

GREENTREE CONDOMINIUM TRUST

AMENDMENT TO RULES AND REGULATIONS

Insurance Resolution

We the undersigned, being a majority of the Board of Trustees of the Greentree Condominium Trust (the "Board") under Declaration of Trust dated December 24, 1986 and recorded with the Norfolk County Registry of Deeds in Book 7523, Page 161, ("Trust") as amended,, do hereby adopt the following policy resolution to establish orderly procedures relating to property insurance claims, repairs and deductibles pursuant to the provisions as set forth in Article V, Section 5.7 of said Trust as follows:

1. Master insurance policy: The Condominium shall maintain insurance as required by Article V, Section 5.5 of the Trust.
2. The Trustees shall determine the amount of the deductible which is currently \$10,000.00 per occurrence for most types of losses which may be increased after the recording of this resolution for some or all types of losses.
3. The Unit Owner shall be responsible for the payment of the Master Policy deductible. In connection therewith, the Trustees shall have the right to assess the deductible to Unit Owners as the Trustees may determine, in their sole discretion, including, but not limited to, assessing and apportioning the deductible to Unit Owner(s) sustaining property damage to their unit(s).
4. In the event of property damage to a unit or units, the Trust shall not be responsible for the payment of the deductible but rather said Unit Owner or Unit Owners shall be responsible for same regardless of the cause of the claim.
5. Each Unit Owner is solely responsible to obtain his or her own insurance coverage in appropriate kinds and amounts to insure his or her unit; personal effects and contents and coverage for the Condominium Trust's deductible, as well as, insuring for liability and all such other coverages which said Unit Owner desires.
 - A. It is suggested that all Unit Owners obtain endorsements to their policy for various coverages including, but not limited to, all risk coverage, loss assessment coverage, coverage A in satisfactory amounts, and any other insurance deemed necessary by the Unit Owner or his or her agent to provide coverage for the Condominium's deductible.

- B. It is recommended that all Unit Owners review their own insurance coverage with their own insurance agent or insurance advisor.
- C. Investor Owners should also obtain coverage for loss of rent, liability and all other appropriate coverages. Investor Owners should obtain written verification that their tenants have appropriate insurance coverage.

6. Damage Less than Master Policy Deductible.

If a Unit Owner sustains property damage in amounts less than the Condominium Trust's Master Policy deductible, the Unit Owner shall be solely responsible for the cost to repair the damage, and the Unit Owner should notify his or her insurance agent. The Trust will not be responsible for property damage to a unit in an amount less than the deductible, and no Unit Owner shall file a claim under the master insurance policy. The Unit Owner must resolve the claim with their individual insurance agent or carrier.

7. Damage in Excess of Master Policy Deductible.

The following steps should be followed when damage occurs in a unit in excess of the Condominium Trust's master policy deductible:

- A. Damage in excess of the Condominium Trust's Master Policy deductible must be reported within 24 hours to the Management Agent. Failure to report claims promptly may result in the claim being denied by the Insurance Carrier. The Trust will not honor claims that are denied by the Carrier because of failure to report in a prompt fashion. Unit Owners shall also notify their Insurance Carrier at the same time. The damage may be inspected to assess the approximate cost of the damage.
- B. The Management Agent will notify the Trust's Insurance Agent of the loss. Should immediate repairs need to be made in order to insure the safety of unit occupants, the Management Agent will secure approval for these repairs from the Insurance Carrier.
- C. The Management Agent will instruct the Unit Owner to secure bids to repair the damage within thirty (30) days. These bids are to be submitted to the Management Agent with a cover sheet itemizing the costs and totaling the same. This sheet must contain the Unit Owner's signature. If the damage is less than the Master Policy Deductible, the Unit Owner need not submit anything further and should deal with their own insurance agent or carrier, as per paragraph 6 in this Resolution.

D. During the bidding and damage assessment process, the Unit Owner must work closely both with the Management Agent and the Master Policy Insurance Adjuster in order that the scope of work is agreed upon by all parties prior to commencement of said restoration work. This includes, but is not limited to, making the unit available for inspection, securing additional bids should the Insurance Adjuster request it, and promptly responding to requests made by the Insurance Adjuster and/or Management Agent. The Trust will not be responsible for the timeliness of Insurance claims being paid. If a claim payment is delayed, no interest, penalties or other claims will be honored.

E. In the event there is a dispute, the final approval of settlement costs is with the Insurance Company and the Unit Owner must abide by its decision.

F. Once it is agreed by all parties what the scope and amount of the claim will be, the Unit Owner will be given permission to commence work. Unit Owners may ask that the Trust request payment of the claim in order that the Unit Owner has funds to initiate restoration work. If the Insurance Carrier forwards this amount to the Trust, then the Trust may pass the benefit of this early payment to the Unit Owner. The Trust will only issue payment of the applicable insurance proceeds to the Unit Owner upon receipt of a signed Release, as attached hereto, by the Unit Owner.

