office
PO BOX 38
SANDY LAKE PA 16145-0038
Location-2 Building-1

Other Interest - First Mortgagee

Mercer County State Bank Sandy Lake/Main Office
PO BOX 38
SANDY LAKE PA 16145-0038
Location-3 Building-1

Other Interest - First Mortgagee

Mercer County State Bank Sandy Lake/Main Office
PO BOX 38
SANDY LAKE PA 16145-0038
Location-4 Building-1

Location/Building-Level Additional Interests - (continued)

Other Interest - First Mortgagee

Mercer County State Bank Sandy Lake/Main Office
 PO BOX 38
 SANDY LAKE PA 16145-0038
 Location-5 Building-1

Policy-Level Schedule of Condominium Unit Owners

Loc #/ Bldg	Mortgagee Interest Certificate Holder	Unit Owner/Loan Number	Unit #
3/1	Mars Bank, ISAOA PO Box 927 Mars PA 16046	Joshua Thompson 710155	17-B

Schedule of Static Forms

Form Number	Edition Date	Description
	/	
UPP	01/10	ULTRAPACK PLUS POLICY
PK0001	05/20	ULTRAPACK PLUS COMMERCIAL PROPERTY COVERAGE PART
PKAX	01/10	PRODUCTION OR PROCESS MACHINERY - DEDUCTIBLE
PKJE	05/15	GENERAL ENHANCEMENTS ENDORSEMENT
PKLA	01/12	CHECK, CREDIT, DEBIT OR CHARGE CARD FORGERY OR ALTERATION - INCREASED COVERAGE
PKLD	01/10	EMPLOYEE DISHONESTY - INCREASED COVERAGE
PKLL	01/10	MONEY AND SECURITIES - INCREASED COVERAGE
PKUA	01/10	CONDOMINIUM ASSOCIATION COVERAGE
CL0209	11/10	IMPORTANT NOTICE - LEAD LIABILITY EXCLUSION
CL0212	11/10 *	IMPORTANT NOTICE - POLICY SERVICE FEES
CL0217	11/10 *	IMPORTANT NOTICE - NO FLOOD COVERAGE
PKGP	01/10	AMENDMENT OF MOBILE EQUIPMENT DEFINITION
PKGT	01/10	AMENDMENT OF OCCURENCE DEFINITION FOR SUBCONTRACTED WORK
PKRG	01/10	PENNSYLVANIA AMENDATORY ENDORSEMENT - LOSS PAYMENT CONDITION
PKRH	01/10	PENNSYLVANIA AMENDATORY ENDORSEMENT - CONDITIONS
PK0003	05/20	ULTRAPACK PLUS EXTRA LIABILITY COVERAGES
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COMMERCIAL PACKAGE POLICIES
CG0127	11/85	CONDOMINIUMS
CG2004	11/85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
UFB213	11/12 *	SUBSCRIBER'S AGREEMENT
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION
PKGL	12/14	PUNITIVE DAMAGES COVERAGE
CL0396	01/17	IMPORTANT NOTICE - DATA BREACH RESPONSE EXPENSES COVERAGE
CG2106	05/14	EXCL-ACCESS OR DISCLOSURE OF CONFIDENT OR PERS INFO AND DATA-RELATED LIAB - WITH LIMIT BOD INJ EXCEP
PKKE	09/17	DIRECTORS AND OFFICERS LIABILITY COVERAGE - CONDOMINIUM OR HOMEOWNERS ASSOCIATION
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT
CG4032	05/23	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

Schedule of Static Forms - *(continued)*

Form Number	Edition Date	Description
GU152	09/23	POLICY CHANGE ENDORSEMENTS - EXCLUSIONS
IL0017	11/98	COMMON POLICY CONDITIONS
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
PKUN	11/21	AMENDMENT- CONDITIONS - WHEN WE DO NOT RENEW - INDIANA
IL0910	07/02	PENNSYLVANIA NOTICE
IL0952	01/21 *	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL985F	03/21 *	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL0246	09/07	PENNSYLVANIA CHANGES - CANCELLATION AND NONRENEWAL
PKMJ	01/10	EXCLUSION - LEAD LIABILITY
PKMD	01/10	EXCLUSION - ASBESTOS
PKMQ	12/14	EXCLUSION - PROFESSIONAL LIABILITY
PKRO	01/10	AMENDMENT OF POLICY - TWO OR MORE COVERAGE PARTS

Home Office • Erie, PA 16530
Your Agent:



CLAIMS DIRECTORY

-- FOLD --

IN THE EVENT OF AN ACCIDENT OR LOSS

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and any property from further damage.
- Promptly call the police if someone is injured, damage is extensive, or in case of theft. In case of "hit-and-run", you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or ERIE of the accident or loss.

The ERIE is Above All in SERVICE®.

If we fail to give you this promised service, please drop us a note or call us on our toll-free number and tell us about it.


Timothy D. McClain
President and
Chief Executive Officer

CUT ON DOTTED LINE

---CUT-ON-DOTTED-LINE---

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CUT-ON-DOTTED LINE

CLAIM SERVICE -- For claim service anywhere in U.S. or Canada, call your Agent or, using the list below, call the Claim Office nearest your home.

State	Office	Call Toll Free	State	Office	Call Toll Free
DC	Silver Spring	1-800-492-2709	PA	Allentown/Beth	1-800-322-9026
IL	Peoria	1-888-335-3743		Erie	1-877-771-3743
IN	Fort Wayne	1-800-892-5655		Home Office (Erie)	1-800-458-0811
	Indianapolis	1-800-624-1620		Harrisburg	1-800-382-1304
KY	Lexington	1-877-589-3743		Johnstown	1-800-241-4209
MD	Silver Spring	1-800-492-2709		Murrysville	1-800-553-3367
	Hagerstown	1-800-533-5602		Philadelphia	1-800-821-2902
NC	Charlotte	1-800-473-3882		Pittsburgh	1-800-922-1824
	Raleigh	1-800-533-3982	TN	Knoxville	1-888-922-3743
NY	Rochester	1-800-333-0823	VA	Richmond	1-800-322-3743
OH	Canton	1-800-362-6541		Roanoke	1-800-533-3743
	Columbus	1-800-282-1702		Waynesboro	1-800-542-2250
			WI	Waukesha	1-877-740-3743
			WV	Parkersburg	1-800-642-1948

Our phones answer 24/7!

To report a claim, call:

- Your Agent
- ERIE Claims Service: **1-800-367-3743**
- ERIEGlassSM (Auto glass only): **1-800-552-ERIE**
- ERIERoad Service: **1-888-295-5060**
- FRAUD FINDERS[®] (To report fraud): **1-800-368-6696**

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