



BROWN & BROWN DBA
MCCUTCHEON BURR & SONS
49 MAIN STREET
P.O. BOX 1206
MIDDLETOWN, CT 06457
PHONE: 860-343-9025
FAX: 860-343-7565



August 16, 2010

Lance Moore
Elmira Eastowne Mall, LLC
5360 N. Franklin St.
Denver, CO 80216

RE: Peerless Group Commercial Account Renewals

Dear Lance:

We are pleased to enclose your renewal policies with Peerless Group effective from 08/02/2010 through 08/02/2011.

*Enclosed you will find a cost comparison between last year's insurance premiums and the new term pricing.
It is designed for your convenience-to put this information at your fingertips.
We will include notes concerning changes that may have affected pricing from year to year as well as
suggestions concerning coverage.
We are hoping this will be of assistance to you in your review both now and in the future.*

For a full understanding of the coverage contained under these contracts, we strongly recommend that you make a complete review of your policies. If you have any questions or note any changes that need to be made, please do not hesitate to give me a call at 800-272-7005. Thank you for your business!

Sincerely,

Colin E. Burr, Ext. 294
cburr@mcburr.com
Vice President

Judy Kerrigan, Ext. 216
(860)343-9025
jkerrigan@mcburr.com
Commercial Account Manager
/encl

"SERVICE BEYOND THE CONTRACT"



Elmira Eastowne Mall, LLC

Cost Comparison/Coverage Review

<u>Current</u>	<u>Policy</u>	<u>Renewal</u>	<u>Variance</u>
6,478.00	BOP	6,396.75	(81.25)
	WC		0
1,641.00	Umbrella	1,641.00	0.00
8,119.00	Totals	8,037.75	(81.25)

Current Coverage Synopsis:

Location #1/Building #1: 150 Baldwin St., Elmira, NY

General Liability & Property Coverage:

General Liability Limits: \$1,000,000 Occurrence/\$2,000,000 Aggregate

Building Limit: \$6,923,538 (increased from \$6,657,248)

Contents Limit: NONE

\$2,500 Property Deductible

Replacement Cost; Equipment Breakdown & General Liability Extension included.

Commercial Umbrella Limits:

\$5,000,000 Each Occurrence

\$5,000,000 Aggregate

\$10,000 Self-Insured Retention

Suggested Coverage/Optional Coverage:

Please contact our office with questions or to discuss any of these coverage options.

Comments:

Thank You for your business!

Important Notice To Policyholders

This explanation is not a part of your insurance policy, and it does not alter any of its provisions or conditions. No coverage is provided by this notice nor can it be construed to replace any provision in your policy or policies with us, or any forms attached to your policy or policies.

The following information only gives a general explanation of changes in coverage which may have occurred from your prior (or old) policy. Your business may involve factors which require you to obtain specific interpretations of the new policy wording. Read your policy carefully to determine rights, duties, and what is and is not covered. Only the provisions of your policy determine the scope of your insurance protection.

Please refer any questions you may have to your insurance agent.

- CU 64 75 Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism**
- CU 64 77 Alaska Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism**
- CU 64 78 Washington Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism**

The Terrorism Risk Insurance Act may expire during the normal term of this policy.

This policy contains either endorsement CU 64 75 Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism, CU 64 77 Alaska Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism or CU 64 78 Washington Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism that will change the terrorism exclusion only if the Terrorism Risk Insurance Act expires and is not renewed

07/08/2010

ELMIRA EASTOWNE MALL LLC
5360 N FRANKLIN ST

UBO(11)53309762
FROM 08/02/2010 TO 08/02/2011

DENVER CO 80216 1506

(860) 343-9025
MCCUTCHEON BURR AND SONS
MIDDLETOWN CT 06457-1206

UBO(11)53309762 SNR 00002

POLICYHOLDER DISCLOSURE NOTICE OF INSURANCE COVERAGE FOR CERTIFIED ACTS OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, 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 an air carrier or vessel or 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.

The United States government, department of the treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if the aggregate insured losses attributable to terrorist acts certified on the terrorism risk insurance act exceed \$100 billion in a program year (January 1 through December 31), the treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

TERRORISM INSURANCE COVERAGE

Your policy has been issued with Terrorism Coverage. The premium for coverage is shown on your policy declarations as "Certified Acts of Terrorism Coverage." If you accept Terrorism Coverage, no action on your part is required.

