04 47 AK SBA This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock insurance company of The Hartford Insurance Group shown below.

INSURER: HARTFORD FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155
COMPANY CODE: 1

Policy Number: 16 SBA AK4704 SB

SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: MAPLEWOOD CEMETERY ASSOCIATION, INC
(No., Street, Town, State, Zip Code)
24 FLINTON RUN
CHURCHVILLE NY 14428

Policy Period: **From** 08/28/23 **To** 08/28/24 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: KEEVILY SPECIALTY SERVICES LLC
Code: 162884

Previous Policy Number: 16 SBA AK4704

Named Insured is: CORPORATION

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: $2,078

NEW YORK FIRE FEE: $ 2.11

Susan L. Castaneda
Countersigned by
Authorized Representative

06/13/23
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 16 SBA AK4704

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

150 MIDDLE RD
HENRIETTA NY 14467

Description of Business:
CEMETERY - INDEPENDENT FOR PROFIT

Deductible: $ 250 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY	LIMITS OF INSURANCE
BUILDING	
REPLACEMENT COST	$ 32,400
BUSINESS PERSONAL PROPERTY	
REPLACEMENT COST	$ 1,200
PERSONAL PROPERTY OF OTHERS	
REPLACEMENT COST	NO COVERAGE
MONEY AND SECURITIES	
INSIDE THE PREMISES	$ 10,000
OUTSIDE THE PREMISES	$ 5,000

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 **Building:** 001

PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION	LIMITS OF INSURANCE
BUILDING STRETCH FORM: SS 04 52 THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.	
SCHEDULED PROPERTY COVERAGE FORM: SS 04 85 DEDUCTIBLE: $250 FLOOD AND EARTHQUAKE COVERAGE EXTENSION FORM SS 40 78 DEDUCTIBLE: 5%	
ON PREMISES PROPERTY TOTAL AMOUNT OF INSURANCE SEE FORM IH 12 00 FOR SCHEDULE	$ 21,000

PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS	LIMITS OF INSURANCE
BUSINESS INCOME AND EXTRA EXPENSE COVERAGE IS DELETED FORM SS 04 54	
EMPLOYEE DISHONESTY: FORM SS 04 42	
DEDUCTIBLE: $ 100	
EACH OCCURRENCE	$ 100,000
EQUIPMENT BREAKDOWN COVERAGE	
COVERAGE FOR DIRECT PHYSICAL LOSS DUE TO:	
MECHANICAL BREAKDOWN, ARTIFICIALLY GENERATED CURRENT AND STEAM EXPLOSION	
THIS ADDITIONAL COVERAGE INCLUDES THE FOLLOWING EXTENSIONS	
HAZARDOUS SUBSTANCES	$ 50,000
EXPEDITING EXPENSES	$ 50,000
MECHANICAL BREAKDOWN COVERAGE ONLY APPLIES WHEN BUILDING OR BUSINESS PERSONAL PROPERTY IS SELECTED ON THE POLICY	
IDENTITY RECOVERY COVERAGE FORM SS 41 46	$ 15,000

BUSINESS LIABILITY	LIMITS OF INSURANCE
LIABILITY AND MEDICAL EXPENSES	$1,000,000
MEDICAL EXPENSES - ANY ONE PERSON	$ 10,000
PERSONAL AND ADVERTISING INJURY	$1,000,000
DAMAGES TO PREMISES RENTED TO YOU ANY ONE PREMISES	$ 300,000
AGGREGATE LIMITS PRODUCTS-COMPLETED OPERATIONS	$2,000,000
GENERAL AGGREGATE	$2,000,000

BUSINESS LIABILITY OPTIONAL COVERAGES	
CEMETERY PROFESSIONAL LIABILITY FORM: SS 40 83	$1,000,000