

96

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

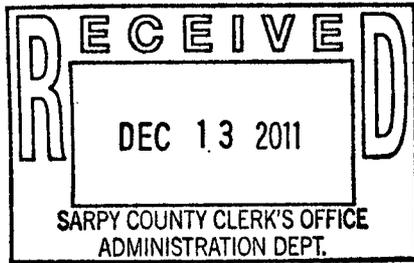
Policy Change
Number 001

POLICY NUMBER CMPNEG0170	POLICY CHANGES EFFECTIVE 12-27-11	COMPANY COLUMBIA NATIONAL INSURANCE CO
NAMED INSURED SID #96 OF SARPY COUNTY		AUTHORIZED REPRESENTATIVE 18170 NP DODGE INSURANCE AGENCY 12002 PACIFIC OMAHA NE 68154
COVERAGE PARTS AFFECTED COMMERCIAL PACKAGE \$99		

CHANGES

THE FENCES AND ARBORS LIMIT FOR LOCATION 1, BUILDING 1, IN THE STATE OF NEBRASKA, HAS BEEN CHANGED FROM \$15,219 TO \$26,219. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

Authorized Representative Signature





10820 Harney Street
Omaha NE 68154
(800) 877-4245

**COMMON
POLICY DECLARATIONS**

COLUMBIA NATIONAL INSURANCE CO

POLICY NUMBER **CMPNEG0170**
Renewal of **CMPNEG0170**

Named Insured and Mailing Address:
SID #96 OF SARPY COUNTY
C-O DON FURLOW
4885 S 118TH ST STE 100
OMAHA NE 68137-2241

Agent and Mailing Address: 18170- AGENT JOHN E BUSH
NP DODGE INSURANCE AGENCY
12002 PACIFIC
OMAHA NE 68154
402-938-5008

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description: S I D

Form of Business: S I D

Coverage Part	Premium
Property	\$1,783
General Liability	\$700
Crime	NOT COVERED
Inland Marine	NOT COVERED
Auto	NOT COVERED
Certified Terrorism Coverage	\$38
Total Premium	\$2,521
Premium Change	\$99

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE LISTED ON EITHER THE COMMON FORMS SCHEDULE OF THIS DECLARATIONS OR THE DECLARATIONS APPLICABLE TO SPECIFIC COVERAGES PROVIDED WITH THIS POLICY.

Countersigned by _____
Authorized Agent

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From 12/27/2011 to 12/27/2012 at 12:01 a.m. Standard Time at the mailing address shown above.

COMMON FORMS SCHEDULE

Form Name	Edition	Description
IPJ-305	10/09	POLICY JACKET
IL-359	07/98	LEAD LIABILITY EXCLUSION
IL0003	08/07	CALCULATION OF PREMIUM
IL0017	11/98	COMMON POLICY CONDITIONS
IL0021	05/02	NUCLEAR ENERGY LIAB EXCL-BROAD
IL0122	09/07	NEBRASKA CHANGES-ACT CASH VAL
IL0164	07/02	NE CHANGES-APPRAISAL
IL0259	09/07	NE CHANGES-CANCEL & NONRENEWAL
IL0952	03/08	CAP ON LOSS FROM CERT ACTS
IL0985	01/08	DISCL PURSUANT/TERROR RISK ACT
*IL1201	11/85	POLICY CHANGE ENDORSEMENT

NOTE: THESE FORMS ARE APPLICABLE TO ALL COVERAGE PROVIDED UNDER THIS POLICY.
FORMS WHICH ARE APPLICABLE TO SPECIFIC COVERAGES ARE SHOWN ON THE DECLARATIONS
FOR THE SPECIFIC COVERAGES.

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From 12/27/2011 to 12/27/2012 at 12:01 a.m. Standard Time at the mailing address shown above.

LOCATION SCHEDULE

Loc No.	Bldg No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	FENCE
001	002	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	PICNIC TABLES PARK BENCHES
001	003	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL SHELTERS
001	004	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	PLAYGROUND EQUIP
001	005	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	(3) SIGNS
001	006	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL BENCHES
001	007	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL SHELTER

NOTE: THIS SCHEDULE REFLECTS ALL LOCATIONS WHICH ARE INSURED UNDER THIS POLICY. THE COVERAGES PROVIDED TO EACH LOCATION MAY BE DIFFERENT. ANY VARIATIONS IN COVERAGE ARE SHOWN ON THE DECLARATIONS FOR SPECIFIC COVERAGES WHICH ARE ATTACHED HERE TO.

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

Named Insured: **SID #96 OF SARPY COUNTY**

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

GENERAL LIABILITY DECLARATIONS

Limits Of Insurance

\$2,000,000	General Aggregate Limit (Other Than Products - Completed Operations)
\$2,000,000	Products/Completed Operations Aggregate Limit
\$1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$1,000,000	Each Occurrence Limit
\$100,000	Damage To Premises Rented to You Limit (Any One Premises)
\$5,000	Medical Expense Limit (Any One Person)

ANNUAL AUDIT PERIOD, UNLESS OTHERWISE STATED:

CLASS SCHEDULE

TOTAL PREMIUM FOR THIS COVERAGE PART:	\$700
OTHER PREMIUM:	
TOTAL PREMIUM:	\$700

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

Named Insured: **SID #96 OF SARPY COUNTY**

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE GENERAL LIABILITY COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
CG-326	02/08	HIRED/NON-OWNED AUTO LIABILITY
CG-327	06/01	EXCL-SPECIFIC GOVT PREM & OPER
CG0001	12/07	COMM GENERAL LIAB COV FORM
CG0068	05/09	REC/DIST MAT OR INFO VIOL LAW
CG2147	12/07	EXCL-EMPLOYMENT RELATED PRACTS
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
CG2171	06/08	LTD TERROR EXCL (OTHER THAN CE
CG2176	01/08	EXCLUS OF PUN DMGS REL TO CERT
CG2196	03/05	SILICA/SILICA RELATD DUST EXCL
CG2251	07/98	EXCL-LAW ENFORCEMENT ACTIVITY
CG2264	07/98	PESTICIDE/HERBICIDE APPLIC COV
CG2409	07/98	GOVERNMENTAL SUBDIVISIONS
IL-165	07/86	CONCEALMENT OR FRAUD CONDITION
PE-106	04/99	NE - POL SUBDIV. TORT CLAIMS
PE-107	04/99	HAZARDS INSD ONLY BY SPEC DEC
L-361	03/95	ASBESTOS EXCLUSION

* indicates change in form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

SCHEDULE

Insurance is provided only with respect to those coverages and limits of insurance for which a specific premium charge is shown:

Coverage	Limits of Insurance			Premium
Non-Ownership Liability	\$ 1,000,000	/Occurrence	\$ 2,000,000	General Aggregate \$ 48
Hired Auto Liability	\$ 1,000,000	/Occurrence	\$ 2,000,000	General Aggregate \$ 48

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

HIRED AUTO LIABILITY

The insurance provided under COVERAGE A (Section I) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your employees in the course of your business.

