

CONTACT INFORMATION

AGENCY CUSTOMER ID: **CHESTER-01**

BTATALOVICH

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CONTACT NAME: PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1851 Schoettler Rd	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Chesterfield	STATE: MO	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	ZIP: 63017	<input checked="" type="checkbox"/> Lessee		TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Municipality	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____ Logan University, Inc. 1851 Schoettler Road Chesterfield, MO 63017	EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REASON FOR INTEREST: Lessor		REFERENCE / LOAN #: _____	INTEREST END DATE: _____	
		LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
		E-MAIL ADDRESS: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101. Additional Remarks Schedule. may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

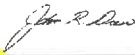
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE X	DATE	NATIONAL PRODUCER NUMBER

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations) Y / N

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? Y / N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? Y / N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) Y / N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? Y / N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? Y / N

EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? Y / N
7. ANY PARKING FACILITIES OWNED/RENTED? Y / N
8. IS A FEE CHARGED FOR PARKING? Y / N
9. RECREATION FACILITIES PROVIDED? Y / N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): Y / N

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) Y / N

APPROVED FENCE
 LIMITED ACCESS
 DIVING BOARD
 SLIDE
 ABOVE GROUND
 IN GROUND
 LIFE GUARD
12. ARE SOCIAL EVENTS SPONSORED? Y / N
13. ARE ATHLETIC TEAMS SPONSORED? Y / N

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		12 & UNDER	13 - 18			12 & UNDER	13 - 18

EXTENT OF SPONSORSHIP: _____
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? Y / N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED? Y / N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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PRODUCER'S SIGNATURE <i>[Signature]</i>	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

* Code WOS; Description Waiver of Subrogation by written contract

* Code PNC; Description Primary and Noncontributory by written contract



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)
07/22/2020

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY The Daniel and Henry Co.		CARRIER Burns and Wilcox LTD	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 07/29/2020	NAMED INSURED(S) City of Chesterfield	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT			
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	\$	4,000,000 EA OCC	\$ 0	70,000
<input type="checkbox"/>	RENEWAL	<input checked="" type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE	\$	4,000,000 Aggregate		
EXPIRING POL #:						\$		FIRST DOLLAR DEFENSE (Y / N)	

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE						ANNUAL RENEWAL PREMIUM	+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS			
AUTOMOBILE LIABILITY				CSL EA ACC	\$	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	TBD	07/29/2020	07/29/2021	EACH OCCURRENCE	\$	1,000,000	PREM / OPS
				GENERAL AGGR	\$	2,000,000	
				PROD & COMP OPS AGGREGATE	EXCL	2,000,000	PRODUCTS
				PERSONAL & ADV INJURY	\$	1,000,000	
				DAMAGE TO RENTED PREMISES	\$		OTHER
				MEDICAL EXPENSE	\$		\$
EMPLOYERS LIABILITY				EACH ACCIDENT	\$		
				DISEASE EACH EMPLOYEE	\$		\$
				DISEASE POLICY LIMIT	\$		
							\$
							\$

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: **CHESTER-01**

BTATALOVICH

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL	
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY / TRAVEL	
<input type="checkbox"/>			GARAGEKEEPERS LIABILITY	
<input type="checkbox"/>	AIRCRAFT LIABILITY		INCIDENTAL MEDICAL MALPRACTICE	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		LIQUOR LIABILITY	
<input type="checkbox"/>	ADDITIONAL INTERESTS		POLLUTION LIABILITY	
<input type="checkbox"/>			PROFESSIONAL LIABILITY (E&O)	
<input type="checkbox"/>			VENDORS LIABILITY	
<input type="checkbox"/>			WATERCRAFT LIABILITY	

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED				Y / N
ADVERTISERS LIABILITY				
1. MEDIA USED: ANNUAL COST: \$				
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?				
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?				
AIRCRAFT LIABILITY				
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?				
AUTO LIABILITY				
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				
6. ARE PASSENGERS CARRIED FOR A FEE?				
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?				
CONTRACTORS LIABILITY				
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)				
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				
EMPLOYERS LIABILITY				
15. IS APPLICANT SELF-INSURED IN ANY STATE?				
16. SUBJECT TO:	JONES ACT	FELA	STOP GAP	OTHER:
INCIDENTAL MALPRACTICE LIABILITY				
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?				
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:		

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N	
POLLUTION LIABILITY											
EPA #:											
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											
21. INDICATE THE COVERAGES CARRIED:											
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION		<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT		<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY		<input type="checkbox"/> SEPARATE POLLUTION COVERAGE					
PRODUCT LIABILITY											
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____											
PROTECTIVE LIABILITY											
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
WATERCRAFT LIABILITY											
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											
LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER				
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS											
28.	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

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 THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

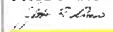
APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

Insurance Proposal City of Chesterfield

690 Chesterfield Parkway West
Chesterfield, MO 63017

July 29, 2020 to July 29, 2021



Logan Park

Proposal Date:
July 29, 2020

Presented by:
Ashley Hudson

THE DANIEL AND HENRY CO.
INSURANCE AND RISK MANAGEMENT



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Introduction to the Agency

Since 1921, the fundamental objective of The Daniel & Henry Co. has stood unaltered: To provide our clients maximum protection and to provide dedicated service in a timely and efficient manner at the most reasonable cost according to our client's objectives.

This philosophy has provided us a clear, unwavering direction that has made us one of the largest privately owned brokers in the United States.

