



Nationwide[®]
On Your Side[™]

55 82 24 PZ

HUGUENOT HUNDRED COMMUNITY ASSOC INC
3941 DARBY DR
MIDLOTHIAN, VA 23113-1320

**Enclosed you will find your Nationwide policy or an amendment to that policy.
We look forward to continuing to provide your insurance protection.**

If you have any questions, please contact:

Claims: 1-800-421-3535

Billing Inquiry: 1-888-508-8622

AGENCY - 450006673

Address:
Richard King Ins Group
2146 PLAINVIEW BUS. CTR
POWHATAN VA 23139

Phone: 804-598-9002

Email:

Thank you for placing your trust in us. *Nationwide is On Your Side*SM.



NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
 ONE NATIONWIDE PLAZA
 COLUMBUS, OH 43215-2220

80447

CHANGE OF DECLARATIONS ENDORSEMENT - COMMERCIAL GENERAL LIABILITY

Policy Number	ACP GLGO2443383608		
Named Insured & Address	HUGUENOT HUNDRED COMMUNITY ASSOC INC 3941 DARBY DR MIDLOTHIAN VA 23113		
Policy Period: Covers From:	07/20/12	TO 07/20/13	12:01 A.M. Standard Time
Effective Date of This Endorsement:	07/20/12		12:01 A.M. Standard Time
Agent Address	Richard King Ins Group 2146 PLAINVIEW BUS. CTR POWHATAN VA 23139		45-80447-001

This policy is changed as follows:

						OTHER	PREMIUMS	PR/CO
***** HAZARD CHANGED *****								
ITEM	DESCRIPTION	PREMIUM BASIS	MEMBERS	OTHER	RATES PR/CO	PER MEMBER		
001	CLUBS-CIVIC, SERVICE OR SOCIAL - NO BUILDINGS OR PREM-	41670	49	3.271	0.000	\$	3.00	
MINIMUM PREMIUM ADJUSTMENT							\$	3.00-
***** TOTAL *****								
NO CHARGE								

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT

GL AM EN (06-90)

DIRECT BILL LBDV 12153

INSURED COPY

ACP GLGO 2443383608

986836231

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8070N 0000 00



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HUGUENOT HUNDRED COMMUNITY ASSOC INC
3941 DARBY DR
MIDLOTHIAN, VA 23113-1320

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IN 74 42 03 07

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER REPORT INQUIRY NOTICE

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: **ACP GLGO 2443383608**

Period: From **07/20/12** To **07/20/13**

Named Insured: **HUGUENOT HUNDRED COMMUNITY ASSOC INC**

Form	Date	Title
CG0001	1207	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0068	0509	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCL
CG0179	1107	VIRGINIA CHANGES
CG2002	1185	ADDITIONAL INSURED - CLUB MEMBERS
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2150	0989	AMENDMENT OF LIQUOR LIABILITY EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION *
CG2170	0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187	0504	CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORIS
CG2426	0704	AMENDMENT OF INSURED CONTRACT DEFINITION
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
GL2199	0600	EXCLUSION - SUBSIDENCE OF LAND
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0138	0406	VIRGINIA CHANGES - CANCELLATION AND NONRENEWAL
13614	1185	SPECIAL CONTINUATION PROVISION

IMPORTANT NOTICES

EN7281	0706	IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLGO 2443383608**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A VA-503 CLUBS-CIVIC, SERVICE OR SOCIAL - NO BUILDINGS OR PREM- ISES OWNED OR LEASED EXCEPT FOR OFFICE PURPOSES PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT -- NOT-FOR- PROFIT ONLY	41670	MEMBERS	48	PER MEMBER 3.271		\$157
CG2002 4029 OLD GUN RD E MIDLOTHIAN VA231131341						
MINIMUM PREMIUM ADJUSTMENT						\$93

Handwritten notes:
 1. 10/30/02
 a. 10/30/02
 6-30-2012

Total Advance Other and PR/CO **\$250**

TOTAL ADVANCE PREMIUM **\$250MIN**

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)



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On Your Side™

COM-PAK SUMMARY

PRINTED 05/22/2012

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

Number: **ACP 2443383608** Effective from **07/20/2012** to **07/20/2013**

Named Insured: **HUGUENOT HUNDRED COMMUNITY ASSOC INC**

Mailing Address: **3941 DARBY DR**
MIDLOTHIAN, VA 23113-1320

Agency Name: **Richard King Ins Group** **45 80447-001** **24**

Agency Address: **POWHATAN VA 23139** **(804)598-9002**

Producer: **RICHARD KING INS GROUP**

Division	Program	Total Premium
A	COMMERCIAL GENERAL LIABILITY (NATIONWIDE FIRE)	\$250.00

Not a bill. Your bill is sent separately.

NI

Estimated Total Premium: \$ **250.00**

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

**NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE – DISCLOSURE OF PREMIUM**

**Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto,
Crime, and Workers Compensation**

**(This disclosure notice does not provide coverage, and it does not replace any
provisions of your policy. You should read your policy for complete information on the
coverages you are provided. If there is any conflict between the policy and this notice,
the provisions of the policy shall prevail.)**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “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. 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 Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. 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 Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurer’s 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.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.



