

First Reading: October 19, 2017
Second Reading: dispensed

RESOLUTION 2017 - 118

**A RESOLUTION APPROVING A CONTRACT FOR PROPERTY AND CASUALTY
INSURANCE AND DISPENSING WITH A SECOND READING**

WHEREAS, the Board of Township Trustees wishes to continue to maintain property and casualty insurance for the protection of Township assets;

NOW THEREFORE, BE IT RESOLVED by the Board of Township Trustees of Sycamore Township, State of Ohio:

SECTION 1. The Board hereby approves a contract with Tokyo Marine HCC Public Risk obtained through Pillar Insurance Company for the provision of property and casualty insurance for a premium in an amount not to exceed \$63,000.00.

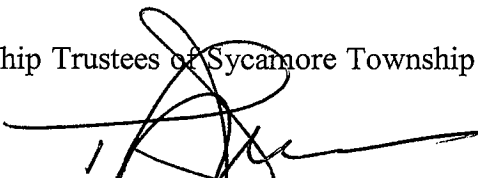
SECTION 2. The Board of Township Trustees of Sycamore Township, by at least two-third vote of all of its members, dispenses with any requirement that this Ordinance be read on two separate days and authorizes its passage upon one reading.

SECTION 3. This Resolution shall take effect on the earliest date allowed by law.


VOTE RECORD:

Mr. Bishop Aye Mr. Connor Aye Mr. Weidman Aye

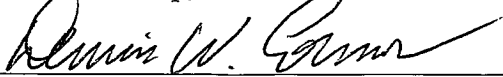
Passed at a meeting of the Board of Township Trustees of Sycamore Township this 19th day of October, 2017.



Thomas J. Weidman, President



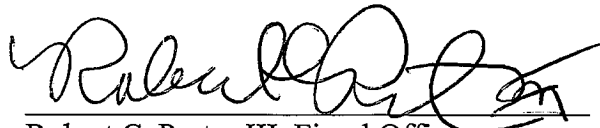
Cliff W. Bishop, Vice President



Dennis W. Connor, Trustee

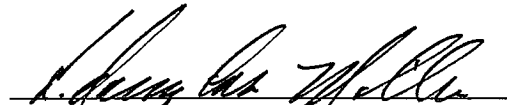
AUTHENTICATION

This is to certify that this resolution was duly passed and filed with the Township Fiscal Officer of Sycamore Township this 19th day of October, 2017

A handwritten signature in black ink, appearing to read "Robert C. Porter III", written over a horizontal line.

Robert C. Porter III, Fiscal Officer
Sycamore Township, Ohio

APPROVED AS TO FORM:

A handwritten signature in black ink, appearing to read "R. Douglas Miller", written over a horizontal line.
R. Douglas Miller, Law Director



HCC Public Risk

1700 Opdyke Court, Auburn Hills, Michigan 48326

main 248 371 3100 / 800 878 9878 facsimile 248 371 3069

Special Coverage Policy for SYCAMORE TOWNSHIP

by U.S. Specialty Insurance Company

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK
13403 Northwest Freeway
Houston, Texas 77040**

RENEWAL CERTIFICATE

Policy No. **PKG80910420**
Replacement Number **PKG80810420**

NAMED INSURED AND ADDRESS:

SYCAMORE TOWNSHIP
8540 KENWOOD AVE

CINCINNATI, OH 45236

AGENT NAME AND ADDRESS:

HCC PUBLIC RISK
PILLAR INSURANCE
431 OHIO PIKE
SUITE 302-N
CINCINNATI, OH 45255
AGENT NO: 00253

POLICY PERIOD: From: **11/01/2017** To: **11/01/2018**
at 12:01 a.m. Standard Time at your mailing address shown above.

PAYMENT PLAN: **ANNUAL**

BUSINESS DESCRIPTION: **GOVERNMENTAL SUBDIVISION**

In return for payment of the renewal premium, the above numbered policy is renewed for the Policy Period specified above, subject to all the terms, conditions, exclusions and limits of this Policy, except as other specified herein.

**THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE FORMS
FOR WHICH A PREMIUM IS INDICATED.**

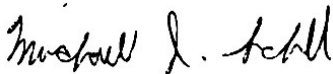
	PREMIUM
Commercial General Liability Coverage Part	\$ <u>INCLUDED</u>
Commercial Employee Benefits Coverage Part	\$ <u>INCLUDED</u>
Commercial Liquor Liability Coverage Part	\$ <u>EXCLUDED</u>
Public Officials Liability Coverage Part	\$ <u>INCLUDED</u>
Employment Practices Liability Coverage Part	\$ <u>INCLUDED</u>
Law Enforcement Liability Coverage Part	\$ <u>INCLUDED</u>
Commercial Property Coverage Part	\$ <u>INCLUDED</u>
Equipment Breakdown Coverage Part	\$ <u>INCLUDED</u>
Commercial Inland Marine Coverage Part	\$ <u>INCLUDED</u>
EDP Coverage Part	\$ <u>EXCLUDED</u>
Commercial Crime Coverage Part	\$ <u>INCLUDED</u>
Commercial Auto Coverage Part	\$ <u>INCLUDED</u>
Commercial Excess Coverage Part	\$ <u>INCLUDED</u>
TRIA Property	\$ <u>284.00</u>
TRIA Casualty	\$ <u>195.00</u>
TOTAL:	\$ 60,788

3rd ANNUAL INSTALLMENT

FORMS AND ENDORSEMENTS ATTACHED AT POLICY ISSUANCE

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue:
Refer to AL000103

The Company has caused this policy to be signed by its President and Secretary:



President



Secretary

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

SCHEDULE OF FORMS AND ENDORSEMENTS - OHIO

Policy No. **PKG80910420**

Effective Date: **11/01/2017**
12:01 A.M., Standard Time

Named Insured: **SYCAMORE TOWNSHIP**

Agent No. **00253**

Coverage is provided by those forms marked with an asterisk (*)

FORMS APPLICABLE TO ONE OR MORE COVERAGE PARTS

AL CD	0413	Common Policy Declarations
* AL RC	0413	Renewal Certificate
* AL000100	0413	Common Policy Conditions
* AL000102	0413	Nuclear Energy Liability Exclusion (Broad Form)
* AL000103	0413	Schedule Of Forms and Endorsements
AL000104	0413	Three Year Rate Guarantee
* AL000105	0413	Three Year Rate Guarantee - Anniversary
AL000108	0413	Earlier Notice Of Cancellation
AL000110	0413	Premium Installment Payment Plan
* AL000119	0413	OH Changes - Cancellation And Nonrenewal
AL000124	0413	Calculation Of Premium
* AL000131	0413	Silica or Silica-Related Dust Exclusion
* AL000135	0413	Exclusion - Access or Disclosure of Confidential or Personal Information
* AL000148	0413	Independent Contractor Amendatory Endorsement
* AL000149	0415	Exclusion – Punitive or Exemplary Damage
* CG2171	0115	Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses from Certified Acts of Terrorism
CG2175	0115	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States
* CX2131	0115	Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses from Certified Acts of Terrorism
CX2135	0115	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States
* IL0952	0115	Cap on Losses from Certified Acts of Terrorism
IL0953	0115	Exclusion of Certified Acts of Terrorism
* IL0985	0115	Disclosure Pursuant to Terrorism Risk Insurance Act