We strive to offer our clients professional knowledge and counsel, and to share with them our practical experience in creating and implementing comprehensive insurance programs tailored to individual needs.

IMPORTANT NOTICE

This proposal has been prepared expressly for your use and is intended to provide a simplified explanation of your business insurance program. This proposal may include a partial listing of terms, conditions and exclusions and does not preempt or take the place of the actual insurance contracts. In the event of a discrepancy between the proposal and the insurance contracts, the insurance contracts will dictate the terms of coverage. Should you have a specific question concerning the program or its coverage, please contact our office for assistance.

The proposal is based on the values developed and exposures to loss disclosed to us in our prior discussions with your company. If there are other areas that need to be evaluated prior to binding of coverage, please bring these areas to our attention. Should any of your exposures change after coverage is bound, such as beginning new operations, hiring employees in new states, buying additional property, etc., please let us know so proper coverage(s) can be discussed.

For performing sales and service activities, our agency generally receives commission and other forms of incentive compensation from various insurance companies and suppliers with which we have in place a previously existing contingent commission agreement. This compensation is based upon a combination of factors including written premium volume, premium growth, premium or policy retention, and/or underwriting profitability - either individually or in concert with similar producers.

Daniel and Henry is now communicating with many of our clients through email and other automated systems. We welcome this type of communication and encourage the use of any system that will expedite communication between our companies.

However, due to the fact that we cannot control the message delivery and retrieval time of email, we must view email in the same category as a "voice-mail" message. Leaving a message on email, voice mail or facsimile systems does not constitute the binding/altering of coverage in any way.

From time to time you may ask us to review a lease, contract or other legal document. We feel it is a necessary and valuable part of our role as your risk advisors to review and comment on the insurance and risk components of these documents. However, we are not practicing attorneys nor should the advice we provide be construed as legal advice.

Please feel free to call a Daniel and Henry representative with any questions.

Agency Contacts

Account Executive

Rebecca Redfering	Phone:	(314) 444-1758
	Email:	RedferingB@danielandhenry.com

Account Manager

Ashley Hudson	Phone:	(314) 444-1925
	Email:	HudsonA@danielandhenry.com

Premium Summary / Comparison

Coverage	Premium	Insurance Company
<u>General Liability</u>	\$750 Premium \$100 Policy Fee \$42.50 Surplus Lines Tax* \$892.50 Total w/ taxes* & fees <i>(Optional Terrorism Coverage can be purchased for an additional \$38 plus taxes* and fees).</i>	Scottsdale Insurance Company AM Best: A+ (Superior), FSC XV
<u>Excess Liability</u>	\$2,000 Premium \$150 Policy Fee \$107.50 Surplus Lines Tax* \$2,257.50 Total w/ taxes* & fees <i>(Optional Terrorism Coverage can be purchased for an additional \$40 plus taxes* and fees).</i>	Evanston Insurance Company AM Best: A (Excellent), XV
<u>Total Premium</u>	\$3,150 including taxes* and fees, excluding terrorism	

*Taxes Waived with Tax Exempt Letter

Payment Terms & Conditions

Coverage	Payment Terms
General Liability	One-time payment in full. 25% minimum earned premium.
Excess	One-time payment in full. 25% minimum earned premium.

Quote Subject To:

Signed TRIA (Terrorism) form, rejecting or accepting coverage for both
 Signed ACORD application.
 Signed Scottsdale Insurance Company supplemental application.

Conditions:

Tax Exempt Letter required to waive taxes.
 Cancellation and Non-renewal provisions can vary by policy or line of coverage. Please read your policy for exact wording. Most policies provide a 10-day notice of cancellation for non-payment.

Marketing Summary

Carriers	Premium	Comments
General Liability		
James River Insurance Co.	\$750 + fees	Assault & Battery Coverage Excluded
Kinsale Insurance	\$2,500 + fees	Assault & Battery Coverage Excluded Medical Payments Coverage Excluded
Excess		
James River Insurance Co.	\$3,400 + fees	Assault & Battery Coverage Excluded
Kinsale Insurance	\$4,000 + fees	Assault & Battery Coverage Excluded

Named Insured Schedule

First Named Insured

City of Chesterfield

Location Schedule

Loc #	Bldg #	Address
1	N/A	1851 Schoettler Rd. • Chesterfield MO 63017

General Liability

Insurance Company: Scottsdale Insurance Company
 Policy Term: July 29, 2020 to July 29, 2021

Coverage Detail

Limits of Liability	Description
\$1,000,000	Each Occurrence
\$2,000,000	Annual Aggregate, Other Than Products
EXCLUDED	Annual Aggregate, Products & Completed Operations
\$1,000,000	Personal and Advertising Injury
\$100,000	Fire Damage Liability (Any One Fire)
\$5,000	Medical Expense Each Claim
None	Property Damage Deductible
None	Bodily Injury Deductible

Coverage is written on the following basis: Occurrence basis

Schedule of Hazards

Premium Basis	Class Code	Classification	Prem/Prod Rate	Basis of Premium
Loc #: 1	Bldg #: N/A	1851 Schoettler Rd • Chesterfield, Missouri 63017		
Acres	49452	Vacant Land- Not for Profit Only	\$3.73	4

Legend – General Liability			
Code	Explanation	Code	Explanation
Prem Rate	Premises Operations Liability Rate	Prod Rate	Products & Completed Operations Liability Rate
Sales	Gross Sales – Per \$1,000 Sales	Payroll	Payroll – Per \$1,000 Payroll
Area	Area – Per 1,000 Square Feet	Cost	Total Cost – Per \$1,000 Cost
M	Admissions – Per \$1,000 Admissions	Unit	Unit – Per Unit
T	Other		