REJECTION OF TERRORISM INSURANCE COVERAGE

Should you choose not to accept Terrorism Coverage, you have 45 days from the date of issuance of this notice to reject Terrorism Coverage. If you elect to reject the Terrorism Coverage within the next 45 days, sign your name on the Policyholder/Applicant's Signature line on NP 72 49 01 08 and return this form to:

Attn: Commercial Umbrella & Excess Liability - Terrorism
P.O. Box 188060
Fairfield OH 45018

POLICYHOLDER DISCLOSURE NOTICE OF INSURANCE COVERAGE FOR CERTIFIED ACTS OF TERRORISM

Upon receipt of your signed rejection notice, we will endorse your policy to exclude Terrorism Coverage for the current policy term, returning premium or adjusting your account balance, subject to a Minimum Premium, as appropriate. In addition to adjusting the terrorism premium, we will attach a terrorism exclusion to your policy.

Before making a decision to reject terrorism insurance, refer to the Underlying Coverage Requirement located at the end of this Notice.

I hereby reject Terrorism Coverage for this policy and elect to have the exclusion for Terrorism Coverage added. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured

Policy Number

ELMIRA EASTOWNE MALL LLC

UBO (11) 53309762

Policy Effective/Expiration Date

FROM 08/02/2010 TO 08/02/2011

UNDERLYING COVERAGE REQUIREMENT

This policy will apply to Terrorism Coverage only in excess of the total amounts stated as the applicable limits of the underlying policies listed in the Schedule of Underlying Insurance and the applicable limits of any other insurance providing coverage to you during the Policy Period.

If you fail to comply with this Underlying Coverage Requirement and you do not maintain your underlying limits as scheduled, we will only be liable to the same extent that we would have been had you fully complied with this requirement.

Attn: Commercial Umbrella & Excess Liability - Terrorism
P.O. Box 188060
Fairfield OH 45018

INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED BELOW

POLICY NUMBER UBO (11) 53 30 97 62
COMMERCIAL UMBRELLA
OCCURRENCE

THE OHIO CASUALTY INSURANCE COMPANY

9450 Seward Road, Fairfield, Ohio 45014

POLICY DECLARATIONS

NAMED INSURED & MAILING ADDRESS ITEM 1.	AGENT'S NAME & ADDRESS 4700 06 01 1204
ELMIRA EASTOWNE MALL LLC	TELEPHONE: (860) 343-9025
5360 N FRANKLIN ST	MCCUTCHEON BURR AND SONS
DENVER CO 80216 1506	PO BOX 1206
	MIDDLETOWN CT 06457-1206
	PREVIOUS POLICY NO. UBO 53 30 97 62

INSURED IS LIMITED LIABILITY COMPANY **INSURED'S BUSINESS LESSORS RISK**

POLICY PERIOD: ITEM 2. THIS POLICY IS IN FORCE FROM 08/02/10 TO 08/02/11 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

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.

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, AND THE COMMERCIAL UMBRELLA COVERAGE PART (WHICH CONSISTS OF COVERAGE FORMS AND OTHER APPLICABLE FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART OF IT) COMPLETE THIS POLICY.

ITEM 3. PREMIUM:

TOTAL PROVISIONAL PREMIUM: (T.O.P.P.) \$1,641.00
CERTIFIED ACTS OF TERRORISM COVERAGE: . \$16.00 (INCLUDED)

IN THE EVENT OF CANCELLATION BY THE NAMED INSURED, THE COMPANY WILL RECEIVE AND RETAIN NO LESS THAN \$164.00 AS THE MINIMUM PREMIUM

BASIS OF PREMIUM: NON-AUDITABLE (X) AUDITABLE ()

ITEM 4. LIMITS OF INSURANCE:

\$5,000,000 EACH OCCURRENCE
\$5,000,000 GENERAL AGGREGATE (WHERE APPLICABLE)
\$5,000,000 PRODUCTS-COMPLETED OPERATIONS AGGREGATE

ITEM 5. SELF-INSURED RETENTION: \$10,000

N08

CONTINUED ON PAGE 2

Issue Date 07/08/10 At PEERLESS-SOUTHERN NEW ENGLAND By _____

UBO(11)53309762 SNR 00002

OC70030801 CLASS E

In witness whereof, we have caused this policy to be signed by our authorized officers.

