

ENDORSEMENT #11

This endorsement, effective 12:01 a.m.,08/15/2024 forms a part of
Policy No. PPP7458859 issued to Foxwood Homeowners Association Inc. and Foxwood Condominium I, II &
III
by Greenwich Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL CHANGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL EXCESS FOLLOW FORM AND UMBRELLA LIABILITY POLICY

YOUR POLICY IS MODIFIED AS FOLLOWS:

- 1. Insured's Name
- 2. Insured's Mailing Address
- 3. Effective Date
- 4. Expiration Date
- 5. Description of Premise
- 6. Additional Insured(s) Add/ Delete or Correct
- 7. Change in Underlying Schedule (revised Schedule attached)
- 8. Policy Number Correction
- 9. Location(s) Add/ Delete or Correct
- 10. Other:

Description of Changes:

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:

<input type="checkbox"/> INCREASE	Greenwich Ins. Premium	\$0.00	State Surcharge	N/A
<input type="checkbox"/> DECREASE				
<input checked="" type="checkbox"/> NO CHANGE	Federal Ins. Premium	\$0.00	State Surcharge	N/A
	Total Premium	\$0.00	Total Surcharges	N/A

(Authorized Representative)



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**

Effective Date Of This Schedule: 08/15/2024

Attached To And Forming Part Of Certificate Number: PPP7458859

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: American Alternative Insurance Corporation Policy Number: CAU600184 Term: 08/15/2024 to 08/15/2025	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 2,000,000	each Occurrence
		\$ 0	General Aggregate
		(Other than Products Completed Operations)	
		\$ 2,000,000	Products Completed Operations Aggregate
		\$ 2,000,000	Personal and Advertising Injury
b. Name: Travelers Policy Number: BA-0X412485-23-42-G Term: 08/15/2024 to 08/15/2025	Automobile Liability	\$ 1,000,000	Combined Single Limit
c. Name: State Insurance Fund Policy Number: Z1309969-2 Term: 01/01/24 to 01/01/25	Employers' Liability	Coverage B – Employers' Liability	
		Bodily Injury by Accident	
		\$ 100,000	each Accident Disease
		Bodily Injury by Disease	
		\$ 500,000	each Policy
		Bodily Injury by Disease	
		\$ 100,000 each Employee	
d. Name: Continental Casualty Company Policy Number: 0250497688 Term: 08/15/2024 to 08/15/2025	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000	each Occurrence
		\$ 1,000,000	Aggregate
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident	
		\$	each Accident Disease
		Bodily Injury by Disease	
		\$ each Policy	
		Bodily Injury by Disease	
		\$	each Employee

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
f. Name: Policy Number: Term: To	Box H <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$
		\$
		\$