Additional Interests

Loc #	Name and Interest	Address
1	Logan University, Inc. - Additional Insured	1851 Schoettler Road • Chesterfield, MO 63017

Forms and Endorsements

Conditions Include, But Are Not Limited To:

Waiver of Subrogation by written contract
Additional Insured – Managers or Lessors of Premises
Primary and Noncontributory by Written Contract

Exclusions and Limitations as Set Forth in Policy

Excess Liability

Insurance Company: Evanston Insurance Company
 Policy Term: July 29, 2020 to July 29, 2021

Coverage Detail

Limits	Description
\$4,000,000	Each Occurrence
\$4,000,000	Aggregate
\$0	Self-Insured Retention (SIR)

Required Primary Coverage

Policy Type	Limits
General Liability	
Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products & Comp Ops	Excluded
Personal & Adv Injury	\$1,000,000

Forms and Endorsements

Conditions Include, But Are Not Limited To:

Primary and non-contributory coverage does not automatically extend to the umbrella / excess liability unless the policy is endorsed with prior approval from the carrier.

Exclusions and Limitations as Set Forth in Policy

Privacy Notice

The Daniel and Henry Co. and our affiliates take your privacy very seriously. We share a commitment to protect your privacy and the confidentiality of personal information – non-public information that identifies you.

As providers of insurance products and services that involve compiling personal – and sometimes, sensitive – information, protecting the confidentiality of that information has been, and will continue to be, a top priority of Daniel and Henry and our broker affiliates (“D&H”). We believe that you should know about the information we collect, the measures we take to safeguard it, and the situations in which we might share information with select business partners. This notice explains how D&H handles – and protects – the personal information we collect.

The information we collect and the extent to which we use it will vary depending on the product or service involved. In fact, in certain cases, we may not collect or share some of the types of information noted below.

Our privacy policy derives from basic principles of trust, ethics and integrity:

I. We collect only the customer information necessary to consistently deliver responsive products and services.

D&H collects information that helps serve your insurance needs; provides high standards of customer service; develops and offers new products and services for our customers and potential customers; and fulfills legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on application and related forms – for example, name, age, address, Social Security number, e-mail address, annual income and health history.
 - Responses from you and others such as information relating to your employment, other insurance coverage, habits, avocations, finances, and other personal characteristics.
 - Third-party reports, such as consumer credit history, motor vehicle records, demographic and/or medical information, if relevant to your product or service.
 - Information about your relationship with us and other insurers such as products and services purchases, transaction history, claims history, and premiums.
 - Hospitals, doctors, laboratories, and other companies that provide information about your past and present health condition (“PHI”). PHI will be collected as we deem appropriate to determine eligibility for coverage, to process claims, to prevent fraud, and as authorized by you, or as otherwise permitted by law.
-

II. We maintain safeguards to ensure information security.

We are committed to preventing unauthorized access to personal information. We maintain physical, electronic, and procedural safeguards that comply with federal standards for protecting personal information. We restrict access to personal information to those employees and service providers who need to know that information and to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.

III. We limit how, and with whom, we share customer information.

We do not sell lists of our customers, nor do we disclose customer information to marketing companies outside D&H.

Under no circumstances do we share personal health information for marketing purposes.

Information We May Disclose and To Whom We May Disclose Information. We may disclose all the personal information we obtain, as permitted by law. We may disclose this information in the following types of situations:

- **Disclosures To Affiliates** – We may share or exchange personal information about you, and the products and services you have purchased from us, among D&H and our affiliates, such as our brokers, all of whom follow our privacy policies.

- Disclosures To Non-Affiliated Third Parties and Service Providers – We may share or exchange personal information about you with companies engaged to perform support services for us, such as:
 - Providing underwriting, administrative, claims, customer assistance, or other services;
 - Preparing, printing and delivering statements and other documents;
 - Protecting against fraud;
 - Providing systems support including developing or maintaining software.
- Disclosures To Marketing Firms – We may disclose personal information to companies with which we have marketing arrangements, such as companies that help us market our products and services.
- Disclosure of Health Information – We may disclose all the health information we collect, for example to determine eligibility for coverage to carry our treatment functions, to process claims for payment functions and other health operations, to prevent fraud, and as authorized by you, or as otherwise permitted or required by law.
- Disclosures Permitted By Law – We also may disclose personal information permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena, or to prevent fraud.

When We Will Notify You – We will provide our Privacy Policy notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you.

Change in Privacy Policy – We may modify or supplement our Privacy Policy at any time. If we make material changes, we will provide current customers with a revised notice.

In this notice of our Privacy Policy, the words “you” and “customer” are used to mean any individual who obtains or has obtained an insurance product or service through D&H that is to be used primarily for personal, family or household purposes.

IV. How to Opt-Out of Disclosure of Information

If you prefer that we not disclose the information concerning the insurance products and services we provide you, which we share with non-affiliated third parties, unless that disclosure is permitted by law, you may direct us not to share it. If this is your choice, please indicate so by checking the box below and completing the requested information, then return the completed form to: The Daniel and Henry Co., Attn: Privacy Officer, 1001 Highlands Plaza Drive West, Suite 500, St. Louis, MO 63110. **Please Note: If you choose to opt out, this prohibits our ability to effectively market your insurance coverages in the future without prior written consent.**

I wish to opt out. Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Signature: _____

Please return this form to:
The Daniel and Henry Co., Attn: Privacy Officer, 1001 Highlands Plaza Drive West, Suite 500, St. Louis, MO 63110.

