

<b>Policy No.</b> UMB 8610311 02	<b>Transaction</b> RENEWAL BUSINESS
<b>Policy Period</b> From 01/15/2026 to 01/15/2027 at 12:01 a.m. Standard Time at the described location	
<b>Agent: Name and Phone</b> DECKARD AGENCY 317-360-7500	<b>Address</b> 622 N MADISON AVE SUITE 5 GREENWOOD IN 46142-4052

**Named Insured**  
HERON RIDGE HOMEOWNERS ASSOCIATION INC  
PO BOX 1474  
GREENWOOD IN 46142-6374

<b>Business Description</b> CONDOMINIUM ASSOCIATION	<b>Type of Business</b> CORPORATION
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**LIMIT OF INSURANCE**

Policy Aggregate Limit           \$ 2,000,000  
Self-Insured Retention           \$ 10,000

**SCHEDULE OF UNDERLYING INSURANCE REQUIREMENTS**

If policies providing the required "underlying insurance" indicated by "X" in Column A are either reduced, cancelled, discontinued or non-existent, the named insured's minimum "retained limit" is equal to the following:

A	Type of Liability Insurance	Limits of Insurance
X	<b>General Liability</b>	General Aggregate <span style="float: right;">\$ 2,000,000</span>
		Products - Completed Operations Aggregate <span style="float: right;">\$ 2,000,000</span>
		Personal and Advertising Injury <span style="float: right;">Included</span>
		Each Occurrence <span style="float: right;">\$ 1,000,000</span>
X	<b>Auto Liability</b>	Each Accident <span style="float: right;">\$ 1,000,000</span>
		or
		Bodily Injury Each Person <span style="float: right;">_____</span>
		Bodily Injury Each Accident <span style="float: right;">_____</span>
		Property Damage Each Accident <span style="float: right;">_____</span>
	or	
	Combined Single Limit BI Liability/PD Liability <span style="float: right;">_____</span>	
	<b>Uninsured/ Underinsured Motorist Liability</b>	Bodily Injury Each Person: <span style="float: right;">_____</span>
		Bodily Injury Each Accident: <span style="float: right;">_____</span>
	<b>Employer's Liability</b>	Bodily Injury Each Accident <span style="float: right;">_____</span>
		Bodily Injury By Disease Policy Limit <span style="float: right;">_____</span>
		Bodily Injury By Disease Each Employee <span style="float: right;">_____</span>

Forms and Endorsements Applicable to this policy: See Attached Schedule

**TOTAL PREMIUM:** \$ 1455

*B. Ral*

Authorized Representative

Issued Date: 11/27/2025