With respect to the insurance provided by this endorsement:

1. The exclusions, under COVERAGE A (Section I), other than exclusions a, b, d, f and i, and the Nuclear Energy Liability Exclusion (Broad Form) are deleted and replaced by the following:
 - a. "Bodily Injury"
 - (1) To an employee of the insured arising out of and in the course of employment by the insured; or
 - (2) To the spouse, child, parent, brother or sister of that employee as a consequence of (1) above
 This exclusion applies:
 - (1) Whether the insured may be liable as an employer or in any other capacity; and
 - (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.
 This exclusion does not apply to:
 - (1) Liability assumed by the insured under an "insured contract;" or
 - (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.
 - b. "Property damage: to:
 - (1) Property owned or being transported by, or rented or loaned to the insured; or
 - (2) Property in the care, custody or control of the insured.

2. WHO IS AN INSURED (Section II) is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

- a. You;
- b. Any other person using a "hired auto" with your permission;
- c. With respect to a "non-owned auto," any partner or executive officer of yours, but only while such "non-owned auto" is being used in your business.
- d. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under a., b., or c. above.

None of the following is an insured:

- a. Any person engaged in the business of his or her employer with respect to the "bodily injury" to any co-employee of such person injured in the course of employment;
- b. Any partner or executive officer with respect to any "auto" owned by such partner or officer or a member of his or her household;
- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business" other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or employee of any such owner or lessee;
- e. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

NON-OWNED LIABILITY

The insurance provided under COVERAGE A (Section I) applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person other than you.

The following additional definitions apply:

"Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos."

"Hired auto" means any "auto" you lease, hire, or borrow. This does not include any "auto" you lease, hire or borrow from any of your employees or members of their households, or from any partner or executive officer of yours.

"Non-owned auto" means any "auto" you do not own, lease, hire or borrow which are used in connection with your business. However, if you are a partnership a "non-owned auto" does not include any auto owned by any partner.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PESTICIDE OR HERBICIDE APPLICATOR COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Operations:

SUBLIMIT: 25,000.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to the operations shown in the Schedule, Paragraph (1)(d) of Exclusion f. of Section I - Coverage A - Bodily Injury And Property Damage Liability does not apply if the operations meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government which apply to those operations.

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

Named Insured: **SID #96 OF SARPY COUNTY**

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE PROPERTY COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
CP-500	11/11	PROPERTY PREMIER ENDORSEMENT
CP0010	06/07	BUILDING/PERSONAL PROPERTY COV
CP0090	07/88	COMMERCIAL PROPERTY CONDITIONS
CP0124	07/00	NE CHANGES
CP0140	07/06	EXCL OF LOSS DUE TO VIRUS/BACT
CP1030	06/07	CAUSES OF LOSS - SPECIAL FORM
CP1032	08/08	WATER EXCLUSION ENDORSEMENT
CP1440	06/07	OUTSIDE SIGNS

* indicates change in form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OUTDOOR SIGNS

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

SCHEDULE

Premises Number:	001	Building Number:	005
Description Of Sign: 3 SIGNS			
Construction Of Sign:	<input type="checkbox"/> Entirely Metal	<input checked="" type="checkbox"/> Other	
Limit Of Insurance:	\$	4,109	
Coinsurance Percentage:		%	
Additional Premium:	INCL		

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to the outdoor signs described in the Schedule, the provision in the Limits Of Insurance section which pertains to signs does not apply. The limit applicable to each sign is shown in the Schedule. The limit applicable to each sign is the most we will pay for loss or damage to the sign in any one occurrence.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 001

POLICY NUMBER CMPNEG0170	POLICY CHANGES EFFECTIVE 12-27-11	COMPANY COLUMBIA NATIONAL INSURANCE CO
NAMED INSURED SID #96 OF SARPY COUNTY		AUTHORIZED REPRESENTATIVE 18170 NP DODGE INSURANCE AGENCY 12002 PACIFIC OMAHA NE 68154
COVERAGE PARTS AFFECTED COMMERCIAL PACKAGE \$99		

CHANGES

THE FENCES AND ARBORS LIMIT FOR LOCATION 1, BUILDING 1, IN THE STATE OF NEBRASKA, HAS BEEN CHANGED FROM \$15,219 TO \$26,219.
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

Authorized Representative Signature



10820 Harney Street
 Omaha NE 68154
 (800) 877-4245

COMMON
POLICY DECLARATIONS
 COLUMBIA NATIONAL INSURANCE CO

POLICY NUMBER **CMPNEG0170**
 RENEWAL OF **CMPNEG0170**

Named Insured and Mailing Address:
 SID #96 OF SARPY COUNTY
 C-O DON FURLOW
 4885 S 118TH ST STE 100
 OMAHA NE 68137-2241

Agent and Mailing Address: 18170- AGENT JOHN E BUSH
 NP DODGE INSURANCE AGENCY
 12002 PACIFIC
 OMAHA NE 68154
 402-938-5008

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.
 IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description: S I D
Form of Business: S I D

Coverage Part	Premium
Property	\$1,686
General Liability	\$700
Crime	NOT COVERED
Inland Marine	NOT COVERED
Auto	NOT COVERED
Certified Terrorism Coverage	\$36
Total Premium	\$2,422

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE LISTED ON EITHER THE COMMON FORMS SCHEDULE OF THIS DECLARATIONS OR THE DECLARATIONS APPLICABLE TO SPECIFIC COVERAGES PROVIDED WITH THIS POLICY.

Countersigned by _____
 Authorized Agent

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

COMMON FORMS SCHEDULE

Form Name	Edition	Description
IPJ-305	10/09	POLICY JACKET
IL-359	07/98	LEAD LIABILITY EXCLUSION
IL0003	08/07	CALCULATION OF PREMIUM
IL0017	11/98	COMMON POLICY CONDITIONS
IL0021	05/02	NUCLEAR ENERGY LIAB EXCL-BROAD
IL0122	09/07	NEBRASKA CHANGES-ACT CASH VAL
IL0164	07/02	NE CHANGES-APPRAISAL
IL0259	09/07	NE CHANGES-CANCEL & NONRENEWAL
IL0952	03/08	CAP ON LOSS FROM CERT ACTS
IL0985	01/08	DISCL PURSUANT/TERROR RISK ACT

NOTE: THESE FORMS ARE APPLICABLE TO ALL COVERAGE PROVIDED UNDER THIS POLICY.
FORMS WHICH ARE APPLICABLE TO SPECIFIC COVERAGES ARE SHOWN ON THE DECLARATIONS
FOR THE SPECIFIC COVERAGES.