V. Right to file a Complaint

If you believe your privacy rights have been violated with respect to your PHI, you may file a complaint with the Department of Health and Human Services. To file a complaint with us, submit your complaint in writing to The Daniel and Henry Co., Attn: Privacy Officer, 1001 Highlands Plaza Drive West, Suite 500, St. Louis, MO 63110.

A.M. Best Rating Information

Founded in 1899, A.M. Best Company is the oldest and most widely recognized rating agency dedicated to the insurance industry. Best's Ratings, which indicate the financial strength of the insurance companies, cover: property/casualty, life, annuity, health care, reinsurance, and title insurance companies. A.M. Best provides the most comprehensive insurance ratings coverage of any rating agency, with reports and ratings maintained on nearly 5,000 insurance entities world-wide, in approximately 65 countries.

The objective of Best's rating system is to provide an opinion of an insurer's financial strength and ability to meet ongoing obligations to policyholders. The opinions are derived from the evaluation of a company's balance sheet strength and operating performance as compared to Best's quantitative and qualitative standards.

The Best's Rating scale is comprised of 16 individual ratings grouped into 10 categories.

Three Secure categories include "Superior" (A++ and A+), "Excellent" (A and A-), and "very Good" (B++ and B+). These ratings are assigned to companies that have, on balance, superior, excellent, or very good balance sheet strength and operating performance. These companies, in the opinion of A.M. Best, have a very strong ability to meet their ongoing obligations to policyholders.

Seven Vulnerable categories include "Fair" (B and B-), "Marginal" (C++ and C+), and "Weak" (C and C-). These companies have, on balance, fair, marginal or weak balance sheet strength and operating performance. These companies, in the opinion of A.M. Best, have an ability to meet their current obligations to policyholders, but are financially vulnerable to adverse changes in underwriting and economic conditions.

"Poor" (D) Assigned to companies that have, on balance, poor balance sheet strength and operating performance. These companies, in the opinion of A.M. Best, may not have an ability to meet their current obligations to policyholders, but are financially extremely vulnerable to adverse changes in underwriting and economic conditions.

"Under Regulatory Supervision" (E) Assigned to companies that have been placed by an insurance regulatory authority under a significant form of supervision, control or restraint, such as conservatorship or rehabilitation, but does not include liquidation. It may also be assigned to companies issued cease and desist orders by regulators outside their home state or country.

"In Liquidation" (F) Assigned to companies that have been placed under an order of liquidation by a court of law or whose owners have voluntarily agreed to liquidate the company. Note: Companies that voluntarily liquidate or dissolve their charters are generally not insolvent.

"Rating Suspended" (S) Assigned to rated companies that have experienced sudden and significant events affecting their balance sheet strength or operating performance whose rating implications cannot be evaluated due to a lack of timely or adequate information.

Financial Size Categories (FSC)

To enhance the usefulness of our ratings, A.M. Best assigns each company a Financial Size Category (FSC). The FSC is designed to provide the subscriber with a convenient indicator of the size of a company in terms of its statutory surplus and related accounts. Many insurance buyers only want to consider buying insurance coverage from companies that they believe has sufficient financial capacity to provide the necessary policy limits to insure their risks. Although companies utilize reinsurance to reduce their net retention on the policy limits they underwrite, many buyers still feel more comfortable buying from companies perceived to have greater financial capacity.

Financial Size Category (FSC) By Individual Companies

Financial Size Category	Adjusted Policyholders' Surplus (\$ Millions)	
Class I	Less than	1
Class II	1 to	2
Class III	2 to	5
Class IV	5 to	10
Class V	10 to	25
Class VI	25 to	50
Class VII	50 to	100
Class VIII	100 to	250
Class IX	250 to	500
Class X	500 to	750
Class XI	750 to	1,000
Class XII	1,000 to	1,250
Class XIII	1,250 to	1,500
Class XIV	1,500 to	2,000
Class XV	2,000 or	Greater

Definitions

These definitions are for informational purposes only and do not modify your policy or affect your rights under any policy. Please read the individual policy provisions carefully for accurate coverage information.

General Liability Coverage Descriptions

When this coverage is included the following explanations apply.

Advertising Injury

A general liability coverage, combined in standard commercial general liability (CGL) policies with personal injury (PI) coverage that insures the following offenses in connection with the insured's advertising of its goods or services: libel, slander, invasion of privacy, copyright infringement, and misappropriation of advertising ideas.

Basic Extended Reporting Period (Basic Tail)

Provided automatically if coverage is cancelled, not renewed, or the insurer renews with an advanced retroactive date. The basic extended reporting period provides coverage for incidents reported to the insurer within 60 days after the end of the policy period and resulting a claim being made against you within a five-year period.

Claims-Made

A policy providing coverage that is triggered when a claim is made against the insured during the policy period, regardless of when the wrongful act that gave rise to the claim took place, and the incident occurring on or after the retroactive date.

Each Occurrence

Each occurrence is considered to be an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

Employee Benefits Liability

Extends coverage to an employer who may be held liable for an error or omission in the administration of an employee benefit program.

Employment Practices Liability

A form of liability insurance covering wrongful acts arising from the employment process.

Fire Damage Limit

The amount provided for liability claims arising from damage by fire caused by negligence on your part, to premises rented to you.

General Aggregate Limit

The maximum limit of insurance payable during any given annual policy period for all losses, other than those arising from specified exposures; except for injury or damage arising out of the products-completed operations hazard.