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FORMS AND ENDORSEMENTS ATTACHED TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART

* GL DS	0413	Commercial General Liability Coverage Form Supplemental Declarations
* GL000100	0413	Commercial General Liability Coverage Form
GL000102	0413	Exclusion - Designated Operations
GL000103	0413	Exclusion - All Hazards In Connection With Designated Premises
GL000104	0413	Designated Operations - Insured
GL000106	0413	Exclusion - Total Liquor Liability
GL000108	0413	Exclusion - Damage To Premises Rented To You
GL000109	0413	Non-Operational Aircraft Endorsement
* GL000110	0413	Cemetery Professional Liability
* GL000112	0413	Pesticide Or Herbicide Applicator Coverage
GL000113	0413	Dam, Reservoir, Levee, Dike Coverage
GL000114	0413	Exclusion - Coverage C. Medical Payments
GL000117	0413	Prior Acts Coverage
* GL000118	0413	Additional Insured - Lessor Of Leased Equipment
GL000119	0413	Deductible Liability Endorsement - Claims Expense Not Included
GL000121	0413	Contractual Liability - Railroads
GL000122	0413	Additional Coverage - Water Districts
* GL000123	0413	Additional Insured - By Contract, Agreement Or Permit
GL000126	0413	Pollution Exclusion Exception - Sewage Sublimit Endorsement
GL000127	0413	Deductible Liability Endorsement - Claims Expense Included
* GL000131	0413	Exclusion - Subsidence
GL000132	0413	Sexual Abuse Exclusion Endorsement
* GL000133	0413	Exclusion - Electromagnetic Radiation
GL000134	0413	Watercraft Coverage
* GL000137	0413	OH Stop Gap - Employers Liability Coverage End
* GL000138	0413	Sexual Abuse Endorsement
GL000139	0413	SIR - Claims Expense Included in Retention - Limited Reporting
GL000141	0413	SIR - Includes Cemetery Professional
GL000142	0413	Liquor Liability Exclusion - Exception for Schedule Premises or Activities
* GL000144	0413	Emergency Response Operations Coverage
GL000145	0413	Nurses Professional Liability
GL000146	0413	Amendatory Endorsement - Strike, Riot and Civil Commotion
GL000147	0413	Exclusion - Emergency Response Operations
* GL000157	0413	OH Changes - Pesticide Applicator Limited Pollution Coverage
* GL000163	0413	Media Broadcasting Publishing Telecasting Amendatory Endorsement
GL000165	0715	Marina Operators Legal Liability
CG2011	0413	Additional Insured - Managers Or Lessors Of Premises
CG2018	0413	Additional Insured - Mortgagee, Assignee Or Receiver
CG2024	0413	Additional Insured - Owners Or Other Interests from whom land has been Leased
* CG2026	0413	Additional Insured - Designated Person Or Organization
CG2027	0413	Additional Insured - Co-Owner Of Insured Premises

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PUBLIC RISK**

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FORMS AND ENDORSEMENTS ATTACHED TO THE EMPLOYEE BENEFIT COVERAGE PART - OCCURRENCE

* EB DS	0413	Employee Benefits Liability Coverage Form Supplemental Declarations
* EB000100	0413	Employee Benefits Liability Coverage Form – Occurrence
EB000103	0413	Prior Time Period Employee Benefits Wrongful Act Coverage
EB000104	0413	Exclusion - Designated Operations
EB000105	0413	Designated Operations – Insured
EB000106	0413	SIR – Claims Expense Included in Retention – Limited Reporting
EB000109	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
* EB000114	0413	OH Changes
EB000115	0413	Exclusion - Designated Prior Acts

FORMS AND ENDORSEMENTS ATTACHED TO THE EMPLOYEE BENEFIT COVERAGE PART – CLAIMS MADE

EB CM DS	0413	Employee Benefits Liability Coverage Form Supplemental Declarations
EBCM000100	0413	Employee Benefits Liability Coverage Form – Claims Made
EBCM000103	0413	Prior Time Period Employee Benefits Wrongful Acts Coverage
EBCM000104	0413	Exclusion - Designated Operations
EBCM000105	0413	Designated Operations - Insured
EBCM000106	0413	SIR – Claims Expense Included in Retention – Limited Reporting
EBCM000109	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
EBCM000115	0413	Exclusion - Designated Prior Acts
EBCM000114	0415	OH Changes
EBCM000125	0413	Basic Extended Reporting Period Amendatory Endorsement

FORMS AND ENDORSEMENTS ATTACHED TO THE LIQUOR LIABILITY COVERAGE PART

LIQ DS	0413	Liquor Liability Coverage Forms Supplemental Declarations
LIQ000100	0413	Liquor Liability Coverage Form
LIQ000101	0413	SIR – Claims Expense Included in Retention – Limited Reporting
LIQ000103	0413	Deductible Liability Endorsement – Claims Expense Included in Deductible
LIQ000104	0413	Deductible Liability Endorsement – Claims Expense Not Included

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FORMS AND ENDORSEMENTS ATTACHED TO THE PUBLIC OFFICIALS COVERAGE PART - OCCURRENCE

* POL DS	0413	Public Officials Liability Supplemental Declarations
* POL000100	0413	Public Officials Liability Coverage Form
POL000102	0413	Additional Insured - Designated Persons or Organizations
POL000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
* POL000106	0413	Defense Expense for Non-Monetary Relief Suits
* POL000107	0413	Exclusion – Anti-Trust
POL000108	0413	Exclusion - Designated Prior Acts
POL000109	0413	Exclusion – Designated Professional Services
POL000112	0413	Prior Time Period Public Officials Wrongful Act Coverage
POL000117	0413	SIR – Claims Expense Included in Retention – Limited Reporting
POL000123	0413	Designated Operations – Insured
* POL000124	0413	Temporary Taking Sublimit
* POL000137	1215	Professional Services Amendatory Endorsement

FORMS AND ENDORSEMENTS ATTACHED TO THE PUBLIC OFFICIALS COVERAGE PART – CLAIMS MADE

POL CM DS	0413	Public Officials Liability Supplemental Declarations
POLCM000100	0413	Public Officials Liability Coverage Form
POLCM000102	0413	Additional Insured - Designated Persons or Organizations
POLCM000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
POLCM000106	0413	Defense Expense for Non-Monetary Relief Suits
POLCM000107	0413	Exclusion – Anti-Trust
POLCM000108	0413	Exclusion - Designated Prior Acts
POLCM000109	0413	Exclusion – Designated Professional Services
POLCM000112	0413	Prior Time Period Public Officials Wrongful Act Coverage
POLCM000117	0413	SIR – Claims Expense Included in Retention – Limited Reporting
POLCM000123	0413	Designated Operations - Insured
POLCM000124	0413	Temporary Taking Sublimit
POLCM000134	0413	Basic Extended Reporting Period Amendatory Endorsement
POLCM000137	1215	Professional Services Amendatory Endorsement

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FORMS AND ENDORSEMENTS ATTACHED TO THE EPLI COVERAGE PART – OCCURRENCE