Secretary

President

NAME OF COMPANY THE OHIO CASUALTY INSURANCE COMPANY

NAMED INSURED ELMIRA EASTOWNE MALL LLC

POLICY NO.UBO (11) 53 30 97 62

INTERNAL USE

EXPLANATION OF CHARGES

R E C A P O F S C H E D U L E T O T A L S

COMMERCIAL UMBRELLA SCHEDULE TOTALS - ANNUAL

COMMERCIAL UMBRELLA PREMIUM

\$1,641.00

TOTAL PROVISIONAL PREMIUM

\$1,641.00

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SCHEDULE OF FORMS AND ENDORSEMENTS

FORMS/ENDORSEMENTS APPLICABLE TO THIS POLICY AT TIME OF ISSUE

CU60020697	CU60300697	CU60380108	CU60390108
CU60470697	CU60500697	CU60750698	CU61070697
CU61290697	CU61350697	CU62050804	CU63690697
CU64340999	CU64630108	CU64791104	CU64920107
NP72480108	NP72490108		

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UBO(11)53309762 SNR 00002

OC70040801 CLASS E

TRANS:0001

CONTINUED ON PAGE 3

NAME OF COMPANY THE OHIO CASUALTY INSURANCE COMPANY

NAMED INSURED ELMIRA EASTOWNE MALL LLC

POLICY NO.UBO (11) 53 30 97 62

INTERNAL USE

SCHEDULE OF
UNDERLYING INSURANCE

CARRIER, POLICY NUMBER AND PERIOD	TYPE OF COVERAGE	LIMITS OF INSURANCE
WEST AMERICAN INSURANCE COMPANY BZA (11) 53309762 08/02/10 TO 08/02/11	BUSINESSOWNERS LIABILITY	\$1,000,000 EACH OCCURRENCE \$2,000,000 AGGREGATE

OC70040801 CLASS E

TRANS:0001

END OF DECLARATIONS

NAME OF COMPANY THE OHIO CASUALTY INSURANCE COMPANY

NAMED INSURED ELMIRA EASTOWNE MALL LLC

POLICY NO.UBO (11) 53 30 97 62

INTERNAL USE

GENERAL ENDORSEMENT

GENERAL ENDORSEMENT IDENTIFICATION: 1

THE MAILING ADDRESS IS TO READ AS FOLLOWS:

C/O LANCE MOORE
5360 FRANKLIN ST
DENVER, CO. 80216-1506

* * * * *

UBO(11)53309762 SNR 00002

OC70040801 CLASS E

TRANS:0001

END OF GENERAL ENDORSEMENTS



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BZA (11) 53 30 97 62
Policy Period:
From **08/02/2010** To **08/02/2011**
12:01 am Standard Time
at Insured Mailing Location

Businessowners Common Policy Declarations

Named Insured & Mailing Address

ELMIRA EASTOWNE MALL LLC
5360 FRANKLIN ST
DENVER, CO 80216-1506

Agent Mailing Address & Phone No.

(860) 343-9025
MCCUTCHEON BURR AND SONS
PO BOX 1206
MIDDLETOWN, CT 06457-1206

Named Insured Is: LIMITED LIABILITY COMPANY

Named Insured Business Is: LESSOR'S RISK-PROPERTY MGR

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.

SUMMARY OF COVERAGE PARTS AND CHARGES

These Declarations together with the Businessowners Common Policy Conditions and the Businessowners Property and Liability Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) complete this policy.

COVERAGE PART	CHARGES
Businessowners	\$6,396.75

*Total Charges for all of the above coverage parts: \$6,396.75
Certified Acts of Terrorism Coverage: \$19.00 (Included)*

Note: This is not a bill

IMPORTANT MESSAGES

- Equipment Breakdown Coverage Is Included - See Policy Forms and Endorsements summary

Servicing Office and Issue Date: PEERLESS-CT AND RI REGION 04/20/2010

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BZA (11) 53 30 97 62
Policy Period:
From 08/02/2010 To 08/02/2011
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
ELMIRA EASTOWNE MALL LLC	(860) 343-9025 MCCUTCHEON BURR AND SONS

SUMMARY OF LOCATION(S) AND PREMIUM(S)