Medical Expense Limit

The maximum limit of insurance payable for medical expenses resulting from bodily injury at an insured's premises or operations without regard to negligence.

Occurrence Policy

A policy covering claims that arise out of damage or injury that took place during the policy period, regardless of when claims are made.

Personal Injury Limit

The most the insurer will pay for injury resulting from harm other than bodily injury such as, false arrest, detention, or imprisonment; malicious prosecution; wrongful eviction; slander; libel; and invasion of privacy.

Products / Completed Operations Aggregate Limit

The maximum limit of insurance payable during any given annual policy period for bodily injury and property damage included within the products/completed operations coverage.

Retroactive Date

A provision found in many claims-made policies that eliminates coverage for claims produced by wrongful acts that took place prior to a specified date, even if the claim is first made during the policy period.

Supplemental Extended Reporting Period (Supplemental Tail)

The supplemental extended reporting period converts the claims-made insurance program to an occurrence trigger for the period of time between the retroactive date and the policy termination date. When the supplemental extended reporting period is purchased, any bodily injury or property damage claim made after the policy's termination that results from injuries which occurred after the policy's retroactive date (if any), and before the policy's cancellation or expiration date, will be covered by the policy subject to exclusions, etc.

Excess/Umbrella Liability Coverage Descriptions

When this coverage is included the following explanations apply.

Excess Liability Policy

A policy issued to provide limits in excess of an underlying liability policy. The underlying liability policy can be, and often is, an umbrella liability policy.

Umbrella Policy

Provides excess limits when the limits of underlying liability policies are exhausted by the payment of claims; it drops down and picks up where the underlying policy leaves off when the aggregate.

Defense Costs

All reasonable and necessary costs incurred in the investigation, defense negotiation and settlement of any suit or claims.

First Dollar Coverage

Insurance coverage that provides for the payment of all losses up to the specified limit without any use of deductibles.

Underlying coverage

With respect to any given policy of excess insurance, the coverage in place on the same risk that will respond to loss before the excess policy is called on to pay any portion of the claim.

Self-Insured Retention

The amount of the loss that the insured is responsible for before coverage can exist.

Minimum Earned Premium / Minimum & Deposit Premium

The following terms are often misunderstood, particularly among insureds or producers not accustomed to dealing with surplus lines insurance companies. It is important that the definitions are understood.

Minimum and Deposit

This is the amount of premium due at inception. Although the policy is subject to adjustment based on a rate per exposure unit, under no circumstances will the annual earned premium be less than the minimum premium. Therefore, the policy may generate an additional premium on audit, but not a return.

If such a policy is cancelled mid-term, the earned premium is the GREATER of the annual minimum times the short rate or pro-rata factor, or the actual earned premium as determined by audit, subject to a short rate penalty if applicable.

Minimum Earned Premium

A minimum earned premium endorsement can be attached to either a flat charge policy or an adjustable policy. In either case, this amount is the LEAST that will be retained by the insurance company once the policy goes into effect. The amount retained would be the GREATER of the actual earned premium whether calculated on a pro-rate or short rate basis, or the minimum earned premium.

Flat Cancellations

Surplus lines insurance companies normally do not allow flat cancellations. Once the policy is in effect, some premium will be earned. The collection and payment of premium are the responsibility of the retail agent.

If you need further explanation, please do not hesitate to contact us.

MyWavePORTAL®

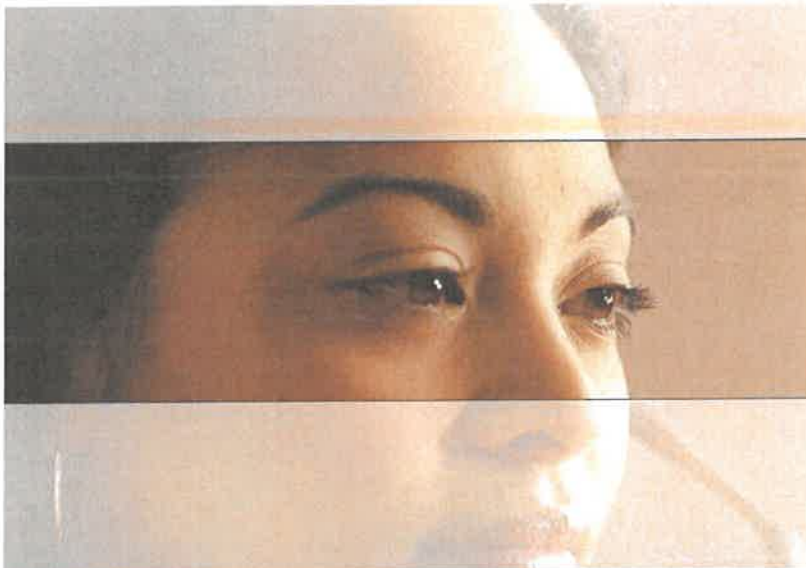


MyWavePortal®

Click+Connect+Communicate

Welcome to a whole new way of working — MyWave® is your personalized Web site that allows you to effortlessly click, connect and communicate with The Daniel and Henry Company.

It's designed to offer you time-saving tools and resources that build convenience into managing your everyday work tasks. Whether you want to view documents online, quickly access timely information and resources, or connect with over 200,000 peers in your industry, this is the place to be. It's easily accessible, hardworking and just one of the many value-added services available to you when you partner with us.



"The Community section allows us to easily find out what other companies are doing in a variety of situations. I can get answers quickly from other colleagues in the industry; the Community has become my personal sounding board."