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

LOCATION SCHEDULE

Loc No.	Bldg No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	FENCE
001	002	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	PICNIC TABLES PARK BENCHES
001	003	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL SHELTERS
001	004	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	PLAYGROUND EQUIP
001	005	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	(3) SIGNS
001	006	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL BENCHES
001	007	SOUTH OF 148TH & HARRISON, (WILLOW CREEK), OMAHA, NE 68138	STEEL SHELTER

NOTE: THIS SCHEDULE REFLECTS ALL LOCATIONS WHICH ARE INSURED UNDER THIS POLICY. THE COVERAGES PROVIDED TO EACH LOCATION MAY BE DIFFERENT. ANY VARIATIONS IN COVERAGE ARE SHOWN ON THE DECLARATIONS FOR SPECIFIC COVERAGES WHICH ARE ATTACHED HERE TO.

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From 12/27/2011 to 12/27/2012 at 12:01 a.m. Standard Time at the mailing address shown above.

GENERAL LIABILITY DECLARATIONS

Limits Of Insurance

\$2,000,000	General Aggregate Limit (Other Than Products - Completed Operations)
\$2,000,000	Products/Completed Operations Aggregate Limit
\$1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$1,000,000	Each Occurrence Limit
\$100,000	Damage To Premises Rented to You Limit (Any One Premises)
\$5,000	Medical Expense Limit (Any One Person)

ANNUAL AUDIT PERIOD, UNLESS OTHERWISE STATED:

CLASS SCHEDULE

Location		Exposure	Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.
44444	HIRED AUTO LIABILITY			

Advance Premiums	
Prem./Ops.	Prod./Comp. Ops.
48.00	

Location		Exposure	Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.
44444	NON-OWNED AUTO LIABILITY			

Advance Premiums	
Prem./Ops.	Prod./Comp. Ops.
48.00	

Location		Exposure	Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.
44444	PESTICIDE & HERBICIDE - CG2264			

Advance Premiums	
Prem./Ops.	Prod./Comp. Ops.
	100.00

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

Location 001/001		Exposure \$55,000		Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.	
44100	GOVERNMENTAL SUBDIVISION - NOT STATE OR FEDERAL - MUNICIPALITIES - POPULATION 2,500 AND UNDER (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)	OPER. EXPENDITURE	3.924		
				Advance Premiums	
				Prem./Ops.	Prod./Comp. Ops.
			219.00 MP		INCL
Location 001/001		Exposure 2		Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.	
48727	STREETS, ROADS, HIGHWAYS OR BRIDGES - EXISTENCE AND MAINTENANCE HAZARD ONLY (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)	MILE	7.453		
				Advance Premiums	
				Prem./Ops.	Prod./Comp. Ops.
			15.00		INCL
Location 001/001		Exposure \$5,000		Rate	
Code No	Classifications	Premium Basis	Prem./Ops.	Prod./Comp. Ops.	
91589	CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH STREET OR HIGHWAY CONSTRUCTION, OR REPAIR, NOT ELEVATED	TOTAL COST	5.328	1.143	
				Advance Premiums	
				Prem./Ops.	Prod./Comp. Ops.
			27.00		243.00 MP
TOTAL PREMIUM FOR THIS COVERAGE PART:			\$700		
OTHER PREMIUM:					
TOTAL PREMIUM:			\$700		

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE GENERAL LIABILITY COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
*CHE-99A-L	02/06	CHANGE ENDORSEMENT
CG-326	02/08	HIRED/NON-OWNED AUTO LIABILITY
CG-327	06/01	EXCL-SPECIFIC GOVT PREM & OPER
CG0001	12/07	COMM GENERAL LIAB COV FORM
CG0068	05/09	REC/DIST MAT OR INFO VIOL LAW
CG2147	12/07	EXCL-EMPLOYMENT RELATED PRACTS
CG2167	12/04	FUNGI OR BACTERIA EXCLUSION
CG2171	06/08	LTD TERROR EXCL (OTHER THAN CE
CG2176	01/08	EXCLUS OF PUN DMGS REL TO CERT
CG2196	03/05	SILICA/SILICA RELATD DUST EXCL
CG2251	07/98	EXCL-LAW ENFORCEMENT ACTIVITY
CG2264	07/98	PESTICIDE/HERBICIDE APPLIC COV
CG2409	07/98	GOVERNMENTAL SUBDIVISIONS
IL-165	07/86	CONCEALMENT OR FRAUD CONDITION
PE-106	04/99	NE - POL SUBDIV. TORT CLAIMS
PE-107	04/99	HAZARDS INSD ONLY BY SPEC DEC
L-361	03/95	ASBESTOS EXCLUSION

* indicates change in form

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY

SCHEDULE

Insurance is provided only with respect to those coverages and limits of insurance for which a specific premium charge is shown:

Coverage	Limits of Insurance		Premium
Non-Ownership Liability	<u>\$ 1,000,000</u>	/Occurrence <u>\$ 2,000,000</u>	General Aggregate \$ 48
Hired Auto Liability	<u>\$ 1,000,000</u>	/Occurrence <u>\$ 2,000,000</u>	General Aggregate \$ 48

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

HIRED AUTO LIABILITY

The insurance provided under COVERAGE A (Section I) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your employees in the course of your business.

With respect to the insurance provided by this endorsement:

1. The exclusions, under COVERAGE A (Section I), other than exclusions a, b, d, f and i, and the Nuclear Energy Liability Exclusion (Broad Form) are deleted and replaced by the following:

- a. "Bodily Injury"

- (1) To an employee of the insured arising out of and in the course of employment by the insured; or
- (2) To the spouse, child, parent, brother or sister of that employee as a consequence of (1) above

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract;" or
- (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

- b. "Property damage: to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

2. WHO IS AN INSURED (Section II) is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

- a. You;
- b. Any other person using a "hired auto" with your permission;
- c. With respect to a "non-owned auto," any partner or executive officer of yours, but only while such "non-owned auto" is being used in your business.
- d. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under a., b., or c. above.

None of the following is an insured:

- a. Any person engaged in the business of his or her employer with respect to the "bodily injury" to any co-employee of such person injured in the course of employment;
- b. Any partner or executive officer with respect to any "auto" owned by such partner or officer or a member of his or her household;
- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business" other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or employee of any such owner or lessee;
- e. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

NON-OWNED LIABILITY

The insurance provided under COVERAGE A (Section I) applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person other than you.

The following additional definitions apply:

"Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos."

"Hired auto" means any "auto" you lease, hire, or borrow. This does not include any "auto" you lease, hire or borrow from any of your employees or members of their households, or from any partner or executive officer of yours.

"Non-owned auto" means any "auto" you do not own, lease, hire or borrow which are used in connection with your business. However, if you are a partnership a "non-owned auto" does not include any auto owned by any partner.

