



Insurance
12002 Pacific Street
Omaha, NE 68154

TEL 402-938-5008
FAX 402-938-5090
npdodge.com

December 27, 2012

Clerk of Sarpy County, NE
Sarpy County Court House
1210 Golden Gate Rd.
Papillion, NE 68046

RE: SID #96

Attached is a copy of SID 96 of Sarpy County, NE insurance policy effective 12-27-12/13 for your records.

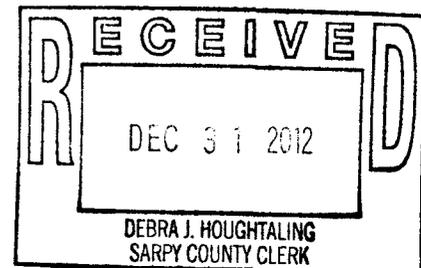
I have a note in the file to forward a copy of the renewal policy to the clerk each year. Please advise if you still need a copy of the policy in the future. We insured several SID's and the clerk doesn't require copies of the policies on them. Just wondering if this was an old requirement and you no longer need copies of this policy. Please advise.

Sincerely,

NP Dodge Insurance Agency, Inc.

Belinda "Bea" A. Houck, CIC, AAI, CPIA, CPIW
Commercial Lines Customer Agent
402-938-5023 Direct Line
402-938-5090 Fax
bhouch@npdodge.com

Enclosure





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-
NP DODGE INSURANCE AGENCY
12002 PACIFIC
OMAHA NE 68154
402-938-5008

AGENT JOHN E BUSH

Policy Period: From 12/27/2012 to 12/27/2013 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 | \$2,217 |
| General Liability | \$696 |
| Crime | NOT COVERED |
| Inland Marine | NOT COVERED |
| Auto | NOT COVERED |
| Certified Terrorism Coverage | \$43 |
| Total Premium | \$2,956 |

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 12/27/2012 to 12/27/2013 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-165 | 07/86 | CONCEALMENT OR FRAUD CONDITION |
| 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 |
| JDL190 | 06/06 | COMMON POLICY DECLARATIONS |

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 12/27/2012 to 12/27/2013 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.

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

NT-1 (1-08)

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

Policy Period: From 12/27/2012 to 12/27/2013 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 12/27/2012 to 12/27/2013 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 OPER. EXPENDITURE FEDERAL - MUNICIPALITIES - POPULATION 2,500 AND UNDER (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT) | | 3.175 | |
| | | | Advance Premiums | |
| | | | Prem./Ops. | Prod./Comp. Ops. |
| | | | 212.00 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 | 7.203 | |
| | | | Advance Premiums | |
| | | | Prem./Ops. | Prod./Comp. Ops. |
| | | | 14.00 | 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 | 5.144 | 1.164 |
| | | | Advance Premiums | |
| | | | Prem./Ops. | Prod./Comp. Ops. |
| | | | 26.00 | 248.00 MP |

TOTAL PREMIUM FOR THIS COVERAGE PART: \$696

OTHER PREMIUM:

TOTAL PREMIUM: \$696

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

Policy Period: From 12/27/2012 to 12/27/2013 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 |
| 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.

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: 12/27/2012

Inception Date of Policy: 12/27/2013

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

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.

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

Policy Period: From 12/27/2012 to 12/27/2013 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 | \$27,530 | SPECIAL | 80 | \$284 |

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 | \$13,185 | SPECIAL | 80 | \$176 |

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 12/27/2012 to 12/27/2013 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 | \$45,062 | SPECIAL | 80 | \$701 |

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 MSNRY, METAL, OTH N/C MTRIALS | \$85,086 | SPECIAL | 80 | \$312 |

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 12/27/2012 to 12/27/2013 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 | \$4,314 | SPECIAL | 80 | \$215 |

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 | \$11,186 | SPECIAL | 80 | \$149 |

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

POLICY NUMBER **CMPNEG0170**

Renewal of

CMPNEG0170

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

Policy Period: From 12/27/2012 to 12/27/2013 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 | \$18,695 | SPECIAL | 80 | \$290 |

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 12/27/2012 to 12/27/2013 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: | \$ | 4,314 | |
| 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.

**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.