

96 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
40 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
AB insurance company of The Hartford Insurance Group shown below.

SBA

**INSURER:** TWIN CITY FIRE INSURANCE COMPANY  
ONE HARTFORD PLAZA, HARTFORD, CT 06155  
COMPANY CODE: 7



**Policy Number:** 22 SBA AB4096 SA

### SPECTRUM POLICY DECLARATIONS

**Named Insured and Mailing Address:** DEERWOOD PARK  
(No., Street, Town, State, Zip Code) HOMEOWNERS ASSOCIATION  
PO BOX 1865  
SPARTA NC 28675

**Policy Period:** From 10/29/23 To 10/29/24 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** LIFESTORE INSURANCE SERVICES INC  
**Code:** 274222

**Previous Policy Number:** 22 SBA AB4096

**Named Insured is:** CORPORATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$3,228 DISCOUNT APPLIED: PAID IN FULL

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Countersigned by *Susan L. Castaneda*  
Authorized Representative

08/29/23  
Date

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

63 OLD BARN RD  
PINEY CREEK                      NC 28663

**Description of Business:**

General Office

**Deductible:** \$ 2,500 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE**

**BUILDING**

REPLACEMENT COST    INCL IN BLKT

**BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST    INCL IN BLKT

**PERSONAL PROPERTY OF OTHERS**

REPLACEMENT COST    NO COVERAGE

**MONEY AND SECURITIES**

INSIDE THE PREMISES    \$    10,000  
OUTSIDE THE PREMISES     \$     5,000

# SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001      Building: 001

## PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE TO THIS LOCATION

### BUILDING STRETCH

FORM: SS 04 52

THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.

### STRETCH COVERAGES

FORM: SS 04 08

THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS  
COVERAGES:

\$    50,000

FORM SS 40 93

THIS IS THE MAXIMUM AMOUNT OF INSURANCE FOR THIS COVERAGE, SUBJECT TO ALL PROPERTY LIMITS FOUND ELSEWHERE ON THIS DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FOR:

30 DAYS

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 002

63 OLD BARN RD  
PINEY CREEK                      NC 28663

**Description of Business:**

General Office

**Deductible:** \$ 2,500 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE**

**BUILDING**

REPLACEMENT COST                                      INCL IN BLKT

**BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST                                      INCL IN BLKT

**PERSONAL PROPERTY OF OTHERS**

REPLACEMENT COST                                      NO COVERAGE

**MONEY AND SECURITIES**

INSIDE THE PREMISES                                      \$    10,000  
OUTSIDE THE PREMISES                                     \$     5,000

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001            **Building:** 002

**PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE  
TO THIS LOCATION**

**BUILDING STRETCH**

**FORM: SS 04 52**

**THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.**

**STRETCH COVERAGES**

**FORM: SS 04 08**

**THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.**

**LIMITED FUNGI, BACTERIA OR VIRUS                        \$    50,000  
COVERAGES:**

**FORM SS 40 93**

**THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.**

**INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:**

**30 DAYS**

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 003

63 OLD BARN RD  
PINEY CREEK                      NC 28663

**Description of Business:**

General Office

**Deductible:** \$ 2,500 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE**

**BUILDING**

REPLACEMENT COST    INCL IN BLKT

**BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST    INCL IN BLKT

**PERSONAL PROPERTY OF OTHERS**

REPLACEMENT COST    NO COVERAGE

**MONEY AND SECURITIES**

INSIDE THE PREMISES    \$    10,000  
OUTSIDE THE PREMISES    \$      5,000

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 003

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION      LIMITS OF INSURANCE**

**BUILDING STRETCH**

**FORM:** SS 04 52

**THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.**

**STRETCH COVERAGES**

**FORM:** SS 04 08

**THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.**

**LIMITED FUNGI, BACTERIA OR VIRUS COVERAGE:**

\$ 50,000

**FORM SS 40 93**

**THIS IS THE MAXIMUM AMOUNT OF INSURANCE FOR THIS COVERAGE, SUBJECT TO ALL PROPERTY LIMITS FOUND ELSEWHERE ON THIS DECLARATION. INCLUDING BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FOR:**

