



First Insurance: Port of Sale
P.O. Box 306359
St. Thomas
VI 00803-6359

340-779-1799

ENCLOSURE

RENEWAL AGREEMENT

Named Insured:	Financial Trust Co.	
Insurance Company:	Tyser MM04	
Expiring Policy Number:	MM04-0374	-
Expiring Policy Date:	11/10/10	
Renewal Effective Date:	11/10/10	
Renewal Premium:	\$8811.25	

IN CONSIDERATION OF THE PREMIUM CHARGED, IT IS HEREBY UNDERSTOOD AND AGREED THAT THE INSURANCE COVERAGE PROVIDED BY THE RENEWAL OF THE ABOVE POLICY IS SUBJECT TO THE SAME TERMS AND CONDITIONS AS THE EXPIRING POLICY. THESE TERMS AND CONDITIONS INCLUDE THE DECLARATIONS MADE AT THE TIME THE PREVIOUS APPLICATION WAS TAKEN AND THAT INFORMATION IS HEREIN INCORPORATED AS THE BASIS FOR THE RENEWAL OF THIS POLICY OF INSURANCE.

ACCEPTED (NAMED INSURED)

DATE

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE													
GENERAL COMMERICAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE																
	INJURY AGGREGATE																
	PROPERTY OCCURRENCE																
DAMAGE AGGREGATE																	
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY PERSON INJURY																
	EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF EXP DATE																
	BUILDING AMT																
	PERS PROP AMT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS (OR THE PRIOR 5 YEARS (3 YEARS IN KS & NY))					X	CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	
						OPEN	
						CLOSED	
						OPEN	
						CLOSED	
REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY					ATTACHMENTS	
						STATE SUPPLEMENT(S) (if applicable)	

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ACORD		PROPERTY SECTION			FINAN-1	OP ID SH	DATE (MM/DD/YYYY) 09/28/10	
AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	340-779-1799 340-779-1926		APPLICANT (First Named Insured)	Financial Trust Co.			
First Insurance: Port of Sale P.O. Box 306359 St. Thomas VI 00803-6359 For First Insurance Agency				EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
CODE: SUB CODE:				11/10/10	11/10/11	<input checked="" type="checkbox"/> AGENCY BILL		
AGENCY CUSTOMER ID: FINAN-1				FOR COMPANY USE ONLY				

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:					
		BUILDING #:	BLDG DESCRIPTION:					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY
IMPROVE & BET	350000.							

ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE		BUSINESS INCOME W/O EXTRA EXPENSE		EXTRA EXPENSE	
TYPE OF BUSINESS	ORDINARY PAYROLL	POWER/HEAT	EXT PERIOD	TUITION FEES	OFF PREM POWER	DEPEND PROP	
CON MFG	EXCL <input type="checkbox"/> INCL <input type="checkbox"/>	\$ DED	DAYS	\$ STUDENTS	POWER	% COIN	
MFG	90 DAYS	ELEC MEDIA	MO PERIOD	\$ OTHER ED SERV/INC	WATER	CONT LOC	
MINING	180 DAYS	DAYS	LIMIT		COMM (DESCR BELOW)	REC LOC	
% COINS	\$	ORD OR LAW	MAX PERIOD			MFG LOC	
		DAYS				LDR LOC (DESCR BELOW)	
NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP						EXTRA EXPENSE	
American Yacht Harbor						LIMIT LOSS PAY	
STE B-3						DAYS PERIOD REST	
St. Thomas VI						% % % %	

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
STEEL/CON.	FT	MI				3		1992	2800
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES					
WORKING, YR:	PLUMBING, YR:	WIND CLASS		HEATING BOILER ON PREMISES? YES NO					
COOFING, YR:	HEATING, YR:	RESISTIVE SEMI-RESISTIVE OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE? YES NO					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS			
ADP						CLOCK HOURLY			
BURGLAR ALARM INSTALLED AND SERVICED BY				# GUARDS/WATCHMEN	CENTRAL STATION LOCAL GONG				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER					

ADDITIONAL INTERESTS				
RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST				LOCATION: BUILDING:
LOSS PAYEE				SCHEDULED ITEM NUMBER:
MORTGAGE				OTHER:
	ITEM DESCRIPTION:			

VALUE REPORTING INFORMATION					
EPI RATING FORM: PROVIDE AVERAGE VALUES FOR PAST 12 MONTHS		PREMISES/BUILDING	ANY OTHER LOCATION DECLARED AT INCEPTION	ANY OTHER LOCATION ACQUIRED AFTER INCEPTION	PREMISES NOT OWNED OR ACQUIRED LIMIT
SUBJECT OF INSURANCE					

ADDITIONAL
PREMISES INFORMATION

PREMISES #: STREET ADDRESS: FINAN-1
BUILDING #: BLDG DESCRIPTION:

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	BLKT COV	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE BUSINESS INCOME W/O EXTRA EXPENSE EXTRA EXPENSE

TYPE OF BUSINESS	ORDINARY PAYROLL		POWER/HEAT		EXT PERIOD		TUITION FEES		OFF PREM POWER		DEPEND PROP	
	NON MFG	EXCL INCL	\$	DED	DAYS	DAYS	\$	STUDENTS	POWER	WATER	COMM (DESCR BELOW)	% COIN
MFG	90 DAYS											CONT LOC
MINING	180 DAYS											REC LOC
% COINS	\$											MFG LOC
												LDR LOC (DESC BELOW)

NAME AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP
EXTRA EXPENSE _____ DAYS PERIOD REST
LIMIT LOSS PAY _____ % _____ % _____ % _____ %

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI						

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)