Trevor, MyWavePortal® User, Northeast

Collaboration Center

- Our document posting capabilities allow a seamless exchange of information sharing from our agency to you
- Accessible 24/7, postings from our agency are timely, relevant, and easy to locate in one convenient place online

Survey Benchmarking

- Participate in P&C program and/or benefit plan surveys
- Allows you to determine how your plans and programs compare to other employers across the U.S.

Community

- Through MyWave® Community, you have access to a vast and knowledgeable network of colleagues from across the country
- Share information and resources via the Community's interactive forum that allows you to post questions to your peers, provide insight into other users' questions, and track responses based on topics or individual questions
- Community postings are organized by topic so you can source information quickly and easily



"MyWaveOSHA is so easy to use and has totally simplified my OSHA reporting process. I can easily keep my OSHA log updated and source information about record keeping guidelines. You have just jumped to the top of my Christmas list!"

Carolyn, MyWaveOSHA User, Southeast

MyWaveOSHA[®]: When it Comes to OSHA Compliance, We've Got You Covered

When it comes to OSHA, compliance is the name of the game. To help you simplify and manage your OSHA reporting, we've gathered the occupational safety resources you need into one easily accessible spot, with functionality and content designed to help you efficiently meet your OSHA reporting needs.

Logical and Resourceful

The site's intuitive, user-friendly format will allow you to:

- Set up your reporting to reflect the groups or divisions within your company;
- Create accurate OSHA logs for each recordable accident;
- Generate accurate reports on demand and analyze related costs; and
- Compile your annual 300A Summary in seconds flat.

OSHA Log Forms... Fast

When recordable accidents happen, you'll know exactly where to go to log your OSHA

incidences. With online access to log forms, you can easily locate and create OSHA forms at the click of a mouse, quickly logging new incidents as they occur. You can also easily edit, view or delete log entries, which makes maintenance a snap and guarantees your records are always current. Also, with the Log's handy at-a-glance view, you can stay up-to-date on your most current entries, viewing all the pertinent information entered into your OSHA Log Analysis at any time.

Reports & Analysis

You'll be able to generate up-to-the-minute OSHA reports, drilling-down by injury type, body part, group or divisions and time period. The system stores your information from year to year, and by tracking work hours, it automatically calculates your incident rate and allows you to make comparisons to national averages based on your SIC (Standard Industrial Classifications) code as reported by the Bureau of Labor Statistics.

- Best of all, with accurate reporting, we will be able to help you spot injury trends and work with you on the right corrective actions to take before they become serious problems.

FAQs: Resources Right When You Need Them

We know you don't have time to hunt around for the OSHA information you need, so we included a link to FAQs, where you'll find useful information about OSHA record keeping guidelines and related resources. This includes:

- Basic OSHA recordkeeping concepts and guidelines;
- Legislative Updates to OSHA compliance;
- Guidelines to Determination of Recordability for OSHA 300; and
- Access to OSHA forms, along with explanations of the OSHA log and its use.

Coverage Considerations

While quotations on these lines are not included in this proposal, we suggest you secure coverage to protect the following exposures that include, but are not limited to:

- Accounts Receivable / Valuable Papers
- Auto Loan/Lease Gap Coverage
- Backup of Sewer and Drains
- Boiler & Machinery / Equipment Breakdown
- Building Ordinance
- Business Income / Extra Expense
- Co-Employee Coverage
- Computer Related or Data Recognition
- Computer Fraud
- Computer Systems (EDP)
- Computer Virus
- Credit Card Forgery
- Cyber/Internet Liability/Network Security
- Directors & Officers Liability
- Disaster Recovery Services
- Drive Other Car Coverage
- Drone Liability
- Earthquake
- Employee Benefits Liability
- Employee Dishonesty
- Employee Hired Auto Coverage
- Employment Related Practices Liability / Sexual Harassment
- Fiduciary Liability / Pension or Profit Sharing Plan (ERISA)
- Flood
- Foreign Coverages
- Forgery or Alteration
- Group Benefits and Voluntary Coverage(s)
- Hired Car Physical Damage
- Hired / Non-Owned Automobile Liability
- Increased Debris Removal
- Increased Uninsured / Underinsured Automobile Liability Limits
- Intellectual Property Defense / Abatement
- Mold / Fungi / Bacteria
- Money and Securities
- Pollution Liability
- Product Recall
- Professional Liability
- Social Engineering Fraud
- Tenant's Legal Liability

Coverage Considerations Continued

- Terrorism
- Umbrella / Excess Liability
- Workers' Compensation – to avoid fines and penalties, contact those states you do business in to determine when Workers' Compensation coverage is required.

If you supply us with the necessary underwriting information, we will be happy to provide you with a quotation for these important additional coverages.

Higher Limits May Be Available for an Additional Premium

Coverage Consideration Definitions

Accounts Receivable

Provides coverage for loss of sums owed to the insured by its customers that are uncollectible due to damage of a covered loss.

Auto Loan/Lease Gap Coverage

Optional coverage available by endorsement to a commercial auto policy covering the difference between the actual cash value (ACV) of a damaged or stolen vehicle and the amount owed on the car under a loan or lease.

Back up of Sewer and Drains

Provides coverage for loss caused by water which backs up through your sewer or drains, or which overflows from a sump pump.

Boiler & Machinery / Breakdown of Equipment

Coverage for loss due to mechanical or electrical breakdown of nearly any type of equipment, including photocopiers and computers. Coverage applies to the cost to repair or replace the equipment and any other property damaged by the equipment breakdown. Resulting business income and extra expense loss is often covered as well.

