

MESA UNDERWRITERS SPECIALTY
 INSURANCE COMPANY A Stock Company
 40 Wantage Avenue, Branchville, NJ 07890

COMMON POLICY DECLARATIONS

Policy Number: MP0038002001163

Previous Policy Number: MP0038002000647

No Flat Cancellation

New Renewal Rewrite

Policy Period: From 08/02/2017 To 08/02/2018 at **12:01 A.M.** Standard Time at your mailing address shown below.

Named Insured:
 Chilmark Town Association, Inc

DBA:

Mailing Address:

C/O Town of Chilmark ATTN: Tim Carroll
 PO Box 119
 Chilmark MA 02535

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

Agent and Mailing Address: **Agent Number:** 38002

RISCO Insurance Brokerage, Inc
 60 Catamore Blvd
 E. Providence RI 02914

Tax State: MA **State Control Number (NJ & PA):**

Surplus Lines Broker Name: **Surplus Lines Broker Number:**

Form of Business

Individual Joint Venture Partnership Limited Liability Company Corporation
 Organization (other): _____

Business Description:

Town Association

Select Coverage Part (for which insurance is being afforded)

<input checked="" type="checkbox"/> Commercial General Liability	\$	4,443.00
<input type="checkbox"/> Liquor Liability	\$	
<input type="checkbox"/> Owners & Contractors Protective	\$	
<input type="checkbox"/> Commercial Property	\$	
<input type="checkbox"/> Commercial Inland Marine	\$	
<input type="checkbox"/> Commercial Crime	\$	
<input type="checkbox"/> Farm & Ranch	\$	
<input type="checkbox"/> Garage	\$	
<input type="checkbox"/> Other (Describe)	\$	
<input type="checkbox"/> TRIA	\$	2,443.00
Policy Taxes and Fees		
MA Surplus Lines Tax	\$177.72	
Total Advance Premium		\$ 8,886.00 4443
Total Other Charges		\$ 177.72
Total		\$ 9,063.72 4620.72

Premiums Shown are payable at inception or as indicated on the individual Coverage Declarations.

Form(s) and Endorsement(s), including edition dates, made a part of this policy at the time of issue: See Schedule of Forms

08/10/2017
 Date

By: _____
 Authorized Agent