



ALLIED INSURANCE CO OF AMERICA
 ONE NATIONWIDE PLAZA
 COLUMBUS, OH 43215-2220

34 81751
 RENEWAL

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: ACP BPHL 3047720159

Named Insured: THE CLIFFS ASSOCIATION

Mailing Address: PO BOX 360592
 STRONGSVILLE, OH 44135-0010

Agency: BRIAN W LAING INS AGCY INC

Address: NORTH ROYALTON OH 44133-4482

Agency Phone Number: (440)230-1600

Policy Period: Effective From 06-01-20 To 06-01-21
 12:01 AM Standard Time at your principal place of business.

Form of your business entity: ASSOCIATION

Description of your business: CLUSTER HOME ASSOCIATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

CONTINUATION PROVISION: If we offer to continue your coverage and you or your representative do not accept, this policy will automatically terminate on the expiration date of the current policy period stated above. Failure to pay the required premium when due shall mean that you have not accepted our offer to continue your coverage. This policy will terminate sooner if any portion of the current policy period premium is not paid when due.

RENEWAL POLICY NOTICE: In an effort to keep insurance premiums as low as possible, we have streamlined your renewal policy by not including printed copies of policy forms or endorsements that have not changed from your expiring policies, unless they include variable information that is unique to you. Refer to your prior policies for printed copies of these forms. If you have a need for any form, they are available by request from your agent.

TOTAL POLICY PREMIUM \$ 15,405.00

Previous Policy Number			
ACP BPHG 3037720159	ENTRY DATE	04-08-20	
		Countersignature	Date

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

PB 81 00 (01-01)

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DIRECT BILL LF5D

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INSURED COPY

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