COMMERCIAL GENERAL LIABILITY (NATIONWIDE FIRE)

80.46P 0507 00

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INSURED COPY

ACP 24-4-3383608

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

If you have a loss and need to report a claim, please call our 24-hour toll free claims number, 1-800-421-3535, from anywhere in the country.

When you want to talk to someone about your policy(s) or any other insurance concern please contact your Nationwide agent. Your Nationwide agent's telephone number can be found on the Policy Declaration or a Billing notice.

You may also write or call the Nationwide Office from which your policy was issued:

Nationwide Insurance Companies
P.O. Box 10669
Lynchburg, Virginia 24506
Telephone: 1-800-526-3765

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

State Corporation Commission
Bureau of Insurance
P.O. Box 1157
Richmond, Virginia 23218
1-800-552-7945 (Toll Free – Virginia only)
1-804-371-9741 (Property and Casualty Insurance direct line)
1-804-371-9349 (FAX – Property and Casualty Insurance direct line)

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

**NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220**

Named Insured: HUGUENOT HUNDRED COMMUNITY ASSOC INC

**Address: 3941 DARBY DR
MIDLOTHIAN VA 23113-1320**

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IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

IN 5017 (05-93)

DIRECT BILL MACH 12143

INSURED COPY

ACP GLGO 2443383608

986836231

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0002562



NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215-2220

80447
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLGO 2443383608**

Named Insured: **HUGUENOT HUNDRED COMMUNITY ASSOC INC**

Address: **3941 DARBY DR**
MIDLOTHIAN VA 23113-1320

Agent: **Richard King Ins Group** 45-80447-001
 Address: **POWHATAN VA 23139** PRODUCER: **RICHARD KING INS GROUP**

Policy Period: From **07/20/12** to **07/20/13** 12:01 A.M. standard time at the address of the named insured as stated herein.

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

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	1,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: **CORPORATION**
 Business of the Named Insured is: **CLUBS-CIVIC, SERVICE OR S**
 Audit Period:

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ 250.00M

Replacement or
 Renewal Number **ACP GLGO2433383608**

Countersigned By _____
 Authorized Representative

GL-D (10-98)

DIRECT BILL MACH 12143

INSURED COPY

ACP GLGO 2443383608 986836231 24 0002563

807070000000

NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

MUTUAL COMPANY CONDITIONS ENDORSEMENT

POLICYHOLDER MEMBERSHIP IN THE COMPANY

(Applicable Only to Policies Issued by Nationwide Mutual Fire Insurance Company in States Other than the State of Texas)

Because this policy is issued by Nationwide Mutual Fire Insurance Company (the "Company"), the first named insured listed on the declarations page ("named insured") is a member of the Company issuing the policy while this or any other policy issued by the Company is in force. While a member, the named insured is entitled to one vote only – regardless of the number of policies issued to the named insured – either in person or by proxy at meetings of members of the Company.

The annual meeting of members of the Company will be held each year at the Home Office of the Company in Columbus, Ohio, at 9:30 a.m. on the first Thursday of April. If the Board of Directors of Nationwide Mutual Fire Insurance Company should elect to change the time or place of that meeting, the Company will mail notice of the change to the member's last known address. The Company will mail this notice at least 10 days in advance of the meeting date.

This policy is non-assessable, meaning that the named insured is not subject to any assessment beyond the premiums required for each policy term.

POLICYHOLDER DIVIDEND PROVISIONS

The named insured is entitled to any Dividends which are declared by the Board of Directors of the Company in accordance with law and which are applicable to coverages provided in this policy.

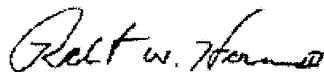
POLICYHOLDER MEMBERSHIP IN THE COMPANY IN TEXAS

(Applicable Only to Policies Issued by Nationwide Mutual Fire Insurance Company in the State of Texas)

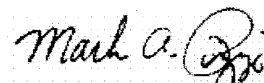
1. MUTUALS – MEMBERSHIP AND VOTING NOTICE. The named insured is notified that, by virtue of this policy, the named insured is a member of the Nationwide Mutual Fire Insurance Company of Columbus, Ohio, (the "Company") and is entitled, as is lawfully provided in the charter, constitution, and by-laws to vote either in person or by proxy in any or all meetings of said Company. Each member is entitled to only one vote regardless of the number of policies owned. The annual meetings of the members of the Company are held in the Home Office, at Columbus, Ohio, on the first Thursday of April, in each year, at 9:30 o'clock a.m.

2. MUTUALS – PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY. No Contingent Liability: This policy is non-assessable. The named insured is a member of the Company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

IN WITNESS WHEREOF: Nationwide Mutual Fire Insurance Company has caused this policy to be signed by its President and Secretary, and countersigned by a duly authorized representative of the



Secretary



President

Nationwide Mutual Fire Insurance Company