

COMMON POLICY

DECLARATIONS

Item	Renewal of : NEW	Date Issued: 2/16/2018	Policy No.: 2000855
1	NAMED INSURED AND ADDRESS Town of Townsend 272 Main Street Townsend, MA 01469-0000 <div style="text-align: right;">RETURN TO COMPANY IF CANCELLED</div>		
2	POLICY PERIOD: From: 7/1/2008 To: 7/1/2009 12:01 a.m. Standard Time at Your Mailing Address Shown Above		
3	THIS INSURANCE POLICY IS ISSUED BY: <input checked="" type="checkbox"/> AXIS Insurance Company 303 West Madison, Suite 500 Chicago, IL 60606	Producer Name and Address Massamont Insurance Agency, Inc. 324 Main Street Greenfield, MA 01301	
4	FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (<i>Other than Partnership or Joint Venture</i>)		
5	BUSINESS DESCRIPTION: Municipality with a population under 25,000 without a Board of Education exposure		
6	In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.		
	This policy consists of the following coverage part(s) for which a premium is indicated. This premium may be subject to adjustment.		
	Coverage Part(s)	Coverage Part Declarations Form (Number and Edition Date)	Advance Premium
	Commercial Property Coverage Part	See Forms Schedule.	Incl.
	Commercial Inland Marine Coverage Part	See Forms Schedule.	Incl.
	Commercial Crime Coverage Part	See Forms Schedule.	Incl.
	Other (<i>Specify</i>) Terrorism Coverage	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Rejected If accepted, premium:	
7	FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS (<i>Number and Edition Date</i>) See CAMP FL 1 Forms.		
8	Total Advance Premium	If Paid In Annual Installments, Premium Due each anniversary at inception \$21,052	
	<input type="checkbox"/> Direct Bill <input type="checkbox"/> See Premium Payment Schedule		Client No.
	Audit Period: Annual (<i>unless otherwise stated</i>): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other (<i>Describe</i>)		

(1) Coverage for "acts of terrorism" as defined in the Terrorism Risk Protection Act of 2002 (the "Act") was made available to you(2) You declined to purchase such coverage(3) The premium stated on this policy does not include any premium for such coverage and you are not paying for such coverage(4) Your policy will include an exclusion for all terrorism losses, including "acts of terrorism" as defined by the Act.

Countersigned by:

Authorized Representative

COMMON POLICY

DECLARATIONS

Item	Renewal of : 2000855	Date Issued: 2/16/2018	Policy No.: 2000855-01
1	NAMED INSURED AND ADDRESS Town of Townsend 272 Main Street Townsend, MA 01469-0000 <div style="text-align: right;">RETURN TO COMPANY IF CANCELLED</div>		
2	POLICY PERIOD: From: 7/1/2009 To: 7/1/2010 12:01 a.m. Standard Time at Your Mailing Address Shown Above		
3	THIS INSURANCE POLICY IS ISSUED BY: <input checked="" type="checkbox"/> AXIS Insurance Company 303 West Madison, Suite 500 Chicago, IL 60606	Producer Name and Address Trident Insurance Services of New England, Inc. 324 Main Street Greenfield, MA 01301	
4	FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (<i>Other than Partnership or Joint Venture</i>)		
5	BUSINESS DESCRIPTION: Municipality with a population under 25,000 without a Board of Education exposure		
6	In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.		
	This policy consists of the following coverage part(s) for which a premium is indicated. This premium may be subject to adjustment.		
	Coverage Part(s)	Coverage Part Declarations Form (Number and Edition Date)	Advance Premium
	Commercial Property Coverage Part	See Forms Schedule.	Incl.
	Commercial Inland Marine Coverage Part	See Forms Schedule.	Incl.
	Commercial Crime Coverage Part	See Forms Schedule.	Incl.
	Other (<i>Specify</i>) Equipment Breakdown Terrorism Coverage	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Rejected If accepted, premium:	\$4,749
7	FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS (<i>Number and Edition Date</i>) See CAMP FL 1 Forms.		
8	Total Advance Premium	If Paid In Annual Installments, Premium Due each anniversary at inception \$29,002	
	<input type="checkbox"/> Direct Bill <input type="checkbox"/> See Premium Payment Schedule		Client No.
	Audit Period: Annual (<i>unless otherwise stated</i>): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other (<i>Describe</i>)		

(1) Coverage for "acts of terrorism" as defined in the Terrorism Risk Protection Act of 2002 (the "Act") was made available to you(2) You declined to purchase such coverage(3) The premium stated on this policy does not include any premium for such coverage and you are not paying for such coverage(4) Your policy will include an exclusion for all terrorism losses, including "acts of terrorism" as defined by the Act.

Countersigned by:

Authorized Representative

COMMON POLICY

DECLARATIONS

Item	Renewal of : NEW	Date Issued: 2/16/2018	Policy No.: 2000855-02
1	NAMED INSURED AND ADDRESS Town of Townsend 272 Main Street Townsend, MA 01469-0000 <div style="text-align: right;">RETURN TO COMPANY IF CANCELLED</div>		
2	POLICY PERIOD: From: 7/1/2010 To: 7/1/2011 12:01 a.m. Standard Time at Your Mailing Address Shown Above		
3	THIS INSURANCE POLICY IS ISSUED BY: <input checked="" type="checkbox"/> AXIS Insurance Company 303 West Madison, Suite 500 Chicago, IL 60606	Producer Name and Address Trident Insurance Services of New England, Inc. 324 Main Street Greenfield, MA 01301	
4	FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Organization (<i>Other than Partnership or Joint Venture</i>)		
5	BUSINESS DESCRIPTION: Municipality with a population under 25,000 without a Board of Education exposure		
6	In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.		
	This policy consists of the following coverage part(s) for which a premium is indicated. This premium may be subject to adjustment.		
	Coverage Part(s)	Coverage Part Declarations Form (Number and Edition Date)	Advance Premium
	Commercial Property Coverage Part	See Forms Schedule.	Incl.
	Commercial Inland Marine Coverage Part	See Forms Schedule.	Incl.
	Commercial Crime Coverage Part	See Forms Schedule.	Incl.
	Other (<i>Specify</i>) Equipment Breakdown Terrorism Coverage	<input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Rejected If accepted, premium:	\$8,307
7	FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS (<i>Number and Edition Date</i>) See CAMP FL 1 Forms.		
8	Total Advance Premium	If Paid In Annual Installments, Premium Due each anniversary at inception \$58,297	
	<input type="checkbox"/> Direct Bill <input type="checkbox"/> See Premium Payment Schedule		Client No.
	Audit Period: Annual (<i>unless otherwise stated</i>): <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other (<i>Describe</i>)		

(1) Coverage for "acts of terrorism" as defined in the Terrorism Risk Protection Act of 2002 (the "Act") was made available to you(2) You declined to purchase such coverage(3) The premium stated on this policy does not include any premium for such coverage and you are not paying for such coverage(4) Your policy will include an exclusion for all terrorism losses, including "acts of terrorism" as defined by the Act.

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