

ADMINISTRATIVE OFFICE
Seaview House
70 Seaview Avenue
Stamford, CT 06902-6040
(800) 688-1840

HOME OFFICE
1201 N. Market Street
Suite 501
Wilmington, DE 19801-1147
(800) 688-1840

| |
|----------------------|
| Policy Number |
| ICS0460101366402 |

**DIFFERENCE IN CONDITIONS POLICY
DECLARATIONS PAGE AND SCHEDULE A**

XLS ICAT DIC 50(e)(08 03)
08/31/2006

| Policy Period | | Term | Policy Inception Date |
|------------------|-------------------------|-----------------------------------------------------|-----------------------|
| From: 08/30/2006 | 12:01 am Standard Time* | 12 months | 08/30/2006 |
| To: 08/30/2007 | 12:01 am Standard Time* | * At the Named Insured Mailing Address shown below. | |
| PRODUCER | 5406030 (818) 593-2008 | NAMED INSURED | |

SWETT AND CRAWFORD GROUP
21650 OXNARD STREET
SUITE 1400
WOODLAND HILLS, CA 91367

NORMANDY BY THE SEA
C/O PILOT MANAGEMENT
2146 ENCINITAS BLVD #102
ENCINITAS, CA 92024

This Policy is comprised of the following Forms and Endorsements:

- | | | | | |
|-----------------------------|-------------------------------|--------------------------|-----------------------------|------------------------------|
| XLS ICAT DIC 50(e) (08 03) | XLS ICAT DIC 50(e) SA (08 03) | XLS ICAT DIC 100 (08 03) | XLS ICAT DIC 200 (08 03) | XLS ICAT DIC 207 (08 03) |
| XLS ICAT DIC 301 CA (08 03) | XLS ICAT DIC 302 (08 03) | XLS ICAT DIC 309 (06 04) | XLS ICAT DIC 404 (08 03) | XLS ICAT DIC 404(ex) (08 03) |
| XLS ICAT DIC 500 (08 03) | XLS ICAT DIC 600 CA (08 03) | XLA Privacy (04 03) | IL MP 9104 0406 XLS (04 06) | PN CW 05 0106 (04 06) |

COMMON POLICY CONDITIONS

In return for the payment of the premium and fees, and subject to all the terms of this Policy, We agree with You to provide the insurance as stated in this Policy.

See Schedule A attached to this Declarations Page for Coverages, Deductibles and Limits of Insurance.


TO FILE A CLAIM 24 HOURS/DAY, PLEASE FAX TO 1-866-325-2142 OR CALL 1-866-789-4228

| | | | |
|-----------------------------------|----------------|-----------|------------------|
| Your Annual Premium and Fees are: | Annual Premium | \$ | 11,669.00 |
| | Inspection Fee | | 250.00 |
| | Policy Fee | | 150.00 |
| | Total | \$ | 12,069.00 |

This policy is only intended to provide coverage that is supplemental to coverage provided by a comprehensive property policy.

THIS DECLARATIONS PAGE AND SCHEDULE A ATTACHED HERETO, TOGETHER WITH THE DIFFERENCE IN CONDITIONS POLICY FORM XLS ICAT DIC 100 (08 03) AND ENDORSEMENTS, IF ANY, ATTACHED HERETO, COMPLETE THIS CONTRACT OF INSURANCE.

International Catastrophe Insurance Managers, LLC (ICAT) is a licensed agent authorized to conduct business in the state of California. This policy has been issued by ICAT, representing XL Specialty Insurance Company, in accordance with authorization granted to ICAT by XL Specialty Insurance Company.

| | | |
|-------------------------------------------------------------------------------------|--------------------------|-----------------------|
|  | Boulder, CO | 08/31/2006 |
| Authorized Signature | Countersigned at Insured | Countersignature Date |

ADMINISTRATIVE OFFICE
 Seaview House
 70 Seaview Avenue
 Stamford, CT 06902-6040
 (800) 688-1840

HOME OFFICE
 1201 N. Market Street
 Suite 501
 Wilmington, DE 19801-1147
 (800) 688-1840

| |
|----------------------|
| Policy Number |
| ICS0460101366402 |

**DIFFERENCE IN CONDITIONS POLICY
 DECLARATIONS PAGE AND SCHEDULE A**

XLS ICAT DIC 50(e) SA (08 03)
 08/31/2006

Schedule A

| Location #: 1 | Covered Property | Limit of Insurance | Deductible | |
|---------------|---------------------------------------------------------------|--------------------|------------|--------------------------|
| | | | Earthquake | All Other Causes of Loss |
| Coverage D: | Additional Property Coverage Pools, Fences, Paved Surfaces | \$125,000 | 10% | \$25,000 |
| Coverage E: | Business Income; Rental Value, Extra Expense | N/A | N/A | N/A |