DECLARATIONS



ERIE INSURANCE EXCHANGE GENERAL LIABILITY POLICY

RENEWAL CERTIFICATE

Agent	ITEM O Delles D 1				
-	ITEM 2. Policy Period	Policy Number			
AA8143 PETERSON INS SVCS IN	IC 12/15/18 TO 12/15/19	Q36 1500592 A			
ITEM 1. Named Insured and Address	ITEM 3 Other	Interest			
GREATER GRAYS FERRY ESTATES					
HOMEOWNERS ASSOCIATION PO BOX 3981					
PHILADELPHIA PA 19146-0281					
POLICY PERIOD BEGINS AND ENDS ADDRESS OF THE NAMED INSURED					
ADDRESS OF THE NAMED INSURED.		AT THE STATED			
TYPE OF POLICY - OCCURRENCE COUNTY - PHILADELPHIA	BUSINESS TYPE -	OTHER			
THE ERIE'S LIMIT OF PROTECTION					
THIS IS SUBJECT TO ALL APPLICABLE	TERMS OF THE POLICY AND ATTA	D BELOW.			
LIMITS OF INSURANCE					
	\$1,000,000				
RENTED TO YOU LIMIT MEDICAL EXPENSE LIMIT	\$1,000,000 ANY ONE PREMISE	5			
MEDICAL EXPENSE LIMIT	\$ 5,000 ANY ONE PERSON				
PERSONAL & ADVERTISING INJURY LIMIT GENERAL AGGREGATE LIMIT	「\$1,000,000 ANY ONE PERSON (DR ORGANIZATION			
PRODUCTS/COMPLETED OPERATIONS AGGRE	\$2,000,000				
\$2,000,000 PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT INCL IN GENERAL AGGREGATE LIMIT					
COVERAGES & PREMIUMS					
PREMISES/OPERATIONS		\$ 403.			
PRODUCTS/COMPLETED OPERATIONS					
OPTIONAL COVERAGES -					
DIRECTORS & OFFICERS LIABILITY C	OVERAGE HOMEOWNERS ASSOCTATE				
THE REPART OF TH	'E DATE 12/15/2006	UN \$ 419.			
\$2,000,000 AGGREGATE					
\$ 1,000 SELF INSURED RETENTIO	N				

TOTAL DEPOSIT PREMIUM - - - - - \$ 822.

APPLICABLE FORMS - SEE SCHEDULE OF FORMS

DECLARATIONS



ERIE INSURANCE EXCHANGE GENERAL LIABILITY POLICY

RENEWAL CERTIFICATE

Agent		ITEM 2. Policy	ITEM 2. Policy Period Policy Number		
	SON INS SVCS INC	12/15/18 T	0 12/15/19		
ITEM 1. Named Insured and Address GREATER GRAYS FERRY ESTATES HOMEOWNERS ASSOCIATION PO BOX 3981 PHILADELPHIA PA 19146-0281		ITEM 3. Other Interest			
PREMISES/OPERATIONS ARE INCLUDED OR EXCL	SCHEDULE OF INSU AND PRODUCTS/COMPLE UDED AS INDICATED E	TED ODEPATTO	IONS DNS HAZARDS		
LOCAT	ION	*	INSURED OF	PERATIONS	
PHILADELPHIA CO,		* 041670A - * * * * * * * * *	RATED AS C SERVICE OR BUILDINGS OWNED OR L OFFICE PUR NOT-FOR-PR INCLUDING		
3. 1800-1823 NAPA S PHILADELPHIA CO,	ΡA	* 041670A - * * * * * * * * *	RATED AS C SERVICE OR BUILDINGS	OFIT ONLY PRODUCTS -	
CLASS CODE* 041670APREMIUM BASES* PER MEMBEREXPOSURE* 24PREMISES/OPERATIONS*RATE* 2.500PREMISES/OPERATIONS*PREMIUM* 60.PRODUCTS/COMPLETED*OPERATIONS RATE* INCLUDEDPRODUCTS/COMPLETED*	* PER MEMBER * 24	LOCAT 041670A PER MEMBEI 24	ION 3 R		
	* 60.	2.500 60.			
	* INCLUDED *	INCLUDED			
OPERATIONS PREMIUM	* INCLUDED	INCLUDED			

