

August 14, 2013

Mr. Timothy Carroll  
Chilmark, Town of  
State Road  
P.O. Box 119  
Chilmark, MA 02525

RE: Marina Liability Policy  
Policy #: [REDACTED]  
7/1/2013 to 7/1/2014

Dear Timothy,

We are pleased to enclose the town's Marina Liability renewal policy for the policy term 7/1/13 to 7/1/14. The annual premium is \$6,584. and you will be billed directly by CNA. Payments should be forwarded to them.

Following is a brief description of coverage:


Legal Liability	\$500,000.
Deductible	\$ 1,000.

Please refer to the actual policy for complete coverages, limits and exclusions.

Please take a moment to review your policy. If you would like to make any changes, please contact us immediately.

It is a privilege and a pleasure to provide this valuable insurance coverage to you. If you have any questions, please call.

Best Regards,

  
Susan Nadile, CISR  
Account Manager

AUG 19 2013



Policy No. H [REDACTED]  
USAA#:

Renewal Certificate Yr. 2013

Policy Issued By Continental Insurance Company Herein called the company

Assured's Name and Address  
TOWN OF CHILMARK  
STATE ROAD P.O. BOX 119  
CHILMARK, MA 02535

Producer's Name and Address  
CABOT RISK STRATEGIES LLC  
15 Cabot Rd.  
WOBURN, MA. 01801

**RENEWAL CERTIFICATE**

Renewal

One  
Term Years

07/01/2013  
Inception (Mo. Day Yr.)

07/01/2014  
Expiration (Mo. Day Yr.)

AMOUNT \$	RATE	RENEWAL PREMIUM \$
MOLL: \$500,000.00 Deductible: \$1,000.00		5,313.00
P&I: \$500,000.00 Deductible: \$1,000.00		1,271.00

**TOTAL PREMIUM: \$ 6,584.00**

Countersigned at Woburn, MA  
this 31st day of July 2013

Agent CABOT RISK STRATEGIES LLC

Policy	Coding	Reinsurance	Tabulating	Reporting	Underwriting
H [REDACTED]					



ENDORSEMENT NO. 9

Date of Issuance 07/31/2013

THIS ENDORSEMENT, EFFECTIVE 07/01/2013 FORMS A PART OF POLICY NO. H [REDACTED] OF THE Continental Insurance Company ISSUED TO TOWN OF CHILMARK

**EXCLUSION OF CERTIFIED ACTS OF TERRORISM  
UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED**

It is agreed as follows:

The Policyholder has been previously notified of the availability of and the price for coverage of "**Certified Acts of Terrorism**" under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"). As defined in Section 102(1) of the Act, an "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**The Policyholder has opted to not purchase such coverage under this policy.** Any exclusions contained in this policy that apply to Certified Acts of Terrorism have full force and effect.

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act, as amended. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the Insurance Company providing the coverage. The Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

All other provisions of this policy remain unchanged and in full force and effect.

**AGENT OR BROKER NAME AND ADDRESS**

**CABOT RISK STRATEGIES LLC  
15 Cabot Rd.  
WOBURN, MA 01801**



**SIGNATURE PAGE ENDORSEMENT**

It is understood and agreed that the Policy is amended by the addition of the following:

IN WITNESS WHEREOF, the Company has caused this Policy to be signed by its Chairman and Secretary at Chicago, Illinois, but the same shall not be binding upon the Company unless countersigned by a duly authorized representative of the Company.

Chairman

Secretary