SID #96 OF SARPY COUNTY
C-O DON FURLOW
4885 S 118TH ST STE 100
OMAHA NE 68137-2241

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Act (TRIA) established a program involving the Department of the Treasury and the insurance industry to assure the availability of property and casualty insurance protection against damages from certified Acts of Terrorism. Generally speaking, certified Acts of Terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act.

You should know that coverage provided by your policy for loss or damage for such certified Acts of Terrorism is partially reimbursable by the United States as set forth in TRIA. The United States government pays 85% of covered terrorism losses exceeding the insurance company's statutorily established deductible as set forth in the Act. Note, however, not all losses resulting from certified Acts of Terrorism are covered, such as nuclear events. Please read your policy and endorsements carefully.

You should also know that the Terrorism Risk Insurance 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.

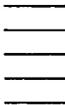
The premium charged for your policy includes a charge for the coverage of such certified Acts of Terrorism under TRIA and this charge is specifically identified on the line entitled "Certified Terrorism Coverage Premium" on the Declarations page(s) of your policy. You are, however, given the opportunity to reject this coverage by signing the rejection statement below and returning this form to us. Your policy will then be endorsed to exclude the described coverage and you will not be charged for this coverage.

REJECTION STATEMENT

I hereby reject the offer of terrorism coverage as defined in the Terrorism Risk Insurance Act. I understand that an exclusion of such terrorism losses will be made part of this policy.

Insured's Signature

Date



CHANGE ENDORSEMENT

Attached To and Forming Part of:

Policy No. CMPNEG0170

of the:

(Name of Insurance Company)

Insured: SID #96 OF SARPY COUNTY

Effective Date of Endorsement: 12/27/2011

Inception Date of Policy: 12/27/2012

Agent:

By: _____

The policy is amended as follows:

EXCLUSION – SPECIFIC GOVERNMENTAL PREMISES AND OPERATIONS

THIS INSURANCE DOES NOT APPLY TO “BODILY INJURY”, “PROPERTY DAMAGE”, OR “ADVERTISING INJURY” ARISING OUT OF OR RESULTING FROM OWNERSHIP, MAINTENANCE OR USE OF ANY OF THE FOLLOWING, UNLESS SUCH EXPOSURE IS SPECIFICALLY DESCRIBED IN THE POLICY OR SPECIFICALLY ENDORSED HEREON, WITH THE APPROPRIATE CLASSIFICATION CODE AND A SPECIFIC PREMIUM CHARGE:

- A. AMUSEMENT PARK;
 - B. DAMS, LEVEES OR DIKES;
 - C. GOLF COURSES;
 - D. HOUSING PROJECTS, INCLUDING URBAN DEVELOPMENT AND PUBLIC HOUSING;
 - E. LAKES OR RESERVES;
 - F. MEDICAL CARE FACILITIES OR SERVICES, INCLUDING HOSPITALS, CLINICS AND SANITARIUMS;
 - G. PENAL INSTITUTIONS OR JAILS;
 - H. SCHOOLS OR COLLEGES;
 - I. SKI FACILITIES;
 - J. STREETS, ROADS, HIGHWAYS OR BRIDGES;
 - K. STREET, ROAD, HIGHWAYS OR BRIDGE CONSTRUCTION;
 - L. TRANSPORTATION SYSTEMS, FACILITIES OR SERVICES;
 - M. AIRPORTS;
 - N. UTILITIES – ELECTRIC, GAS, WATER, STREAM;
 - O. WHARVES, PIERS, DOCKS, MARINAS AND WATERCRAFT;
 - P. ZOOS;
 - Q. TRAMPOLINE AND REBOUNDED EQUIPMENT
- THIS POLICY SHALL NOT APPLY TO BODILY INJURY OR PROPERTY DAMAGE

ARISING OUT OF OR RESULTING FROM THE SPONSORSHIP OR USAGE OF PREMISES
 OF THE FOLLOWING UNLESS SPECIFICALLY SCHEDULED.

1. RACING OF ANY TYPE; OR
2. DEMOLITION DERBIES; OR
3. TRACTOR PULL (INCLUDING BUT NOT LIMITED TO GARDEN TRACTOR,
 ALL-TERRAIN VEHICLE, PEDAL TRACTOR) OR SIMILAR TYPE ACTIVITY OR
 EVENT; OR
4. RODEOS; OR
5. FIREWORKS; OR
6. PARADES; OR
7. BIKING AND OTHER NON-MOTORIZED VEHICLE ACTIVITIES, EVENTS AND
 RACES; OR
8. RUNNING EVENTS OR RACES; OR
9. BODILY INJURY TO ANY PERSON WHILE PRACTICING OR PARTICIPATING
 IN ANY SPORTS, ATHLETIC OR EXERCISE ACTIVITY YOU SPONSOR; OR
10. PUBLIC LIVERY DEVICE; OR
11. HAUNTED HOUSES; OR
12. TRAMPOLINE AND REBOUNDING EQUIPMENT; OR
13. CONCERTS

PREMIUM ADJUSTMENT		Additional Premium		Return Premium
Due at End Eff. Date		\$		\$
Revised Annual Premium				
Date Due	Orig. Prem.	Increase	Decrease	Revised Premium
	\$	\$	\$	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PESTICIDE OR HERBICIDE APPLICATOR COVERAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Operations:

SUBLIMIT: 25,000.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to the operations shown in the Schedule, Paragraph (1)(d) of Exclusion f. of **Section I - Coverage A - Bodily Injury And Property Damage Liability** does not apply if the operations meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government which apply to those operations.

**COLUMBIA INSURANCE GROUP
PRIVACY PROTECTION POLICY NOTICE
NO RESPONSE IS REQUIRED**

It is Columbia Insurance Group's policy to safeguard the confidentiality of information concerning you and your business with us. This notice describes our privacy policy with respect to the collection, disclosure and protection of such information.

COLLECTION OF INFORMATION

We obtain most of the information we need directly from you and your insurance agent. You provide this information when you apply for our products or services or when you file claims for benefits. We may also obtain information about your transactions with us, our affiliates or others to assist us in evaluating requests for insurance and benefit claims, to administer and process transactions which you have requested or initiated, or other business purposes.

DISCLOSURE OF INFORMATION

Information may be shared among our companies in order to provide you better service. We may disclose information to third parties when we believe it is necessary to conduct our business or when disclosure is permitted by law. Information may be disclosed to others who assist us in providing business services such as helping us evaluate requests for insurance or benefits, performing general insurance activities for us, or assisting us in processing transactions which you have requested or initiated. Information may also be disclosed for audit purposes, to help us prevent fraud, to law enforcement or regulatory agencies, to consumer reporting agencies or as otherwise permitted by law. This information may include your policy coverages, as well as your claims, premium and payment history. We do not share medical or health information except as you have authorized to provide services you have initiated.