* EP DS	0413	Employment Practices Liability Supplemental Declarations
* EP000100	0413	Employment Practices Liability Coverage Form
EP000102	0413	Additional Insured - Designated Persons or Organizations
EP000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
* EP000106	0413	Defense Coverage – Wage and Hour Practices, Other Compensation
EP000107	0413	Exclusion - Designated Operations
EP000108	0413	Exclusion - Designated Persons Or Organizations
EP000109	0413	Exclusion – Designated Prior Acts, Claims Or Suits
EP000110	0413	Prior Time Period Employment Practices Wrongful Act Coverage
EP000111	0413	Amendment of Coverage - Non-Employment Related Harassment Coverage
EP000114	0413	SIR – Claims Expense Included in Retention – Limited Reporting
* EP000120	0413	Defense Expense for Non-Monetary Relief Suits
EP000121	0413	Designated Operations - Insured
* EP000134	0115	Back Wages Endorsement

FORMS AND ENDORSEMENTS ATTACHED TO THE EPLI COVERAGE PART – CLAIMS MADE

EP CM DS	0413	Employment Practices Liability Supplemental Declarations
EPCM000100	0413	Employment Practices Liability Coverage Form
EPCM000102	0413	Additional Insured - Designated Persons or Organizations
EPCM000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
EPCM000106	0413	Defense Coverage – Wage and Hour Practices, Other Compensation
EPCM000107	0413	Exclusion - Designated Operations
EPCM000108	0413	Exclusion - Designated Persons Or Organizations
EPCM000109	0413	Exclusion – Designated Prior Acts, Claims Or Suits
EPCM000110	0413	Prior Time Period Employment Practices Wrongful Act Coverage
EPCM000111	0413	Amendment of Coverage - Non-Employment Related Harassment Coverage
EPCM000114	0413	SIR – Claims Expense Included in Retention – Limited Reporting
EPCM000120	0413	Defense Expense for Non-Monetary Relief Suits
EPCM000121	0413	Designated Operations - Insured
EPCM000132	0413	Basic Extended Reporting Period Amendatory Endorsement
EPCM000134	0115	Back Wages Endorsement

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FORMS AND ENDORSEMENTS ATTACHED TO THE LAW ENFORCEMENT COVERAGE PART – OCCURRENCE

* LE DS	0413	Law Enforcement Liability Supplemental Declarations
* LE000100	0413	Law Enforcement Liability Coverage Form
LE000102	0413	Additional Insured - Designated Persons or Organizations
LE000103	0413	Additional Insured - Designated State or Political Subdivision
LE000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
LE000106	0413	Defense Expense for Non-Monetary Relief Suits
LE000108	0413	Exclusion - Designated Persons Or Organizations
LE000109	0413	Exclusion – Designated Premises
LE000110	0413	Exclusion – Designated Prior Acts
LE000111	0413	Exclusion – Designated Professional Services
LE000114	0413	Fire Damage To Premises Rented To You
* LE000115	0413	Fungi or Bacteria Exclusion
LE000116	0413	Premises Medical Payments Coverage
LE000117	0413	Prior Time Period Law Enforcement Wrongful Act Coverage
LE000120	0413	Designated Operations - Insured
LE000121	0413	SIR – Claims Expense Included in Retention – Limited Reporting

FORMS AND ENDORSEMENTS ATTACHED TO THE LAW ENFORCEMENT COVERAGE PART – CLAIMS MADE

LE CM DS	0413	Law Enforcement Liability Supplemental Declarations
LECM000100	0413	Law Enforcement Liability Coverage Form
LECM000102	0413	Additional Insured - Designated Persons or Organizations
LECM000103	0413	Additional Insured - Designated State or Political Subdivision
LECM000105	0413	Deductible Amendatory Endorsement – Claims Expense Not Included
LECM000106	0413	Defense Expense for Non-Monetary Relief Suits
LECM000108	0413	Exclusion - Designated Persons Or Organizations
LECM000109	0413	Exclusion – Designated Premises
LECM000110	0413	Exclusion – Designated Prior Acts
LECM000111	0413	Exclusion – Designated Professional Services
LECM000114	0413	Fire Damage To Premises Rented To You
LECM000115	0413	Fungi or Bacteria Exclusion
LECM000116	0413	Premises Medical Payments Coverage
LECM000117	0413	Prior Time Period Law Enforcement Wrongful Act Coverage
LECM000120	0413	Designated Operations - Insured
LECM000121	0413	SIR – Claims Expense Included in Retention – Limited Reporting
LECM000139	0413	Basic Extended Reporting Period Amendatory Endorsement

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FORMS AND ENDORSEMENTS ATTACHED TO THE EXCESS LIABILITY COVERAGE PART

*	EX DS	0413	Commercial Excess Liability Coverage Form Supplemental Declarations
*	EX SUL	0413	Schedule of Underlying Insurance
*	EX000100	0413	Commercial Excess Liability Policy
	EX000101	0413	Exclusion – Designated Operations
*	EX000103	0413	Exclusion - Failure to Supply
	EX000104	0413	Exclusion - Pollution with Sewer Exception
	EX000105	0413	Exclusion - Pollution
	EX000106	0413	Exclusion - Pollution with Sewer and Potable Water Exception
	EX000107	0413	Exclusion - Pollution with Sewer Potable Water and Hostile Fire Exception
	EX000108	0413	Exclusion - Pollution with Potable Water and Hostile Fire Exception
*	EX000109	0413	Exclusion - Pollution with Hostile Fire Exception
	EX000110	0413	Exclusion - Pollution with Sewer and Hostile Fire Exception
	EX000111	0413	Exclusion - Abuse or Molestation
*	EX000112	0413	Exclusion - Athletic Participants
*	EX000113	0413	Exclusion - Electromagnetic Radiation
	EX000114	0413	Dam, Reservoirs, Levee, Dike Coverage
*	EX000115	0413	Exclusion - Radon Gas
*	EX000117	0413	Exclusion – Subsidence
	EX000118	0413	Exclusion - Total Liquor Liability

FORMS AND ENDORSEMENTS ATTACHED TO THE COMMERCIAL PROPERTY COVERAGE PART

*	PR DS	0413	Building and Personal Property Coverage Form Supplemental Declarations
*	PR000100	0413	Building and Personal Property Coverage Form
	PR000102	0413	Functional Building Valuation
*	PR000103	0413	Earthquake – Volcanic Eruption Coverage Endorsement
*	PR000104	0413	Flood Coverage Endorsement
	PR000105	0315	Coverage Extensions – Increased Limits
	PR000106	0315	Coverage Extensions – Amended
	PR000107	0413	Schedule of Mortgage Holder(s)
*	PR000112	0413	OH Changes
	PR000120	0413	Exclusion - Specific Location
*	PR000121	0413	Unnamed Location Coverage
*	PR000123	0413	Expediting Expenses
	PR000124	0413	Loss Payable Provisions
*	PR000125	0413	Foundation Coverage Amendatory Endorsement
*	PR000136	0413	Exclusion of Loss due to Virus or Bacteria

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FORMS AND ENDORSEMENTS ATTACHED TO THE EQUIPMENT BREAKDOWN COVERAGE PART