G. Final payment will be made when:

- i. The Insurance Adjuster has had the opportunity to inspect all repair work, if required.
- ii. The Trust has received the final payment from the Insurance Carrier.
- iii. The Unit Owner has signed a Release.

8. The Trust shall have no obligation or responsibility to perform or cause to be performed repairs to an individual unit.

9. The Unit Owner is responsible for the condominium master policy deductible for items covered by the Master Policy and is also responsible for all damage to the unit, personal property, improvements, rent loss, etc. not covered by the Master Policy.

Executed under seal this 22 day of DECEMBER, 2011.

[Signature] Trustee)
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[Signature] Trustee)
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[Signature] Trustee)
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[Signature] Trustee)
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MAJORITY OF THE BOARD OF TRUSTEES OF THE GREENTREE CONDOMINIUM TRUST AND NOT INDIVIDUALLY

COMMONWEALTH OF MASSACHUSETTS

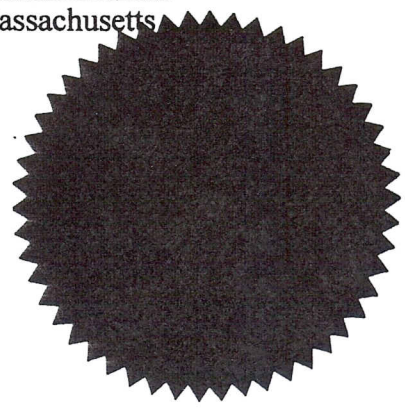
NORFOLK County, ss.

On this 22 day of DECEMBER, 2011, before me, the undersigned notary public, personally appeared LAWRENCE YOUNG, ROGER LOWE, MRS. PRISCILLA CONNORS, proved to me through satisfactory evidence of identification, being (check whichever applies):

driver's license, or other state or federal governmental document bearing a photographic image, oath or affirmation of a credible witness known to me who knows the above signatory, or my own personal knowledge of the identity of the signatory, to be the persons whose names are signed above, and acknowledged the foregoing to be signed by them voluntarily for its stated purpose, as Trustees of said Greentree Condominium Trust.

[Signature]
Notary Public

My Commission Expires: 7/20/12
Print Notary Public's Name: GARY A. EDWARDS
Qualified in the Commonwealth of Massachusetts



INSURANCE PROCEEDS DISTRIBUTION
AGREEMENT AND RELEASE

This agreement is made and release given this day by the undersigned Unit Owner(s) of Greentree Condominium, Weymouth, Massachusetts.

In consideration of the payment to me (us) of the below listed sum as the distribution to me (us) of casualty insurance proceeds under the master casualty policy maintained by Greentree Condominium Trust pursuant to its By-Laws, the receipt and sufficiency of which is acknowledged, I (we) do hereby remise, release and forever discharge Greentree Condominium Trust, its past, present and future trustees, officers, agents, managers and employees, and their respective predecessors, successors and assigns, of and from all claims, acts, debts, demands, actions, causes of action, suits, dues, sum and sums of money, accounts, reckonings, bonds, specialties, covenants, contracts, controversies, agreements, promises, representations, restitutions, doings, omission, variances, damages, extents, executions and liabilities whatsoever of every name and nature, both in law and in equity, known or unknown, which I (we) now have or ever had including but not limited to any and all damage, losses and casualties suffered by me (us) as a result of _____
_____ which occurred on or about _____ and any and all repairs undertaken by Greentree Condominium Trust on account thereof and the processing of a claim therefore under said master casualty policy.

I(we) do further agree to indemnify and hold harmless Greentree Condominium Trust, its trustees, officers, agents, managers and employees, and their respective predecessors, successors and assigns, upon any claim made in regard thereto by my (our) mortgagee(s) or any other

person, firm or entity making claim derivative of me (us), including the payment of any and all attorneys fees incurred by the indemnifying parties in regard thereto.

We do further agree that in such event as I should hereinafter make claim under the master casualty policy maintained by Greentree Condominium Trust for any damage, loss or casualty occurring subsequent to the aforesaid loss, I shall provide to the said Trust upon demand, proof that I (we) have effectuated repairs to the damage forming the basis of the claim upon which I am hereunder being paid, and that the processing of such a subsequent claim by Greentree Condominium Trust shall be contingent thereon.

WITNESS my (our) hand(s) and seal(s) this _____ day of _____, 20__.

Unit Owner(s):

Unit No. _____

Name (print)

Amount of Payment: \$ _____

Signature

Name (print)

Signature