PROTECTION OF INFORMATION

We restrict access to non-public personal information about you to authorized persons who need the information to provide services related to your policy or transaction with us. We also maintain physical, electronic, and procedural safeguards that comply with applicable law to guard your non-public personal information.

We require any organization who assists us in providing business services to maintain the confidentiality of your non-public personal information and not use such information for any other purpose. We strive to keep all information about you accurate and up to date. If you discover any inaccuracy, please notify us immediately.

If you have questions or would like to contact us regarding your information, you may do so by writing to us at:

Columbia Insurance Group
Attn: Legal Department
2102 White Gate Drive
Columbia, Missouri 65202

or telephoning us at: 1-573-474-6193

We promise to strive to keep you informed about how we protect your privacy. We reserve the right to change these privacy principles at any time.

Edition 5/05

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

PROPERTY DECLARATIONS

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	001	FENCES & ARBORS METAL/MASONRY	\$15,219	SPECIAL	80	\$133

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	002	BLEACHERS	\$12,557	SPECIAL	80	\$137

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	003	EXHIBITION STANDS/BOOTHS ENTIRELY METAL	\$42,916	SPECIAL	80	\$557

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	004	PROPERTY IN THE OPEN MASONRY, METAL, OTHER N/C MATERIALS	\$81,034	SPECIAL	80	\$253

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	005	BILLBOARD/SIGN-NOT ON BLD OTHER	\$4,109	SPECIAL	80	\$169

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	006	BLEACHERS	\$10,653	SPECIAL	80	\$116

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

Loc No	Bldg No	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.	Premium
001	007	EXHIBITION STANDS/BOOTHS ENTIRELY METAL	\$17,805	SPECIAL	80	\$231

Other Provisions

Agreed Value: Expires: Replacement Cost
 Business Income Indemnity: Monthly Limit Period: Maximum Inflation Guard: %
 Reporting Extended Days BI Media
 Extension of Recovery Period: Months
 Deductible \$500 Earthquake Deductible % Exceptions

Named Insured: SID #96 OF SARPY COUNTY

Policy Period: From **12/27/2011** to **12/27/2012** at 12:01 a.m. Standard Time at the mailing address shown above.

FORMS SCHEDULE

THESE FORMS ARE ONLY APPLICABLE TO THE PROPERTY COVERAGE PROVIDED UNDER THIS POLICY.

Form Name	Edition	Description
*CP-500	11/11	PROPERTY PREMIER ENDORSEMENT
CP0010	06/07	BUILDING/PERSONAL PROPERTY COV
CP0090	07/88	COMMERCIAL PROPERTY CONDITIONS
CP0124	07/00	NE CHANGES
CP0140	07/06	EXCL OF LOSS DUE TO VIRUS/BACT
CP1030	06/07	CAUSES OF LOSS - SPECIAL FORM
CP1032	08/08	WATER EXCLUSION ENDORSEMENT
CP1440	06/07	OUTSIDE SIGNS

* indicates change in form

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POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Act (TRIA) established a program involving the Department of the Treasury and the insurance industry to assure the availability of property and casualty insurance protection against damages from certified Acts of Terrorism. Generally speaking, certified Acts of Terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act.

You should know that coverage provided by your policy for loss or damage for such certified Acts of Terrorism is partially reimbursable by the United States as set forth in TRIA. The United States government pays 85% of covered terrorism losses exceeding the insurance company's statutorily established deductible as set forth in the Act. Note, however, not all losses resulting from certified Acts of Terrorism are covered, such as nuclear events. Please read your policy and endorsements carefully.

You should also know that the Terrorism Risk Insurance 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.

The premium charged for your policy includes a charge for the coverage of such certified Acts of Terrorism under TRIA and this charge is specifically identified on the line entitled "Certified Terrorism Coverage Premium" on the Declarations page(s) of your policy. You are, however, given the opportunity to reject this coverage by signing the rejection statement below and returning this form to us. Your policy will then be endorsed to exclude the described coverage and you will not be charged for this coverage.

REJECTION STATEMENT

I hereby reject the offer of terrorism coverage as defined in the Terrorism Risk Insurance Act. I understand that an exclusion of such terrorism losses will be made part of this policy.

Insured's Signature

Date

NT-1 (1-08)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROPERTY PREMIER ENDORSEMENT

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CAUSES OF LOSS - SPECIAL FORM**

BUILDING AND PERSONAL PROPERTY FORM

The following paragraph is replaced under **A. Coverage, 1. Covered Property, a. Building:**

- (5)(b) Materials, equipment, supplies and temporary structures, on or within 1,000 feet of the described premises, used for making additions, alterations or repairs to the building or structure.

The following paragraph is replaced under **A. Coverage, 1. Covered Property, b. Your Business Personal Property:**

- b. **Your Business Personal Property** located in or on the building described in the Declarations or in the open (or in a vehicle) within 1,000 feet of the described premises, consisting of the following unless otherwise specified in the Declarations or on the Your Business Personal Property – Separation Of Coverage form:
 - (1) The lowest basement floor; or
 - (2) The surface of the ground, if there is no basement;

The following paragraph is replaced under **A. Coverage, 1. Covered Property. c. Personal Property Of Others:**

- (2) Located in or on the building described in the Declarations or in the open (or in a vehicle) within 1,000 feet of the described premises.

The following paragraphs are deleted under **A. Coverage, 2. Property Not Covered:**

- g. Foundations of buildings, structures, machinery or boilers if their foundations are below:
 - (1) The lowest basement floor; or
 - (2) The surface of the ground, if there is no basement;
- i. Personal property while airborne or waterborne;

The following is revised under **A. Coverage, 4. Additional Coverages, a. Debris Removal:**

- (4) The first paragraph is replaced with:
We will pay up to an additional \$25,000 for debris removal expense, for each location, in any one occurrence of physical loss or damage to Covered Property, if one or both of the following circumstances apply:

The last paragraph is replaced with:
Therefore, if (4)(a) and/or (4)(b) apply, our total payment for direct physical loss or damage and debris removal expense may reach but will never exceed the Limit of Insurance on the Covered Property that has sustained loss or damage, plus \$25,000.

- (5) **Examples** - is deleted.

The first paragraph under **A. Coverage, 4. Additional Coverages, c. Fire Department Service Charge** is replaced with the following:

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$5,000, unless a higher limit is shown in the Declarations, for your liability for fire department service charges:

The last paragraph under **A. Coverage, 4. Additional Coverages, d. Pollutant Clean-up And Removal** is replaced with the following:

The most we will pay under this Additional Coverage for each described premises is \$25,000 for the sum of all covered expenses arising out of Covered Causes of Loss occurring during each separate 12-month period of this policy.