Building Ordinance

Provides coverage for loss to covered property caused by enforcement of ordinances or laws, regulating construction and repair of damaged buildings.

Business Income

Provides coverage for loss of income suffered by a business, when damage to its premises by a covered peril causes a slowdown or suspension of its operations during the time required to repair or replace the damaged property.

Co-Employee Coverage

Provides insured status to an employee for an occurrence involving injury to a co-employee, while in the course of his or her employment or performing duties related to the conduct of your business.

Cyber/Internet Liability/Network Security

Provides coverage for failure of computer security or wrongful release of private information, resulting in financial loss to the insured and/or damages for which the insured becomes legally liable.

Directors & Officers Liability

A type of liability insurance covering directors and officers for claims made against them while serving on a board of directors and/or as an officer.

Disaster Recovery Services

In the event of disaster, services are provided by a third party vendor to restore a company's critical business function. Services may include power, office space, technology, and connectivity.

Drone Liability

Covers costs related to property damage or injuries caused by commercial UAV (Unmanned Aerial Vehicle) operation.

Earthquake

Provides coverage for loss due to earth movement including earthquake shocks and volcanic eruption.

Electronic Data Processing Equipment

Provides coverage for protection on equipment, software, and extra expenses incurred as a result of failure of such equipment caused by a covered loss.

Employee Benefits Liability

Provides coverage for an error or omission in the administration of an employee benefit program.

Employee Dishonesty

Coverage for employee theft of money, securities, or property, written with a per loss limit, a per employee limit, or a per position limit.

Employee Hired Auto Coverage

Provides an "employee" of yours insured status while operating an auto hired or rented under a contract or agreement in that employee's name, with your permission, while performing duties related to the conduct of your business. Broadens physical damage coverage provided to employees of the named insured who hire or rent cars in their own names, in the furtherance of their employer's business.

Employment Practices Liability

Liability insurance covering wrongful acts arising from the employment process.

Extra Expense

Provides coverage for additional costs in excess of normal operating expenses that an organization incurs to continue operations while its property is being repaired or replaced after having been damaged by a covered cause of loss are incurred to continue operations after a direct damage loss.

Fiduciary Liability

Provides coverage for trustees, employers, fiduciaries, professional administrators, and the plan itself with respect to errors and omissions in the administration of employee benefit programs, as imposed by the Employee Retirement Income Security Act (ERISA) of 1974.

Flood

This coverage, if purchased, extends your causes of loss to include damage that results directly from a "flood". Flood is defined in your policy and usually includes overflow of a body of water, surface water runoff, onto normally dry land or an unusual rise in the level of inland or tidal waters.

Group Benefits Coverage(s)

Provides employees and members of associations with life, health, disability, dental and similar types of coverage.

Hired Car Physical Damage

Provides coverage for damage to automobiles that are leased, rented, hired, or borrowed by the insured or its employees for business purposes.

Hired / Non-Owned Automobile Liability

Provides coverage for liability arising out of the use of automobiles that are leased, rented, hired, or borrowed by the insured or its employees for business purposes.

Increased Uninsured / Underinsured Automobile Liability Limits

Provides additional coverage for bodily injury, and in some states property damage, incurred by insured when an accident is caused by a motorist who is not insured or does not have sufficient coverage(s).

Intellectual Property Abatement

Provides reimbursement to insureds for legal expenses incurred when an insured enforces a patent, trademark, or copyright against infringers. Since the purpose of the policy is to pay legal costs required to enforce intellectual property rights, there is no coverage for damages suffered by the insured that result from the infringement (e.g., lost profits because a competitor infringed upon a valid patent).

Intellectual Property Defense

Provides reimbursement to insureds for legal expenses incurred to defend against lawsuits alleging that the insured has committed patent, trademark, or copyright infringement.

Pollution Liability

Provides coverage for liability to third parties arising from contamination of air, water, or land due to the sudden and accidental release of hazardous materials from the insured site.

Professional Liability

Provides liability coverage designed to protect traditional professionals (e.g., accountants, attorneys) and quasi-professionals (e.g., real estate brokers, consultants) against liability incurred as a result of errors and omissions in performing their professional services.

Social Engineering Fraud

Provides coverage for a loss due to an employee being intentionally misled into sending money or diverting a payment based on fraudulent information that is provided to them in a written or verbal communication such as an email, fax, letter, or phone call.

Tenant's Legal Liability

Provides property damage liability coverage for premises the named insured rents or temporarily occupies.

Umbrella / Excess Liability

Provides liability coverage against catastrophic losses over and above primary liability policies, such as the business auto policy (BAP), commercial general liability (CGL) policy, watercraft and aircraft liability policies, and employers' liability coverage, when the limits of underlying liability policies are exhausted by the payment of claims.

Valuable Papers

Provides coverage for the cost to reconstruct damaged or destroyed valuable papers and records damaged as a result of a covered loss.

Workers' Compensation

Provides coverage for an employer's responsibility to compensate injuries, illnesses, disabilities, or death of employees resulting from job-related injury or occupational disease as prescribed by state workers' compensation laws. To avoid fines and penalties, contact those states you do business in to determine when Workers Compensation coverage is required.

What You Should Know About Flood Insurance

Flooding is a risk to any business, whether you are inland or near the coastline. In fact, one in four businesses that shuts down from a natural disaster never reopens, and more than 80 percent of all presidentially declared natural disasters involve flooding. According to the U.S. government, the average commercial flood claim in the past 10 years has been around \$33,000, and property damage due to flooding usually adds up to more than \$6 billion annually.