0001 150 BALDWIN ST, ELMIRA, NY 14901-3016	\$6,338.00
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POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 02 12 99	Businessowners Special Property Coverage Form
BP 00 06 01 97	Businessowners Liability Coverage Form
BP 00 09 01 97	Businessowners Common Policy Conditions
BP 04 17 01 96	Employment Related Practices Exclusion
BP 04 30 01 96	Protective Safeguards
BP 05 14 01 03	War Liability Exclusion
BP 05 23 01 08	Cap On Losses From Certified Acts Of Terrorism
BP 10 04 04 98	Exclusion of Certain Computer-Related Losses
BP 70 02 01 01	General Endorsement
BP 79 93 06 99	Equipment Breakdown Coverage
BP 79 96 06 99	Businessowners Liability Extension Endorsement
BP 79 98 06 99	Amendment - Loss Payment Provision
BP 80 36 06 99	Amendment of Collapse Coverage
BP 80 94 06 99	Medical Expenses Limit Amendment Endorsement
BP 81 11 02 09	Businessowners Property Extention Endorsement - New York
BP 81 41 11 97	New York Amendment of Pollution
BP 82 03 11 03	Continuous Leakage and Moisture Exclusion
BP 82 20 10 04	Exclusion-Electronic Distribution of Unsolicited Material
BP 82 28 04 09	New York Changes
BP 82 98 02 09	Water Exclusion Endorsement

In witness whereof, we have caused this policy to be signed by our authorized officers.

Dexter Legg
Secretary

Gary Gregg
President

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BZA (11) 53 30 97 62
Policy Period:
From 08/02/2010 To 08/02/2011
12:01 am Standard Time
at Insured Mailing Location

Businessowners Common Policy Declarations

Named Insured

Agent

ELMIRA EASTOWNE MALL LLC

(860) 343-9025
MCCUTCHEON BURR AND SONS

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
IL 70 04 04 01	Premium Audit Condition
LC 87 00 03 99	Exclusion - Asbestos
LC 87 08 07 99	Medical Expense at Your Request Endorsement

To report a claim, call your Agent or 1-800-366-6446

DS 70 21 01 08



Coverage Is Provided In:
 American Fire and Casualty Company
 9450 Seward Road, Fairfield, Ohio 45014

Policy Number:
BZA (11) 53 30 97 62
 Policy Period:
From 08/02/2010 To 08/02/2011
 12:01 am Standard Time
 at Insured Mailing Location

**Businessowners
 Policy Declarations**

Named Insured	Agent
ELMIRA EASTOWNE MALL LLC	(860) 343-9025 MCCUTCHEON BURR AND SONS

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate	2,000,000
	Fire Legal Liability (Any One Fire or Explosion)	300,000
	Medical Expenses (Any One Person)	10,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$6,338.00
	NY State Fire Insurance Fee	\$39.75
	Certified Acts of Terrorism Coverage	\$19.00

Total Advance Charges: \$6,396.75
Note: This is not a bill

To report a claim, call your Agent or 1-800-366-6446

DS 70 22 01 08



Coverage Is Provided In:
 American Fire and Casualty Company
 9450 Seward Road, Fairfield, Ohio 45014

Policy Number:
BZA (11) 53 30 97 62
 Policy Period:
From 08/02/2010 To 08/02/2011
 12:01 am Standard Time
 at Insured Mailing Location

**Businessowners
 Declarations Schedule**

Named Insured	Agent
ELMIRA EASTOWNE MALL LLC	(860) 343-9025 MCCUTCHEON BURR AND SONS

SUMMARY OF COVERAGES BY LOCATION

0001 150 BALDWIN ST, ELMIRA, NY 14901-3016

Property Characteristics Description: LRO Office space occupied by Travelers Ins. & Canal Bank corp offices.

Construction: Fire Resistive

Building Coverage Occupancy: Offices Lessors Risk Only - Without Restaurant

DESCRIPTION	
Limit of Insurance - Replacement Cost	\$6,923,538
Covered Causes of Loss	
Special Form	
Automatic Increase	4%
Deductible	\$2,500

	Premium
Businessowners Location(s) Total	\$6,338.00
Businessowners Schedule Total	\$6,338.00

To report a claim, call your Agent or 1-800-366-6446

DS 70 23 01 08