The following is revised under **A. Coverage, 5. Coverage Extensions, a. Newly Acquired Or Constructed Property:**

- (1) The last paragraph is replaced with:
The most we will pay for loss or damage under this Extension is \$500,000 at each building.
- (2) The last paragraph is replaced with:
The most we will pay for loss or damage under this Extension is \$250,000 at each building.
- (3)(b) 180 days expire after you acquire the property or begin construction of that part of the building that would qualify as covered property; or

The last paragraph under **A. Coverage, 5. Coverage Extensions, b. Personal Effects And Property Of Others** is replaced with the following:

The most we will pay for loss or damage under this Extension is \$10,000 for personal effects owned by you, your officers, your employees and an additional \$10,000 for personal property of others in your care, custody or control. Our payment for loss of or damage to personal property of others will only be for the account of the owner of the property.

The first sentence of paragraph (4) under **A. Coverage, 5. Coverage Extensions, c. Valuable Papers And Records (Other Than Electronic Data)** is replaced with the following:

Under this Extension, the most we will pay to replace or restore the lost information is \$25,000 at each described premises, unless a higher limit is shown in the Declarations.

The following is deleted under **A. Coverage, 5. Coverage Extensions, d. Property Off-premises:**

- (2)(b) In the care, custody or control of your salespersons, unless the property is in such care, custody or control at a fair, trade show or exhibition.

The following provision is replaced under **A. Coverage, 5. Coverage Extensions:**

e. Outdoor Property

You may extend the insurance provided by this Coverage Form to apply to your outdoor fences, radio and television antennas (including satellite dishes), signs (other than signs attached to buildings), trees, shrubs and plants (other than "stock" of trees, shrubs or plants), lights, poles and bleachers, including debris removal expense, caused by or resulting from any of the following causes of loss if they are Covered Causes of Loss:

- (1) Fire;
- (2) Lightning;
- (3) Explosion;
- (4) Riot or Civil Commotion;
- (5) Aircraft; or
- (6) Windstorm

The most we will pay for loss or damage under this Extension is \$10,000, but not more than \$500 for any one tree, shrub or plant or not more than \$5,000 for any signs. These limits apply to any one occurrence, regardless of the types or number of items lost or damaged in that occurrence.

The following are added to **A. Coverage, 5. Coverage Extensions:**

Extra Expense

You may extend insurance provided by this Coverage Form to apply to Extra Expense you sustain due to direct physical loss of or damage to property, including personal property in the open (or in a vehicle) within 100 feet, at premises which are described in the Declarations. The loss or damage must be caused by or result from a Covered Cause of Loss.

If you are a tenant, your premises is the portion of the building which you rent, lease or occupy, including:

- (1) All routes within the building to gain access to the described premises; and
- (2) Your personal property in the open (or in a vehicle) within 100 feet.

Extra Expense means necessary expenses you incur during the "period of restoration" that you would not have incurred if there had been no direct physical loss or damage to property:

- (1) To avoid or minimize the suspension of business and to continue "operations":
 - (a) At the described premises; or
 - (b) At replacement premises or temporary locations, including: relocations expenses and costs to equip and operate the replacement or temporary locations;

- (2) To minimize the suspension of business if you cannot continue "operations"; or
 - (3) To repair or replace any property;
- to the extent it reduces the amount of loss that otherwise would have been payable under this Coverage Form.

"Period of restoration" does not include any increase period required due to the enforcement of any ordinance or law that:

- (1) Regulates the construction use or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

The expiration date of this policy will not cut short the "period of restoration".

The most we will pay for loss or damage under this Extension is \$25,000 for any one occurrence.

Accounts Receivable

You may extend insurance provided by this Coverage Form to apply to accounts receivable. We will pay the following as a result of physical loss or damage by any Covered Cause of Loss:

- (1) All amounts due from your customers that you are unable to collect;
- (2) Interest charged on any loan required to offset amounts you are unable to collect pending our payment of these amounts;
- (3) Collection expenses in excess of your normal collection expenses that are made necessary by loss or damage; and
- (4) Other reasonable expenses that you incur to re-establish your records of accounts receivable; that result from direct physical loss or damage by any Covered Cause of Loss to your records of accounts receivable.

The most we will pay under this Extension for loss or damage in any one occurrence at the described premises is \$25,000.

Money and Securities

You may extend insurance provided by this Coverage Form to apply to "money" and "securities" used in your business while at a bank or savings institution, within your living quarters or the living quarters of your partners or any employee having use and custody of the property, at the described premises, or in transit between any of these places, resulting directly from:

- (1) Theft, meaning any act of stealing;
- (2) Disappearance; or
- (3) Destruction.

In addition to the Exclusions and Limitations applicable to property coverage, we will not pay for loss:

- (1) Resulting from accounting or arithmetical errors or omissions;
- (2) Due to the giving or surrendering of property in any exchange or purchase; or
- (3) Of property contained in any "money" operated device unless the amount of "money" deposited in it is recorded by a continuous recording instrument in the device.

The most we will pay for loss in any one occurrence is:

- (1) \$5,000 for "money" and "securities" while:
 - (a) In or on the described premises; or
 - (b) Within a bank or savings institution; and
- (2) \$2,500 for "money" and "securities" while anywhere else.

All loss:

- (1) Caused by one or more persons; or
 - (2) Involving a single act or series of related acts;
- is considered one occurrence.

You must keep records of all "money" and "securities" so we can verify the amount of any loss or damage.

Fire Extinguisher Recharge

You may extend insurance provided by this Coverage Form to fire extinguisher systems recharge expense. We will pay up to \$1,500 in any one fire for the cost of recharging your industry recognized standard approved type ABS (multipurpose) fire extinguishers or dry chemical fixed pipe fire extinguishing systems after being used in fighting a fire on your premises or on adjoining premises.

Spoilage Coverage

You may extend insurance provided by this Coverage Form to insure against direct physical loss of or damage to "perishable stock" owned by you or by others that is in your care, custody or control. This loss or damage must be caused by or result from Covered Causes of Loss.

For the purpose of this extension only, the Covered Causes of Loss means:

(1) Breakdown or Contamination, meaning:

- (a) Change in temperature or humidity resulting from mechanical breakdown or mechanical failure of refrigerating. Cooling or humidity control apparatus or equipment, only while such apparatus or equipment is at the described premises; or
- (b) Contamination by a refrigerant, only while the refrigerating apparatus or equipment is at the described premises.

Mechanical breakdown and mechanical failure do not mean power interruption, regardless of how or where the interruption is caused and whether or not the interruption is complete or partial.

(2) Power Outage, meaning change in temperature or humidity resulting from complete or partial interruption of electrical power, either on or off the described premises, due to conditions beyond your control.