* PREB000100	0413	Equipment Breakdown Coverage – Property
* PREB000101	0413	Equipment Breakdown Coverage – Inland Marine
PREB000102	0413	Actual Cash Value
PREB000103	0413	Contractual Limitation
* PREB000104	0413	Covered Equipment Exclusions
PREB000105	0413	Power Generating Equipment Contractual Limitation
PREB000106	0413	Power Generating Equipment Time Element Exclusion
PREB000107	0413	Spare Parts Endorsement
PREB000108	0413	Wind Turbine Limitation
PREB000109	0413	Hydro Turbine Limitation
PREB000110	0115	Equipment Breakdown Endorsement

FORMS AND ENDORSEMENTS ATTACHED TO THE COMMERCIAL INLAND MARINE COVERAGE PART

* IM DS	0413	Commercial Inland Marine Supplemental Declarations
* IM000100CE	0413	Commercial Inland Marine Contractors - Scheduled Equipment Coverage Form
IM000100FA	0413	Commercial Inland Marine Commercial Fines Arts Coverage Form
* IM000100MA	0413	Commercial Inland Marine Miscellaneous Articles and Emergency Portable Equipment Coverage Form
* IM000101	0413	Commercial Inland Marine Conditions
* IM000102	0413	Flood Coverage
* IM000103	0413	Earth Movement Coverage
* IM000107	0413	Dock Limitation
* IM000108	0413	Replacement Cost Valuation
* IM000109	0413	Contractors Equipment Rented from Others Less than 90 Days
* IM000110	0413	Inland Marine Loss Payee Endorsement
IM000111	0413	Aircraft Endorsement
* IM000112	0413	Replacement Cost Valuation
* IM000115	0413	OH Changes
IM000116	0413	Employee Tools Amendatory Endorsement
IM000118	0415	Agreed Value Endorsement

FORMS AND ENDORSEMENTS ATTACHED TO THE ELECTRONIC DATA PROCESSING COVERAGE PART

EDP DS	0413	Electronic Data Processing Systems Supplemental Declarations
EDP000100	0413	Electronic Data Processing Systems Coverage Form
EDP000101	0413	Electronic Data Processing Systems Extra Expense Coverage
EDP000102	0413	Electronic Data Processing Systems Loss of Business Income
EDP000103	0413	Electronic Data Processing Systems Extension of Coverage Endorsement
EDP000104	0415	EDP Loss Payee Endorsement
EDP000105	0413	OH Changes - Extension of Coverage
EDP000106	0413	Earth Movement Coverage
EDP000107	0413	Flood Coverage Endorsement

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FORMS AND ENDORSEMENTS ATTACHED TO THE CRIME COVERAGE PART

* CR DS	0413	Crime Coverage Form Supplemental Declarations
* CR000100	0413	Crime Coverage Form Loss Sustained Form – General Provisions
* CR000102	0413	Add Faithful Performance of Duty
CR000103	0413	Add Schedule Excess Limit Of Insurance for Specified Employees or Positions
* CR000104	0413	Bonded Employee Amendment
* CR000105	0413	Computer Fraud – Coverage Section F
* CR000106	0413	Forgery Or Alteration – Coverage Section B
* CR000107	0413	Public Employee Dishonesty – Coverage Section O – Per Loss
CR000108	0413	Public Employee Dishonesty – Coverage Section P – Per Employee
* CR000111	0413	Theft, Disappearance and Destruction – Coverage Section C
* CR000112	0413	Volunteer Workers Other than Fund Solicitors as Employees
* CR000118	0413	OH Changes - Legal Action Against Us
* CR000121	0413	Include Volunteer Workers As Employees
* CR000122	0413	Include Treasurers Or Tax Collections As Employees

FORMS AND ENDORSEMENTS ATTACHED TO THE AUTOMOBILE COVERAGE PART

* BA DS	0315	Business Auto Supplemental Declarations
* BA000100	0413	Business Auto Coverage Form
* BA000102	0413	Lessor – Additional Insured and Loss Payee
BA000103	0413	Agreed Value Insurance
BA000104	0413	Amphibious Vehicles
* BA000105	0413	Business Auto Deductible Amendatory Endorsement
BA000106	0413	Auto Physical Damage Catastrophic Coverage Endorsement
BA000108	0413	Covered Auto Designated Symbol
BA000109	0413	Deductible Liability Coverage – Claims Expense Not Included
BA000110	0413	Designated Insured for Covered Autos Liability Coverage
BA000112	0413	Emergency Response Operations And Emergency Vehicle Endorsement
* BA000113	0413	Emergency Response Operations And Emergency Vehicle Endt – Broad Form
BA000114	0715	Employee Hired Auto
* BA000115	0413	Employee Or Volunteer As Insured
* BA000117	0413	Fellow Employee Coverage
BA000118	0413	Garagekeepers / Impounded Auto Coverage
BA000119	0413	Golf Carts and Low-Speed Vehicles
BA000120	0413	Hired Auto Specified as Covered Autos You Own
BA000123	0413	Loss Payable Clause
BA000124	0415	Mobile Equipment
* BA000125	0413	Professional Services not Covered
* BA000126	0413	Rental Reimbursement Coverage
BA000127	0413	Replacement Cost Insurance
BA000129	0413	Snowmobiles
BA000148	0413	SIR – Claims Expense Included in Retention – Limited Reporting
BA000151	0413	Deductible Liability Coverage – Claims Expense Included
* BA000162	0413	Physical Damage to Elected or Appointed Officials, Volunteers or Employees Personal Autos
* BA000167	0916	Replacement Cost Insurance - New
CA2070	1013	Coverage for Certain Operations in Connection with Railroads
CA2133	1013	OH UM UIM Bodily Injury
CA3117	1013	OH Uninsured Motorists Coverage – Property Damage

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THREE YEAR RATE GUARANTEE – ANNIVERSARY ENDORSEMENT

This endorsement applies to all Coverage Forms insured under this Policy.

The provisions of each Coverage Form apply unless modified by the endorsement.

A. For a three year period beginning on 11/01/2015, we agreed to the following rate guarantee:

The rates used to determine the premium for this policy were guaranteed to remain the same during the three (3) year policy period shown in the Declarations if the "Account Loss Ratio" does not exceed the following guidelines:

First Anniversary	
"Account Loss Ratio" at 9 months	18%
Second Anniversary	
"Account Loss Ratio" at 21 months	24%

If the "Account Loss Ratio" exceeds the above percentage(s), we reserve the right to increase the rates used to determine your premium at either the first or second anniversary date of the policy

For purposes of this endorsement, the "Account Loss Ratio" is determined as follows:

Account Loss Ratio =	$\frac{\text{Paid Loss} + \text{Loss Outstanding} + \text{Paid ALAE}^* + \text{ALAE}^* \text{ Outstanding}}{\text{Total Policy Premium}^{**}}$
----------------------	--

*ALAE means Allocated Loss Adjustment Expense

**Total Policy Premium means expiring 12 month policy premium at 1st anniversary or 24 month policy premium at 2nd anniversary.