30 DAYS

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 004

63 OLD BARN RD  
PINEY CREEK              NC 28663

**Description of Business:**

General Office

**Deductible:** \$ 2,500 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE**

**BUILDING**

REPLACEMENT COST                              INCL IN BLKT

**BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST                              INCL IN BLKT

**PERSONAL PROPERTY OF OTHERS**

REPLACEMENT COST                              NO COVERAGE

**MONEY AND SECURITIES**

INSIDE THE PREMISES                              \$    10,000  
OUTSIDE THE PREMISES                             \$     5,000



**SPECTRUM POLICY DECLARATIONS (Continued)**

POLICY NUMBER: 22 SBA AB4096

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001      Building: 004

**PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE  
TO THIS LOCATION**

BUILDING STRETCH  
FORM: SS 04 52  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

STRETCH COVERAGES  
FORM: SS 04 08  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS      \$    50,000  
COVERAGES:

FORM SS 40 93  
THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:                    30 DAYS

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 22 SBA AB4096

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE**

**BUSINESS INCOME AND EXTRA EXPENSE  
COVERAGES** 12 MONTHS ACTUAL LOSS SUSTAINED  
**COVERAGES INCLUDES THE FOLLOWING  
COVERAGES EXTENSIONS:**

**ACTION OF CIVIL AUTHORITY:** 30 DAYS  
**EXTENDED BUSINESS INCOME:** 30 CONSECUTIVE DAYS

**BLANKET BUILDING AND BUSINESS  
PERSONAL PROPERTY** \$ 1,034,400  
LOCATIONS WITH A SPECIFIED LIMIT  
FOR BLDG OR BPP ARE NOT SUBJECT  
TO THE BLANKET LIMIT

**EQUIPMENT BREAKDOWN COVERAGES  
COVERAGES FOR DIRECT PHYSICAL LOSS  
DUE TO:**  
MECHANICAL BREAKDOWN,  
ARTIFICIALLY GENERATED CURRENT  
AND STEAM EXPLOSION

**THIS ADDITIONAL COVERAGES INCLUDES  
THE FOLLOWING EXTENSIONS**  
HAZARDOUS SUBSTANCES \$ 50,000  
EXPEDITING EXPENSES \$ 50,000

**MECHANICAL BREAKDOWN COVERAGES ONLY  
APPLIES WHEN BUILDING OR BUSINESS  
PERSONAL PROPERTY IS SELECTED ON  
THE POLICY**

**IDENTITY RECOVERY COVERAGES** \$ 15,000  
FORM SS 41 12

**COMPUTERS AND MEDIA COVERAGES**  
FORM SS 04 41  
DEDUCTIBLE: \$ 1,000

# SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 22 SBA AB4096

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	\$ 10,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	\$1,000,000
AGGREGATE LIMITS	
PRODUCTS-COMPLETED OPERATIONS	\$2,000,000
GENERAL AGGREGATE	\$2,000,000
EMPLOYMENT PRACTICES LIABILITY COVERAGE: FORM SS 09 01	
EACH CLAIM LIMIT	\$ 10,000
DEDUCTIBLE - EACH CLAIM LIMIT NOT APPLICABLE	
AGGREGATE LIMIT	\$ 10,000
RETROACTIVE DATE: 10292018	

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

**The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".**

BUSINESS LIABILITY OPTIONAL  
COVERAGES

CYBERFLEX COVERAGE  
FORM SS 40 26

UNMANNED AIRCRAFT LIABILITY  
IS EXCLUDED  
SEE FORM: SS 42 06



# STRETCH SUMMARY

## SUMMARY OF COVERAGE LIMITS

This is a summary of the Coverages and the Limits of Insurance provided by the Stretch Coverage form SS 04 08 which is included in this policy. No coverage is provided by this summary. Refer to coverage form SS 04 08 to determine the scope of your insurance protection.