For the purpose of this extension only, the following Exclusions are added:

We will not pay for loss or damage caused by or resulting from:

- (1) The disconnection of any refrigerating, cooling or humidity control system from the source of power;
 - (2) The deactivation of electrical power caused by the manipulation of any switch or other device used to control the flow of electrical power or current;
 - (3) The inability of an electrical company or other power source to provide sufficient power due to lack of fuel or Governmental order;
 - (4) The inability of a power source at the described premises to provide sufficient power due to lack of generating capacity to meet demand; or
 - (5) Breaking of any glass that is a permanent part of any refrigerating, cooling or humidity control unit.
- The most we will pay under this Extension is \$10,000 for any one occurrence.

Electronic Data

You may extend insurance provided by this Coverage Form under Your Business Personal Property to insure against direct physical loss of or damage to your computer "equipment", "media", data and programs which you own, lease or rent from others or for which you are legally responsible, caused by or resulting from any Covered Causes of Loss.

Coverage under this Coverage Extension includes:

- (1) Personal computers, electronic data processing and word processing equipment, including their component parts;
- (2) Data stored on the "media", including facts, concepts, computer programs and instructional vehicles used in your data processing system, as well as, accounts, bills, evidence of debt, valuable papers and records, abstracts, deeds, manuscripts or other documents in data processing "media" form; and
- (3) "Media" on which the data is stored.

We will not cover the following kinds of "equipment", data or "media":

- (1) Any data or "media" for which duplicates or replacements do not exist; or
- (2) Property rented or leased to others while away from the described premises.

Loss Payment for the purpose of this extension will be determined as follows:

(1) "Equipment" - We will pay the least of the following amounts:

- (a) The cost of reasonably restoring that property to its condition immediately prior to loss or damage; or
- (b) The cost of replacing that property with identical property. However, when repair or replacement with identical property is not possible, we will pay the cost to replace that property with similar property capable of performing the same functions. If not repaired or replaced, the property will be valued at actual cash value.

(2) Data - We will pay the actual cost incurred of reproducing lost or accidentally erased data, programs and source materials. If the data is not replaced or reproduced, we will pay the cost of blank "media".**(3) "Media" - We will pay the cost to repair or replace "media" with material of the same kind or quality.**

The most we will pay for loss or damage under this extension is \$25,000.

Lock Replacement

You may extend insurance provided by this Coverage Form to cover necessary expenses incurred to repair or replace exterior or interior door locks of a covered building:

- (1) If your door keys are stolen in a covered theft loss; or
- (2) When your property is damaged and your door keys are stolen by the burglars.

The most we will pay under this extension is \$1,000 for any one occurrence.

Reward Reimbursement

You may extend insurance provided by this Coverage Form to provide a reward for information that leads to a criminal conviction in connection with loss or damage to covered property by a Covered cause of Loss. The most we will pay for loss under this extension is \$5,000 regardless of the number of persons involved providing information.

No deductible shall apply to this coverage extension.

Ordinance or Law

You may extend insurance provided by this Coverage Form to cover loss or damage associated with the enforcement of any ordinance or law as described herein.

We will not pay for the costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

We will provide the following coverages:

(1) Coverage A - Coverage for Loss to the Undamaged Portion of the Building

If a Covered Cause of Loss occurs to covered Building property, we will pay for the loss in value of the undamaged portion of the building as a consequence of enforcement of any ordinance or law that:

- (a) Requires the demolition of parts of the same property not damaged by a Covered Cause of Loss;
- (b) Regulates the construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and
- (c) Is in force at the time of loss.

Coverage A is included within the Limits of Insurance shown in the Declarations as applicable to the covered Building property. Coverage A does not increase the Limit of Insurance.

(2) Coverage B - Demolition Cost Coverage

If a Covered Cause of Loss occurs to covered Building property, we will pay the cost to demolish and clear the site of undamaged parts of the property caused by enforcement of building, zoning or land use ordinance or law. The Coinsurance Additional Condition does not apply to Demolition Cost Coverage.

(3) Coverage C - Increased Cost of Construction Coverage

(a) If a Covered Cause of Loss occurs to the covered Building property, we will pay for the increased cost to:

- (i) Repair or reconstruct damaged portions of that Building property; and/or
- (ii) Reconstruct or remodel undamaged portions of that Building property, whether or not demolition is required;

when the increased cost is a consequence of enforcement of building, zoning or land use ordinance or law.

However:

- (i) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law; and
- (ii) We will not pay for the increase cost of construction if the building is not repaired, reconstructed or remodeled.

The Coinsurance Additional Condition does not apply to Increased Cost of Construction Coverage.

(b) When covered Building property is damaged or destroyed by a Covered Cause of Loss and Coverage C applies to that property in accordance with (3)(a) above, coverage for the increased cost of construction also applies to repair or reconstruction of the following, subject to the same conditions stated in (3)(a):

- (i) The cost of excavations, grading, backfilling and filling;
- (ii) Foundation of the building;
- (iii) Pilings; and

(iv) Underground pipes, flues and drains.

The items listed in (b)(i) through (b)(iv) above are deleted from Property Not Covered, but only with respect to the coverage described in this provision (3)(b).

The loss payment will be as follows:

- (1) When Coverage A applies, loss to the building, including loss in value of the undamaged portion of the building due to enforcement of an ordinance or law, will be determined as follows:
 - (a) If the Replacement Cost Coverage Option applies and the property is repaired or replaced, on the same or another premises, we will not pay more than the lesser of:
 - (i) The amount you actually spend to repair, rebuild or reconstruct the building, but not more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or
 - (ii) The Limit of Insurance shown in the Declarations as applicable to the covered Building property or \$25,000.
 - (b) If the Replacement Cost Coverage Option applies and the property is not repaired or replaced, or if the Replacement Cost Coverage Option does not apply, we will not pay more than the lesser of:
 - (i) The actual cash value of the building at the time of the loss; or
 - (ii) The Limit of Insurance shown in the Declarations as applicable to the covered Building property or \$25,000.
- (2) Loss payment under Coverage B - Demolition Cost Coverage will be determined as follows:

We will not pay more than the lesser of the following:

 - (a) The amount you actually spend to demolish and clear the site of the described premises; or
 - (b) \$25,000.
- (3) Loss payment under Coverage C - Increased Cost of Construction Coverage will be determined as follows:
 - (a) We will not pay under Coverage C:
 - (i) Until the property is actually repaired or replaced, at the same or another premises; and
 - (ii) Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - (b) If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage C is the lesser of:
 - (i) The increases cost of construction at the same premises; or
 - (ii) \$25,000
 - (c) If the ordinance or law requires relocation to another premises, the most we will pay under Coverage C is the lesser of:
 - (i) The increased cost of construction at the new premises; or
 - (ii) \$25,000

The most we will pay for under this Extension is \$25,000 for any one occurrence.