B. This is the:

1. _____ First anniversary; or

2. X Second Anniversary

of the Three Year Rate Guarantee described in **A.** above.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I
<p>Terrorism Premium (Certified Acts) \$479</p> <p>This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):</p> <p>Commercial General Liability Coverage Form Commercial Excess Liability Coverage Form Building Personal Property Coverage Form Commercial Inland Marine Coverage Form</p> <p>Additional information, if any, concerning the terrorism premium:</p>
<p>SCHEDULE – PART II</p> <p>Federal share of terrorism losses <u>83</u> % Year: <u>2017</u> (Refer to Paragraph B. in this endorsement.)</p> <p>Federal share of terrorism losses <u>82</u> % Year: <u>2018</u> (Refer to Paragraph B. in this endorsement.)</p>

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

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number PKG80910420

LIMITS OF INSURANCE

Each Occurrence Limit	\$	<u>1,000,000</u>	
Damage to Premises Rented to You Limit	\$	<u>50,000</u>	any one premises
Medical Expense Limit	\$	<u>10,000</u>	any one person
Personal and Advertising Injury Limit	\$	<u>1,000,000</u>	any one person or
General Aggregate Limit (other than Products/Completed Operations)	\$	<u>3,000,000</u>	
Products/Completed Operations Aggregate Limit	\$	<u>3,000,000</u>	

FORM OF BUSINESS

Form of business:

☒ Municipality ☐ County ☐ Special District ☐ Other:

CLASSIFICATION AND PREMIUM

Classification	Code No.	* Premium Basis	Rate		Advance Premium	
			Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
Governmental Entity	44102	Included	Included	Included	Included	Included
				Totals:	Included	Included

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:
Refer to AL000103.

* (a) Area, (c) Total Cost, (m) Admission, (p) Payroll, (s) Gross Sales, (u) Units, (o) Other

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CEMETERY PROFESSIONAL LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

COVERAGE	ADDITIONAL PREMIUM
Cemetery Professional Liability	\$ INCLUDED
Deductible	\$ 0 Each Occurrence

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

The insurance provided under **SECTION I - COVERAGES** applies to "bodily injury" or "property damage" because of "cemetery professional liability".

With respect to the insurance provided by this endorsement:

1. Exclusions 4. and 8. of **SECTION I – COVERAGES – C. EXCLUSIONS – COVERAGES A AND B** are replaced by the following:

4. Contractual Liability

"Bodily injury", "property damage" or "personal and advertising injury" for which the insured is obligated to pay "damages" by reason of any obligation or duty required of the insured under any contract or by reason of any liability assumed by the insured under a contract of indemnity.

8. Damage to Property

"Property damage" to:

- (1) Property you own, rent, or occupy;
- (2) Property you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you; or
- (4) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

2. The following additional exclusions apply:

This insurance does not apply to "damages", claims or "suits" alleging, based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving:

- a. "Bodily injury" or "property damage" resulting from violation of a law or ordinance. This exclusion does not apply to an act done in good faith at the request of a public official having apparent authority to authorize the act.
 - b. "Bodily injury" or "property damage" resulting from a procession or cortege away from premises owned, rented or operated by the insured and used as a cemetery.
3. The following additional definition applies:
- "Cemetery professional liability" means errors or omissions for which the insured is legally liable to pay "damages" resulting from:
- a. Embalming, handling, disposing, burial, disinterment or removal of any deceased human body;
 - b. Conduct of any memorial service by the insured whether or not a deceased human body is present;
 - c. Destruction of or interference with the right of burial of a deceased human body;
 - d. Damage or destruction of property of others which is not in the custody or control of the insured; or
 - e. Damage to or destruction of urns, caskets, linings or fittings, casket cases, crypts, vaults, or mausoleums used for the burial of a deceased human body which is in the insured's care or custody but is not owned by the insured.

Deceased human body includes the ashes after legal cremation.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

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 FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Sublimits of Insurance	\$ 50,000	Each Occurrence
	\$ 50,000	Aggregate

With respect to your operations involving the application of pesticides or herbicides:

1. **Exclusion 8. Damage To Property, d and e. of SECTION I - COVERAGES, C. EXCLUSIONS – COVERAGES A AND B** do not apply to “property damage” occurring as a result of such operations.
2. **Exclusion 31. Pollution, a.(4) of SECTION I - COVERAGES , C. EXCLUSIONS – COVERAGES A AND B** 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.
3. The Sublimits of Insurance shown in the Schedule are the most we will pay for “property damage” coverage as provided by this endorsement. The Sublimits of Insurance are part of, and not in addition to, the Limits of Insurance shown in the Declarations as the Each Occurrence Limit and the General Aggregate Limit.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Name of Person or Organization:

CINCINNATI RECREATION COMMISSION
705 EAST PETE ROSE WAY
CINCINNATI, OH 45202

PORTABLE STAGE USED ANNUALLY AT TWP EVENTS

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

A. SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

C. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

D. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence of the person or organization shown in the Schedule

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Name of Person or Organization:

SOUTHEASTERN EQUIPMENT CO., INC.
404 BREADEN RD.
MONROE, OH 45050

EQUIPT RENTAL OF CASC 521E, SER #N9F206914 VALUED AT \$125,000

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

A. SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

C. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

D. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence of the person or organization shown in the Schedule

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Name of Person or Organization:

WILLIAMS SCOTSMAN
ACCT #6212514/PO BOX 91975
CHICAGO, IL 60693-1975

MOBILE OFFICE LEASE, 32X8 MOBILE OFFICE #W18579, \$6,090.30

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

A. SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

C. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

D. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence of the person or organization shown in the Schedule

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — BY CONTRACT, AGREEMENT OR PERMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Name of Person or Organization:

INDIANA & OHIO RAIL SYSTEM
C/O RAILAMERICA INC.
ATLANTA, GA 30384-9783

PARKING PADS EASEMENT WEST SIDE OF BLUE ASH RD

SECTION II - WHO IS AN INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule above when you and such person or organization have agreed in writing in a contract, agreement or permit that such person or organization be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability arising out of your operations, "your work", or premises owned or used by you.

This insurance does not apply unless the written contract, agreement, or permit is executed prior to the "occurrence" which results in "bodily injury" or "property damage" under Coverage **A**, or the offense which results in "personal and advertising injury" under Coverage **B**.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

STOP GAP – EMPLOYERS LIABILITY COVERAGE ENDORSEMENT - OHIO

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Limits Of Insurance		
Bodily Injury By Accident	\$ 1,000,000	Each Accident
Bodily Injury By Disease	\$ 1,000,000	Aggregate Limit
Bodily Injury By Disease	\$ 1,000,000	Each Employee
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. The following is added to SECTION I – COVERAGES:

Coverage – Stop Gap – Employers Liability

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated by Ohio Law to pay as “damages” because of “bodily injury by accident” or “bodily injury by disease” to your “employee” to which this insurance applies. We will have the right and duty to defend the insured against any “suit” seeking those “damages”. However, we will have no duty to defend the insured against any “suit” seeking “damages” to which this insurance does not apply. We may, at our discretion, investigate any accident and settle any claim or “suit” that may result. But:

- (1) The amount we will pay for “damages” is limited as described in Section III – Limits Of Insurance; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under this coverage.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

- b. This insurance applies to “bodily injury by accident” or “bodily injury by disease” only if:

- (1) The:
 - (a) “Bodily injury by accident” or “bodily injury by disease” takes place in the “coverage territory”;

- (b) "Bodily injury by accident" or "bodily injury by disease" arises out of and in the course of the injured "employee's" employment by you; and
 - (c) "Employee", at the time of the injury, was covered under a worker's compensation policy and subject to a "workers compensation law" of Ohio; and
- (2) The:
- (a) "Bodily injury by accident" is caused by an accident that occurs during the policy period; or
 - (b) "Bodily injury by disease" is caused by or aggravated by conditions of employment by you and the injured "employee's" last day of last exposure to the conditions causing or aggravating such "bodily injury by disease" occurs during the policy period.
- c. The "damages" we will pay, where recovery is permitted by law, include "damages" for:
- (1) Which you are liable to a third party by reason of a claim or "suit" against you by that third party to recover the "damages" claimed against such third party as a result of "bodily injury by accident" or "bodily injury by disease" to your "employee";
 - (2) Care and loss of services resulting from the injury referred to in c.(1); and
 - (3) "Bodily injury by accident" or "bodily injury by disease" to a spouse, child, parent, brother or sister of the injured "employee" as a consequence of the injury referred to in c.(1);
- provided that these "damages" are the direct consequence of "bodily injury by accident" or "bodily injury by disease" that arises out of and in the course of the injured "employee's" employment by you.

2. Exclusions

This insurance does not apply to:

a. Intentional Injury

"Bodily injury by accident" or "bodily injury by disease" intentionally caused or aggravated by you, or "bodily injury by accident" or "bodily injury by disease" resulting from an act which is determined to have been committed by you if it was reasonable to believe that an injury is substantially certain to occur.

b. Fines Or Penalties

Any assessment, penalty, or fine levied by any regulatory inspection agency or authority.

c. Statutory Obligations

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

d. Contractual Liability

Liability assumed by you under any contract or agreement.

e. Violation Of Law

"Bodily injury by accident" or "bodily injury by disease" suffered or caused by any employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your "executive officers".

f. Termination, Coercion Or Discrimination

"Damages" arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any "employee", or arising out of other employment or personnel decisions concerning the insured.

g. Failure To Comply With "Workers' Compensation Law"

"Bodily injury by accident" or "bodily injury by disease" to an "employee" when you are:

- (1) Deprived of common law defenses; or
- (2) Otherwise subject to penalty;

because of your failure to secure your obligations or other failure to comply with any "workers' compensation law".

h. Violation Of Age Laws Or Employment Of Minors

"Bodily injury by accident" or "bodily injury by disease" suffered or caused by any person:

- (1) Knowingly employed by you in violation of any law as to age; or
- (2) Under the age of 14 years, regardless of any such law.

i. Federal Laws

Any premium, assessment, penalty, fine, benefit, liability or other obligation imposed by or granted pursuant to:

- (1) The Federal Employer's Liability Act (45 USC Section 51-60);
- (2) The Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173);
- (3) The Longshore and Harbor Workers' Compensation Act (33 USC Sections 910-950);
- (4) The Outer Continental Shelf Lands Act (43 USC Section 1331-1356);
- (5) The Defense Base Act (42 USC Sections 1651-1654);
- (6) The Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942);
- (7) The Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872);
- (8) Any other workers' compensation, unemployment compensation or disability laws or any similar law; or
- (9) Any subsequent amendments to the laws listed above.

j. Punitive "damages"

Multiple, exemplary or punitive "damages".

k. Crew Members

"Bodily injury by accident" or "bodily injury by disease" to a master or member of the crew of any vessel or any member of the flying crew of an aircraft.

B. The **Supplementary Payments** provisions apply to Coverage – Stop Gap Employers Liability as well as to Coverages **A** and **B**.

C. For the purposes of this endorsement, **SECTION II – WHO IS AN INSURED**, is replaced by the following:

If you are designated in the Declarations as:

1. You.
2. Except with respect to any of those employed by, volunteering for or associated in any way with any authority, board, commission, district or other governmental unit operations or activities that are excluded under this Coverage Form, elected and appointed officials, including members of your operating authorities, boards, commissions, districts, or any other governmental units, but only within the course and scope of their duties as such.

No person or organization is an insured with respect to the conduct of any current or past organization that is not shown as a Named Insured in the Declarations.

D. For the purposes of this endorsement, **SECTION III – LIMITS OF INSURANCE**, is replaced by the following:

1. The Limits Of Insurance shown in the Schedule of this endorsement and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".

2. The "Bodily Injury By Accident" – Each Accident Limit shown in the Schedule of this endorsement is the most we will pay for all "damages" covered by this insurance because of "bodily injury by accident" to one or more "employees" in any one accident.
3. The "Bodily Injury By Disease" – Aggregate Limit shown in the Schedule of this endorsement is the most we will pay for all "damages" covered by this insurance and arising out of "bodily injury by disease", regardless of the number of "employees" who sustain "bodily injury by disease".
4. Subject to Paragraph **D.3.** of this endorsement, the "Bodily Injury By Disease" – Each "Employee" Limit shown in the Schedule of this endorsement is the most we will pay for all "damages" because of "bodily injury by disease" to any one "employee".

The limits of the coverage apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

- E.** For the purposes of this endorsement, Paragraph **B. Duties In The Event Of Occurrence, Claim Or Suit** of **SECTION IV – GENERAL LIABILITY CONDITIONS** is replaced by the following:

B. Duties In The Event Of Injury, Claim Or Suit

1. You must see to it that we or our agent are notified as soon as practicable of a "bodily injury by accident" or "bodily injury by disease" which may result in a claim. To the extent possible, notice should include:
 - a. How, when and where the "bodily injury by accident" or "bodily injury by disease" took place;
 - b. The names and addresses of any injured persons and witnesses; and
 - c. The nature and location of any injury.
2. If a claim is made or "suit" is brought against any insured, you must:
 - a. Immediately record the specifics of the claim or "suit" and the date received; and
 - b. Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

3. You and any other involved insured must:
 - a. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the injury, claim, proceeding or "suit";
 - b. Authorize us to obtain records and other information;
 - c. Cooperate with us and assist us, as we may request, in the investigation or settlement of the claim or defense against the "suit";
 - d. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury to which this insurance may also apply; and
 - e. Do nothing after an injury occurs that would interfere with our right to recover from others.
 - d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

- F.** For the purposes of this endorsement, Paragraph **E. of SECTION V - DEFINITIONS** is replaced by the following:

E. "Coverage territory" means:

1. The United States of America (including its territories and possessions), Puerto Rico and Canada;
2. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in 1. above; or
3. All other parts of the world if the injury or damage arises out of the activities of a person whose home is in the territory described in 1. above, but who is away for a short time on your business;

provided the insured's responsibility to pay "damages" is determined in the United States (including its territories and possessions), Puerto Rico, or Canada, in a suit on the merits according to the substantive law in such territory, or in a settlement we agree to.