The Limit of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy:

<b>Coverage</b>	<b>Limit</b>
Accounts Receivable – On/Off-Premises	\$ 25,000
Brands and Labels	Up to Business Personal Property Limit
Claim Expenses	\$ 10,000
Computer Fraud	\$ 5,000
Computers and Media	\$ 10,000
Debris Removal	\$ 25,000
Employee Dishonesty (including ERISA)	\$ 10,000
Fine Arts	\$ 10,000
Forgery	\$ 10,000
Laptop Computers – World-Wide Coverage	\$ 5,000
Off Premises Utility Services – Direct Damage	\$ 10,000
Outdoor Signs	Full Value
Pairs or Sets	Up to Business Personal Property Limit
Personal Property of Others	\$ 10,000
Property at Other Premises	\$ 10,000
Salespersons' Samples	\$ 1,000
Sewer and Drain Back Up	Included up to Covered Property Limits
Sump Overflow or Sump Pump Failure	\$ 15,000
Temperature Change	\$ 10,000
Tenant Building and Business Personal Property Coverage- Required by Lease	\$ 20,000
Transit Property in the Care of Carriers for Hire	\$ 10,000
Unauthorized Business Card Use	\$ 2,500
Valuable Papers and Records – On/Off-Premises	\$ 25,000

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Standard Property Coverage Form or the Special Property Coverage Form, whichever applies to the policy:

<b>Coverage</b>	<b>Limit</b>
Newly Acquired or Constructed Property – 180 Days	
Building	\$1,000,000
Business Personal Property	\$ 500,000
Business Income and Extra Expense	\$ 500,000
Outdoor Property	\$ 20,000 aggregate/ \$1,000 per item
Personal Effects	\$ 25,000
Property Off-Premises	\$ 15,000

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

<b>Coverage</b>	<b>Limit</b>
Business Income Extension for Off-Premises Utility Services	\$ 25,000
Business Income Extension for Web Sites	\$ 10,000/7 days
Business Income from Dependent Properties	\$ 25,000

The following Limit of Insurance for the following Business Income Coverage is a replacement of the Limit of Insurance provided under the Standard Property Coverage Form or the Special Property Coverage Form, whichever applies to the policy:

<b>Coverage</b>	<b>Limit</b>
Extended Business Income	60 Days

The following changes apply to Loss Payment Conditions:

<b>Coverage</b>	<b>Limit</b>
Valuation Changes	
Commodity Stock	Included
"Finished Stock"	Included
Mercantile Stock - Sold	Included



## BUILDING STRETCH SUMMARY

### SUMMARY OF COVERAGE LIMITS

This is a summary of the Coverages and the Limits of Insurance provided by the building Building Stretch Coverage form SS 04 52 which is included in this policy. No coverage is provided by this summary. Refer to coverage form SS 04 52 to determine the scope of your insurance protection.

The Limit of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy:

<b>Coverage</b>	<b>Limit</b>
Claim Expenses	\$ 10,000
Debris Removal	\$ 25,000
Lessor's – Tenant Move Back Expenses	\$ 10,000
Lessor's – Lease Cancellation	\$ 10,000
Off Premises Utility Services – Direct Damage	\$ 10,000
Ordinance or Law	
Undamaged Part	Included in Building Limit
Demolition Cost	\$ 50,000
Increased Cost of Construction	\$ 50,000
Outdoor Signs	Full Value
Sewer and Drain Back Up	Included up to Covered Property Limits
Sump Overflow or Sump Pump Failure	\$ 50,000

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Standard Property Coverage Form or the Special Property Coverage Form, whichever applies to the policy:

<b>Coverage</b>	<b>Limit</b>
Newly Acquired or Constructed Property – 180 Days	
Building	\$1,000,000
Business Personal Property	\$ 500,000
Business Income	\$ 500,000
Outdoor Property	\$ 25,000 aggregate/ \$1,000 per item

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

<b>Coverage</b>	<b>Limit</b>
Business Income Extension for Off-Premises Utility Services	\$ 25,000