Employee Dishonesty

- (1) We will pay for direct loss of or damage to Business Personal Property and "money" and "securities" resulting from dishonest acts committed by any of your "employees" acting alone or in collusion with other persons (except you or your partner) with the manifest intent to:
 - (a) Cause you to sustain loss or damage; and also
 - (b) Obtain financial benefit (other than salaries, commissions, fees, bonuses, promotions, awards, profit sharing, pensions or other employee benefits earned in the normal course of employment) for:
 - (i) Any "employee"; or
 - (ii) Any other person or organization.
- (2) We will not pay for loss or damage:
 - (a) Resulting from any dishonest or criminal act that you or any of your partners or "members" commit whether acting alone or in collusion with other persons.
 - (b) Resulting from any dishonest act committed by any of your "employees" (except as provided in paragraph (1)), "managers" or directors:
 - (i) Whether acting alone or in collusion with other persons; or
 - (ii) While performing services for you or otherwise.
 - (c) The only proof of which as to its existence or amount is:
 - (i) An inventory computation; or
 - (ii) A profit and loss computation.

- (3) All loss or damage:
- (a) Caused by one or more persons; or
 - (b) Involving a single act or series of acts;
- is considered one occurrence.
- (4) If any loss is covered:
- (a) Partly by this insurance; and
 - (b) Partly by any prior cancelled or terminated insurance that we or any affiliate had issued to you or any predecessor in interest;
- the most we will pay is the larger of the amount recoverable under this insurance or the prior insurance.
- We will pay only for loss or damage you sustain through acts committed or events occurring during the Policy Period. Regardless of the number of years this policy remains in force or the number of premiums paid, no Limit of Insurance cumulates from year to year or period to period.
- (5) This coverage is cancelled as to any "employee" immediately upon discovery by:
- (a) You; or
 - (b) Any of your partners, "members", "managers", officers or directors not in collusion with the "employee";
- of any dishonest act committed by that "employee" before or after being hired by you.
- (6) We will pay only for covered loss or damage sustained during the policy period and discovered no later than one year from the end of the policy period.
- (7) If you (or any predecessor in interest) sustained loss or damage during the policy period of any prior insurance that you could have recovered under that insurance except that the time within which to discover loss or damage had expired, we will pay for it under this coverage, provided:
- (a) This coverage became effective at the time of cancellation or termination of the prior insurance and
 - (b) The loss or damage would have been covered by this coverage had it been in effect when the acts or events causing the loss or damage were committed or occurred.
- (8) The insurance under paragraph (7) above is part of, not in addition to, the Limit of Insurance applying to this coverage and is limited to the lesser of the amount recoverable under:
- (a) This coverage as of its effective date; or
 - (b) The prior insurance had it remained in effect.
- (9) With respect to the Employee Dishonesty coverage, "employee" means:
- (a) Any natural person:
 - (i) While in your service or for 30 days after termination of service;
 - (ii) Who you compensate directly by salary, wages or commissions; and
 - (iii) Who you have the right to direct and control while performing services for you;
 - (b) Any natural person who is furnished temporarily to you:
 - (i) To substitute for a permanent employee as defined in paragraph (a) above, who is on leave; or
 - (ii) To meet seasonal or short-term work load conditions;
 - (c) Any natural person who is leased to you under a written agreement between you and a labor leasing firm, to perform duties related to the conduct of your business, but does not mean a temporary employee as defined in paragraph (b) above;
 - (d) Any natural person who is a former employee, director, partner, "member", "manager", representative or trustee retained as a consultant while performing services for you; or
 - (e) Any natural person who is a guest student or intern pursuing studies or duties, excluding, however, any such person while having care and custody of property outside any building you occupy in conducting your business.
- But "employee" does not mean:
- (a) Any agent, broker, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
 - (b) Any "manager", director or trustee except while performing acts coming within the usual duties of an employee.
- (10) The most we will pay for loss or damage in any one occurrence is \$25,000.

Deferred Payments or Conditional Sale

You may extend the insurance provided by this Coverage Form to protect your interest in lost or damaged personal property sold by you under a conditional sale or trust agreement or any installment or deferred payment plan after delivery to buyers.

When a loss occurs and the buyer continues to pay you, there will be no loss payment.

The most we will pay for loss or damage under this Extension is \$1,000.

Credit Card Slips

You may extend the insurance provided by this Coverage Form to apply to amounts you are unable to collect due to loss of or damage to credit card slips while located at the described premises as a result of a Covered Cause of Loss.

It is your responsibility to establish the amount of loss under this Extension. If it is not possible, the amount of the loss will be determined as follows:

- (1) If you have been in business for more than twelve months at the location of the loss, one-thirtieth (1/30) of the average monthly amount of credit card slips will be considered as average daily credit card slips for that location. The twelve months immediately preceding the discovery of the loss will be used to determine the average monthly amount;
- (2) If you have been in business for less than twelve months at the location of the loss, the average daily credit card slips shall be one-thirtieth (1/30) of the average monthly amount of credit card slips for the number of months you have been in business at that location; or
- (3) The average daily credit card slips will be multiplied by the number of days for which slips are lost to determine the amount of loss, subject to the maximum limit indicated below.

The most we will pay for loss or damage under this Extension is \$1,000.

No deductible is applicable to this Extension.

Fine Arts

You may extend the insurance provided by this Coverage Form to apply to paintings, etchings, pictures, tapestries, and any other bona fide works of art with rarity or historical value caused by or resulting from any of the Covered Causes of Loss.

The most we will pay for loss or damage under this Extension is \$10,000.

The following is added to **C. Limits Of Insurance**:

The Limit of Insurance for Business Personal Property will automatically increase by 10% to provide for seasonal variation as long as the Limit of Insurance for Business Personal Property shown in the Declarations meets the requirements of the Coinsurance condition or the Agreed Value optional coverage.

The first sentence of paragraph (a) under **F. Additional Conditions, 1. Coinsurance** is replaced with the following:

We will not pay the full amount of any loss if the value of Covered Property, excluding building foundations, at the time of loss times the Coinsurance percentage shown for it in the Declarations is greater than the Limit of Insurance for the property.

The following are added to **H. Definitions**:

"Equipment" means a network of machine components that accepts information, processes it according to a plan and produces a desired result. This includes programmable electronic devices that can store, retrieve, and process data and associated peripheral devices that provide communication, including input and output functions such as printing, or auxiliary functions such as data transmission.

"Manager" means a person serving in a directional capacity for a limited liability company.

"Media" means the material on which data is recorded, such as magnetic tapes, disk packs, floppy disks, drums, paper tapes, cards, and programs. This includes the data stored on the "media".

"Member" means an owner of a limited liability company represented by its membership interest, who also may serve as a "manager".

"Money" means:

- (1) Currency, coins and bank notes in current use and having a face value; and
- (2) Travelers checks, register checks and money orders held for sale to the public.

"Operations" means your business activities occurring at the described premises.

"Period of Restoration" means the period of time that:

- (1) Begins with the date of direct physical loss or damage caused by or resulting from any Covered Cause of Loss at the described premises; and

