



**PHILADELPHIA**  
INSURANCE COMPANIES

A Member of the Tokio Marine Group

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Bala Cynwyd, Pennsylvania 19004  
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PHLY.com

**Philadelphia Indemnity Insurance Company**  
**COMMON POLICY DECLARATIONS**

**Policy Number:** PHPK2072842

**Named Insured and Mailing Address:**

Cape Ann Vernal Pond Team, Inc.  
242 Main St # C5  
Gloucester, MA 01930-6004

**Producer:** 21646

New England Insurance Services  
P.O. Box 63  
Weatogue, CT 06089

**Policy Period From:** 02/19/2020 **To:** 02/19/2021

(860)844-8288

at 12:01 A.M. Standard Time at your mailing  
address shown above.

**Business Description:** Non Profit Organization

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 FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


	<b>PREMIUM</b>
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	157.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Businessowners Automobile Coverage Part	379.00
Professional Liability	1,416.00
Cyber Security Liability End	89.00
<b>Total</b>	<b>\$ 2,041.00</b>
Total Includes Federal Terrorism Risk Insurance Act Coverage	<b>1.00</b>

**FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE**  
**Refer To Forms Schedule**

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

CPD-PIIC MA (09/17)

  
Secretary

  
President and CEO

# Philadelphia Indemnity Insurance Company

## Locations Schedule

**Policy Number:** PHPK2072842

Premis. No.	Bldg. No.	Address
0001	0001	242 Main St # C5 Gloucester, MA 01930-6004

# Philadelphia Indemnity Insurance Company

## COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK2072842

Agent # 21646

☒ See Supplemental Schedule

### LIMITS OF INSURANCE

\$	3,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	5,000	Medical Expense Limit (Any One Person)

### FORM OF BUSINESS: NON PROFIT ORGANIZATION

Business Description: Non Profit Organization

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

**AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:** This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 157.00	\$

### RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

**FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART:** Refer To Forms Schedule

\_\_\_\_\_  
Countersignature Date

\_\_\_\_\_  
Authorized Representative

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**  
HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY COVERAGE PART  
DECLARATIONS

POLICY NO. PHPK2072842

Effective Date: 02/19/2020  
12:01 A.M. Standard Time

LIMITS OF INSURANCE	
AGGREGATE LIMIT	\$ 2,000,000
EACH PROFESSIONAL INCIDENT LIMIT	\$ 1,000,000
BUSINESS DESCRIPTION	
Form of Business: NON PROFIT ORGANIZATION Business Description: Non Profit Organization	
PREMIUM: \$ 1,416.00	
FORMS AND ENDORSEMENTS (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy)	
Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue:  SEE SCHEDULE	
THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.	