G. The following are added to the **Definitions Section**:

1. "Workers' Compensation Law" means the Workers' Compensation Law and any Occupational Disease Law of Ohio. This does not include provisions of any law providing non-occupational disability benefits.
2. "Bodily injury by accident" means bodily injury, sickness or disease sustained by a person, including death, resulting from an accident. A disease is not "bodily injury by accident" unless it results directly from "bodily injury by accident".
3. "Bodily injury by disease" means a disease sustained by a person, including death. "Bodily injury by disease" does not include a disease that results directly from an accident.

H. For the purposes of this endorsement, the definition of "bodily injury" does not apply.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEXUAL ABUSE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Schedule

SUBLIMITS OF INSURANCE	PREMIUM
\$ 1,000,000 Per Occurrence	
\$ 1,000,000 Aggregate	\$ INCLUDED

A. Coverage

The following exclusion is added to **SECTION I – COVERAGES, C. EXCLUSIONS, COVERAGE A And B:**

This insurance does not apply to “damages”, claims or “suits” alleging, based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving the “sexual abuse” of any person. This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others, or the reporting or failure to report “sexual abuse” to the proper authorities by any insured.

However, this exclusion does not apply to any insured who did not actually perpetrate, take part in or knowingly allow any act or acts constituting “sexual abuse” to take place.

“Sexual abuse” as used in this endorsement means the actual, attempted or alleged sexual conduct by a person, or by persons acting in concert. It also includes sexual molestation, sexual assault, sexual exploitation, or sexual injury.

B. Sublimits Of Insurance

The Sublimits Of Insurance shown in the Schedule above are the most we will pay for “damages” as the result of coverage provided by this endorsement.

1. The Aggregate Limit shown in the Schedule is the most we will pay for the sum of all “damages” payable under this endorsement.
2. Subject to 1. above, the Each Occurrence Limit shown in the Schedule is the most we will pay for the sum of all “damages” arising out of any “occurrence”.
3. The Sublimits Of Insurance provided by this endorsement are part of, and not in addition to, the Limits Of Insurance shown in the Declarations as the General Aggregate Limit and the Each Occurrence Limit.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMERGENCY RESPONSE OPERATIONS COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Mutual Aid Property Damage	
Limit Of Insurance	\$ 10,000 Each Occurrence

A. Damage To Property

Coverage provided applies to "property damage" to:

1. Personal property belonging to anyone receiving services from your "emergency response operations" because of loss by theft, disappearance or physical damage of such personal property during the period:
 - a. When "emergency response operations" personnel arrive on the scene of the emergency;
 - b. While "emergency response operations" are being rendered at the scene of the emergency; and
 - c. Ending when "emergency response operations" personnel leave the scene of the emergency.Coverage extended by this paragraph does not apply if the insured has other valid or collectible insurance applicable to such "property damage" to personal property.
2. Property (other than personal property) owned by any political subdivision if the "property damage":
 - a. Occurs while such property is in your care, custody and control, away from your insured premises; and
 - b. Arises from an insured's actions to protect persons or property during an "emergency response operation".

Coverage provided hereunder applies only if the insured has a mutual aid agreement with such political subdivision and the use of such property is for the insured's benefit.

The amount payable under this paragraph is subject to the Limit Of Insurance for Mutual Aid Property Damage shown in the Schedule above.

3. To "property damage" resulting from actions, other than those arising out of your "law enforcement activities", to protect persons or property during an "emergency response operations".

B. Pollution

For the purposes of this endorsement, **SECTION I, C. EXCLUSIONS – COVERAGES A AND B**, Paragraph **31.a.(1)** and Paragraph **31.a.(4)** do not apply to:

"Bodily injury" or "property damage" arising out of the use of any chemical, by an insured, or a contractor or subcontractor working directly or indirectly on the insured's behalf, while training for, performing or cleaning up after an "emergency response operations".

C. Who Is An Insured

The following paragraphs are added to **SECTION II – WHO IS AN INSURED**, Paragraph **A.**:

4. The owner of commandeered "mobile equipment" while in your temporary care, custody and control and being used in an "emergency response operation".
5. "Employees" and authorized "volunteers" of your "emergency response operations" who are licensed nurses, emergency medical technicians, first responders and paramedics while acting as a Good Samaritan independent of activities on your behalf, in the rendering of, or failure to render, medical "professional services" at the scene of an accident or medical emergency. In no event will such licensed professionals be an insured when performing services on behalf of an "emergency response operations" that is not yours and for which they may be either "employees" or "volunteers".

D. Definition

For the purposes of this endorsement, the definition of "volunteer" is amended as follows:

"Volunteer" means a person who is not your "employee" who donates his or her work, acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else in return for the work performed. The term "volunteer" also includes any person who is part of your "emergency response operations" that is not your "employee", but performs services for you on an on-call or as needed basis, whether paid or not, but only while acting at the direction of and within the scope of duties determined by you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):

WARREN RITCHIE, ESQ

5300 SOCIALVILLEFOSTER RD #140

MASON, OH 45040

TRUSTEE OF PROPERTY: 7775 & 7767 MONTGOMERY RD CINCINNATI OH 45236

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

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK
EMPLOYEE BENEFITS LIABILITY COVERAGE FORM
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number

PKG80910420

EMPLOYEE BENEFITS LIABILITY LIMITS OF INSURANCE			
Each Employee Limit	\$	1,000,000	
Aggregate Limit	\$	3,000,000	
FORM OF BUSINESS			
<input checked="" type="checkbox"/> Municipality	<input type="checkbox"/> County	<input type="checkbox"/> Special District	<input type="checkbox"/> Other:
DEDUCTIBLE \$ 1,000 Applicable to Each Employee			
PREMIUM			
NO. OF EMPLOYEES	RATE PER EMPLOYEE	PREMIUM	
INCLUDED	INCLUDED (first 5,000)	\$ INCLUDED	
INCLUDED	INCLUDED (next 5,000)	\$ INCLUDED	
INCLUDED	INCLUDED (over 10,000)	\$ INCLUDED	
		Minimum Premium	\$ INCLUDED
		Advance Premium	\$ INCLUDED
FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)			
Forms and endorsements applying to the Coverage Part and made a part of this policy at time of issue: Refer to AL000103.			

THIS SUPPLEMENTAL DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS COMPLETE THE ABOVE NUMBERED POLICY.

**U.S SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL DECLARATIONS

ITEM 1. THIS SUPPLEMENTAL DECLARATIONS FORMS A PART OF POLICY NO. PKG80910420

ITEM 2. COVERAGE AND LIMITS OF INSURANCE

PUBLIC OFFICIALS LIABILITY COVERAGE	LIMITS OF INSURANCE
PUBLIC OFFICIALS WRONGFUL ACT LIMIT	<u>\$1,000,000</u>
AGGREGATE LIMIT	<u>\$1,000,000</u>

ITEM 3. DEDUCTIBLE AMOUNT

PUBLIC OFFICIALS WRONGFUL ACT DEDUCTIBLE	<u>\$2,500</u>
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ITEM 4. PREMIUM \$ INCLUDED

ITEM 5. PUBLIC OFFICIALS LIABILITY FORMS

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue: Refer to AL000103.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFENSE EXPENSE FOR NON-MONETARY RELIEF SUITS

This endorsement modifies insurance provided under the following:

PUBLIC OFFICIALS LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

LIMITS OF INSURANCE	
<u>\$ 10,000</u>	Each Suit Limit
<u>\$ 25,000</u>	Policy Period Aggregate Limit
DEDUCTIBLE	
<u>\$ 2,500</u>	Each Suit

- A.** We will pay those reasonable sums the insured incurs as “defense expense” to defend against a “suit” seeking declaratory, injunctive or other equitable relief in which no monetary “damages” are pled, if not otherwise excluded. However,
1. Subject to Paragraph 2., the most we will pay for the sum of all “defense expense” for Each Suit is shown in the Schedule above.
 2. The most we will pay for all “defense expense” provided by this endorsement is the Aggregate Limit shown in the Schedule above.
 3. Payment under this endorsement shall be in addition to the Limits of Insurance described in **SECTION IV – LIMITS OF INSURANCE** of the Coverage Form.
- B.** We have no duty to investigate or defend any such “suits”. We shall have the right, at our option and expense, to investigate, take over the defense, or associate in the defense of any such “suit”.

