

Master Policy #: PRP-229824000-02  
Renewal of Policy #: PRP-229824000-01

**Midvale Indemnity Company**  
An Admitted Insurance Carrier, A.M. Best Rated A XV

# Master Policy Declarations – Risk Purchasing Group Commercial Liability Umbrella Coverage

## NOTICE

**THIS POLICY MAY PROVIDE EITHER CLAIMS-MADE OR OCCURRENCE COVERAGE, IN ACCORDANCE WITH THE UNDERLYING TERMS. THOSE COVERAGES IN THIS POLICY WHICH ARE CLAIMS-MADE, APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. DEFENSE WITHIN LIMITS: THIS POLICY'S LIMIT OF LIABILITY MAY BE REDUCED AND EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. ALL INSURED SHOULD READ THIS AND ALL UNDERLYING INSURANCE CAREFULLY.**

## IMPORTANT NOTICE REGARDING RISK PURCHASING GROUPS

**Disclosure Pursuant to Federal Law Regarding Purchasing Groups [15 U.S.C. § 3901, et seq]. Paramount Real Estate Group, Inc. is a "Purchasing Group", as defined under Federal law, formed to purchase liability insurance on a group basis for its Members to cover the similar or related liability exposure(s) to which the Members of the Purchasing Group are exposed by virtue of their related, similar, or common businesses or services. Members do not share limits and each member is provided with its own policy and/or evidence of insurance.**

<b>Item 1.</b>	<b>Master Policy Name Insured and Mailing Address</b>	
	Name:	<b>Paramount Real Estate Group, Inc.</b>
	Address:	<b>2550 West Tyvola Road Suite 600</b>
	City/State/Zip:	<b>Charlotte, NC 28217</b>
<b>Item 2.</b>	<b>Insurer</b>	
	Name:	<b>Midvale Indemnity Company</b>
	Address:	<b>6000 American Parkway</b>
	City/State/Zip:	<b>Madison, WI 53783</b>
<b>Item 3.</b>	<b>Policy Period (12:01 A.M. Local Time at Named Insured's Address.)</b>	
	Effective Date:	<b>11/01/2025</b>
	Expiration Date:	<b>11/01/2027</b>
<b>Item 4.</b>	<b>Limits of Liability</b>	
	Each Occurrence Limit	As Per Member Certificate of Participation
	General Aggregate Limit	As Per Member Certificate of Participation
	Products-Completed Operations Aggregate Limit	As Per Member Certificate of Participation
<b>Item 5.</b>	<b>Self-Insured Retention</b>	
	As Per Member Certificate of Participation	
<b>Item 6.</b>	<b>Premium</b>	
	As calculated per Member for whom a Certificate of Participation has been issued on behalf of and reported to the Company.	



<b>Item 7.</b>	<b>Producer</b>	
	Name:	AmWINS Group, Inc.
	Address:	308 Farmington Avenue
	City/State/Zip:	Farmington, CT 06032

<b>Item 8.</b>	<b>Notices</b>	
<b>Notice of Claims and Circumstances; Notice of Loss:</b>		
	Email:	claims@bowheadspecialty.com
	Address:	<b>Attention: Claims Department</b> Bowhead Specialty 667 Madison Ave, 5th Floor, New York, NY 10065 1-833-240-8996
<b>All Other Notices:</b>		
	Email:	policyadmin@bowheadspecialty.com
	Address:	<b>Attention: Policy Administration Department</b> Bowhead Specialty 667 Madison Ave 5th Floor, New York, NY 10065 1-833-240-8996

<b>Item 9.</b>	<b>Scheduled Underlying Insurance</b>
	See Schedule of Underlying Policies At Inception, as shown on the Member Certificate of Participation for each Member of the Risk Purchasing Group.

<b>Item 10.</b>	<b>Forms/Endorsements</b>	
	<b>Form Number</b>	<b>Form Title</b>
	See Schedule of Forms and Endorsements	

**These Declarations, the Policy and any Endorsements or Schedules thereto, shall constitute the contract between the Insurer and the Insured.**

**In Witness Whereof, the Insurer has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by the Insurer's authorized representative.**

Lauren K. Powell, Secretary

Authorized Representative

Michael D. Lorion, President

Date