Floods have many causes and can occur anywhere in the country, but here are some of the most common events that lead to flooding:

- Storm surges in hurricane-prone areas
- Flash flooding, caused by periods of intense rainfall
- Mudslides, caused by long, heavy rain periods on a hill or mountainside
- Snowmelt, caused by the still-frozen ground unable to absorb excess water
- Ice jams, when an ice chunk flowing in a river or stream blocks dams or narrow passageways, causing overflow
- Urban development such as new construction and/or ground paving, which alters the topography by not allowing the land to drain properly

You should be aware that a general policy will not cover flood damage, and this type of insurance is available through the National Flood Insurance Program (NFIP). The NFIP will cover all the types of floods discussed above, including mudslides, though it is important to note that it does not cover landslides even if they are caused by heavy rain.

There are plenty of misunderstandings about flood insurance, so we have compiled some information about the NFIP and its coverage to help you realize its benefits.

NFIP Coverage: Who Should Buy It?

There are two main flood hazard level standards and several sub-categories that the NFIP uses to categorize a company's risk for flooding and to determine premiums.

- Moderate-to-low-risk buildings, which are in zones B, C and X. These areas are outside of the one percent annual chance floodplain, areas of less than one percent annual chance of sheet-flow flooding where average depths are less than one foot, areas of less than one percent annual chance stream flooding where the contributing drainage area is less than one square mile or areas protected by levees
- High-risk buildings, which are in zones A and V.
 - Zone A buildings are within a certain floodplain distance from a river, lake or stream
 - Zone V buildings are within a certain distance from the coast and exposed to natural disasters associated with the ocean

For a complete list of sub-categories and to map out which zone your business or branches of your company falls in, visit www.floodsmart.gov, the official Web site of the NFIP.

What You Should Know About Flood Insurance

If your commercial property is in a high-risk flood area and you have a mortgage from a federally regulated or insured lender, then you are required to purchase a flood insurance policy. However, The NFIP reports that in 2008, a third of all claims paid were for policies in low-risk communities. Because new land development can increase flood risk by changing natural runoff patterns, it is a good idea to purchase flood insurance even if you are not near a large body of water.

Associated Costs

Flood insurance premiums are based on several factors, which could raise or lower the amount your company would have to pay. These factors include:

- Building's age, height and occupancy
- Your company's location within the building
- The location of the lowest floor in relation to the elevation requirement on the flood map (only applicable to newer buildings)
- The deductible you choose and the amount of building and contents coverage

If you are located in a low-risk area, you are eligible for the Preferred Risk Policy and your premiums could be as low as \$119 per year, which would include coverage for your building as well as its contents. Even though federal disaster assistance is available to flood victims, it is usually in the form of a loan that must be paid back with interest.

What Gets Covered

There are two types of commercial building flood insurance coverage, and you can opt to buy one or both.

- Commercial Contents covers inventory, merchandise, machinery and any other contents your business has up to \$500,000
- Commercial Building covers your company's building up to \$500,000. Even if your company does not own the building, you are able to insure the value of the improvements you made to the space.

In addition to these two types of building coverage, the NFIP also will keep you covered for flood protection, prevention and cleanup. Sandbagging is the most common and effective way to prevent flood damage to your business, and with your policy, you will get reimbursed for the costs associated with taking part in this defensive measure. Another important aspect that would be covered in your policy is cleanup. Any work needed to clean and remove debris will also be reimbursed under your NFIP coverage.

If you have further questions about flood insurance coverage and its provisions, please feel free to contact our office.



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: July 24, 2020
Policyholder/Applicant Name: City of Chesterfield
Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels or the 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$40.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: July 24, 2020
Policyholder/Applicant Name: City of Chesterfield
Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from 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 consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels or the 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$40.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date

From: Jeannette Kelly
Sent: Friday, July 31, 2020 8:03 AM
To: Mike Geisel; Thomas McCarthy
Subject: Logan Park - GL / Excess Insurance Policies
Attachments: Logan Park - Insurance Proposal.pdf; TRIA - Excess (1).pdf; Logan Park - TRIA - Excess Disclosure.pdf; Logan Park Acord Application.pdf

In order to provide coverage (\$5 million) for Logan Park per the signed contract, Daniel & Henry said we need to purchase a separate insurance policy. Current City policy is only for \$3 million. They provided the attached proposal.

Attached is the proposal for the annual premium of \$3,150 (includes tax). This is the cost for the **vacant** land. Another primary policy and excess policy will need to be put in place prior to the construction operations beginning. We will need at least 30 days advance notice of the construction beginning to bind coverage.

To bind coverage for the vacant land we will need to provide Daniel & Henry the following items.

1. Signed Scottsdale Insurance Company supplemental application.
2. Signed ACORD applications. (There are 3 spots which I have highlighted).
3. Signed TRIA (Terrorism) form, rejecting or accepting coverage for both General Liability and Excess.
4. A copy of the city's tax exempt letter (to exclude tax from the premium amount listed above).

Let me know if you have any questions or concerns before we bind coverage.

Thanks,

Jeannette Kelly
Finance Director
City of Chesterfield
690 Chesterfield Parkway West
Chesterfield, MO 63017
Phone: 636.537.4726



Scottsdale Insurance Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you 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 "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels or the premises of a United States mission; 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.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>38.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

_____	City of Chesterfield
Policyholder/Applicant's Signature	Named Insured/Firm
_____	QT-00302553
Print Name	Select One Policy Number, if available

Date	