See Reverse Side

DECLARATIONS

ITEM 2. Policy Period



Agent

ERIE INSURANCE EXCHANGE GENERAL LIABILITY POLICY

Policy Number

RENEWAL CERTIFICATE

AA8143	PETERSON INS	SVCS INC 12/15/18 TO 12/15/19 Q36 150	0592 A			
ITEM 1. Named Insured and Address ITEM 3. Other Interest						
	GRAYS FERRY ES	TATES				
HOMEOWNE	RS ASSOCIATION					
PO BOX 3	981					
PHILADEL	PHIA PA 19146	-0281				
	anne 1930 Localeman - 2 Serve - Door of Years 196 News					
		SCHEDULE OF FORMS				
SCHEBOLE OF FORMS						
FORM NUMBER	EDITION DATE	DESCRIPTION				
CGL	03/01	COMMERCIAL GENERAL LIABILITY POLICY				
CG0001	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM				
IL0910	07/02	PENNSYLVANIA NOTICE				
IL0246	09/07	PENNSYLVANIA CHANGES - CANCELLATION				
		AND NONRENEWAL				
ULOY	06/14	COVERAGE FOR PUNITIVE DAMAGES (IN, PA)				
CG2147	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION				
IL0021	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSE	MENT			
ULQJ	06/17	EXTRA LIABILITY COVERAGES				
ULQN	06/14	EXCLUSION - PROFESSIONAL LIABILITY				
CG0099	11/85	CHANGES IN GENERAL LIABILITY FORMS FOR COM	MERCIAL			
		PACKAGE POLICIES				
ULED	09/05	EXCLUSION - ASBESTOS				
GU30	03/01	AMENDMENT OF POLICY - TWO OR MORE COVERAGE	PARTS			
GU44	03/01	PENNSYLVANIA AMENDATORY ENDORSEMENT				
GU32	03/01	EXCLUSION - LEAD LIABILITY				
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION				
CG2170	01/15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERROF	RISM			
IL985E*	01/15	DISCLOSURE PURSUANT TO TERRORISM				
		RISK INSURANCE ACT				
IL0017	11/98	COMMON POLICY CONDITIONS				
UF4810*	03/08	IMPORTANT NOTICE - POLICY SERVICE FEES				
UF8385	03/95	IMPORTANT NOTICE				
UF6330*	08/09	IMPORTANT NOTICE: DO YOU USE SUBCONTRACTORS	5?			
CG2196	03/05	SILICA OR SILICA-RELATED DUST EXCLUSION				
GU136	03/09	AMENDMENT OF MOBILE EQUIPMENT DEFINITION				
ULTD	12/09	AMENDMENT OF OCCURRENCE DEFINITION FOR				
		SUBCONTRACTED WORK				
FORM SA	11/12	SUBSCRIBERS AGREEMENT				
CG2106	05/14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENT	IAL OR			
		PERSONAL INFORMATION AND DATA-RELATED LIABI				
		WITH LIMITED BODILY INJURY EXCEPTION				
CG2109	06/15	EXCLUSION - UNMANNED AIRCRAFT				
CG2002	11/85	ADDITIONAL INSURED - CLUB MEMBERS				
ULKZ	07/16	DIRECTORS AND OFFICERS LIABILITY COVERAGE -				
		HOMEOWNERS ASSOCIATION				
See Reverse Side						
		WFS	10/08/18			

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.

Do not discuss an accident with anyone except the police or our repress
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 "nit-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.

into d Rilar

President and Chief Executive Officer

-----CRT-ON-DOFTED LINE ------

CUT ON DOTTED LINE

Home Office • Erie, PA 16530 Your Agent:



CLAIMS DIRECTORY

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hich & plat President and Chief Executive Officer