- C. This insurance applies to “defense expense” only if “suit” is brought in a legally authorized court or government subdivision in the “coverage territory” and such action is filed during the Policy Period shown in the Declarations.
- D. Our duty to pay “defense expense” begins only after we are notified of the action seeking injunctive, declaratory or other equitable relief in which no covered monetary “damages” are pled. Any “defense expense” incurred by you prior to our verification of coverage for “defense expenses” related to such “suit” are not covered by this endorsement .
- E. The deductible applicable to Each Suit is shown in the Schedule. The Each Suit Limit applies in excess of the deductible and is not reduced by payment of the deductible.
- F. For the purpose of the coverage provided by this endorsement only, the following definitions apply:
 - 1. **“Defense expense”** means fees or expenses incurred by the insured for:
 - a. Legal fees charged by the insured’s attorney;
 - b. Court Costs;
 - c. Expert witnesses; and
 - d. The cost of court bonds, but we do not have to furnish such bonds.“Defense expense” does not include any salaries, charges or fees for any insured.
 - 2. **“Suit”** means an adjudicatory proceeding in a court of law.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPORARY TAKING SUBLIMIT

This endorsement modifies insurance provided under the following:

PUBLIC OFFICIALS LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

LIMITS OF INSURANCE	
<u>\$ 1,000,000</u>	Temporary Taking Limit
<u>\$ 1,000,000</u>	Temporary Taking Aggregate Limit
DEDUCTIBLE	
<u>\$ 2,500</u>	Each Wrongful Act

The following is added to **SECTION II – EXCLUSIONS L. Law Enforcement Activities and W. Zoning, Regulation and Permissive Use Of Property**

However, this exclusion does not apply to loss due to regulatory taking of private property by the enactment or enforcement of any regulation or ordinance that unconstitutionally and temporarily restricts the use of private property.

The sublimit for regulatory taking of private property is the limit specified in the schedule above. The limits of insurance shown in the schedule above will be eroded by Supplementary Payments which include "Claims Expense".

"Claims expense" means any of the fees, costs or expenses that can be directly allocated to a specific claim or "suit", including:

1. Reasonable and necessary attorney fees and litigation costs;
2. All other fees, costs and expenses incurred in the investigation, adjustment, defense and/or appeal of any claim or "suit" by us.

"Claims expense" does not include the salaries and expenses of our "employees" or your "employees".

**U.S SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

EMPLOYMENT PRACTICES LIABILITY SUPPLEMENTAL DECLARATIONS

ITEM 1. THIS SUPPLEMENTAL DECLARATIONS FORMS A PART OF POLICY NO. PKG80910420

ITEM 2. COVERAGE AND LIMITS OF INSURANCE

EMPLOYMENT PRACTICES LIABILITY COVERAGE	LIMITS OF INSURANCE
EMPLOYMENT PRACTICES WRONGFUL ACT LIMIT	<u>\$1,000,000</u>
AGGREGATE LIMIT	<u>\$1,000,000</u>

ITEM 3. DEDUCTIBLE AMOUNT

EMPLOYMENT PRACTICES WRONGFUL ACT DEDUCTIBLE	<u>\$2,500</u>
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ITEM 4. PREMIUM \$ INCLUDED

ITEM 5. EMPLOYMENT PRACTICES LIABILITY FORMS

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue: Refer to AL000103.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFENSE COVERAGE – WAGE AND HOUR PRACTICES, OTHER COMPENSATION

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Schedule

LIMITS OF INSURANCE	
<u>\$ 25,000</u>	Each Suit Limit
<u>\$ 25,000</u>	Policy Period Aggregate Limit
DEDUCTIBLE	
<u>\$ 2,500</u>	Each Suit

- A.** We will pay those reasonable sums the insured incurs as “defense expense” to defend against a “suit” in which “damages” excluded by **SECTION II – EXCLUSIONS**, Paragraphs **P.1.a.** and **P.1.b.** are pled. However, we will not pay any monetary “damages”, including fines, penalties, punitive or exemplary “damages” imposed upon you or that you may become legally obligated to pay because of a judgment, award or settlement.
- B.** The amount we will pay for “defense expense” as provided by this endorsement is limited as follows:
- Subject to Paragraph 2. below, the most we will pay for the sum of all “defense expense” for Each Suit is shown in the Schedule above.
 - The most we will pay for all “defense expense” is the Policy Period Aggregate Limit shown in the Schedule above.

3. The deductible applicable to Each Suit is shown in the Schedule above. The Each Suit Limit applies in excess of the deductible and is not reduced by payment of the deductible.
- C. Payment under this endorsement shall be in addition to the Limits Of Insurance described in **SECTION IV- LIMITS OF INSURANCE** of the Coverage Form.
- D. We have no duty to investigate or defend any "suit" described in Paragraph **A.** above. We shall have the right, at our option and expense, to investigate, take over the defense, or associate in the defense of any such "suit".
- E. This insurance applies to "defense expense" only if "suit" is brought in a legally authorized court or government subdivision in the "coverage territory" and such action is filed during the Policy Period shown in the Declarations.
- F. Our duty to pay "defense expense" begins only after we are notified in accordance with **SECTION V – EMPLOYMENT PRACTICES CONDITIONS**, Paragraph **B.** of any "suit" to which coverage provided by this endorsement applies. Any "defense expense" incurred by you prior to our verification of coverage for "defense expenses" related to such "suit" are not covered by this endorsement .
- G. For the purpose of the coverage provided by this endorsement only, the following definitions apply:
1. **"Defense expense"** means fees or expenses incurred by the insured for:
 - a. Legal fees charged by the insured's attorney;
 - b. Court Costs;
 - c. Expert witnesses; and
 - d. The cost of court bonds, but we do not have to furnish such bonds.

"Defense Expense" does not include the salaries and expenses of our "employees" or your "employees".
 2. **"Suit"** means an adjudicatory proceeding in a court of law.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEFENSE EXPENSE FOR NON-MONETARY RELIEF SUITS

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

LIMITS OF INSURANCE	
\$ 10,000	Each Suit Limit
<hr/>	
\$ 25,000	Policy Period Aggregate Limit
<hr/>	
DEDUCTIBLE	
\$ 2,500	Each Suit
<hr/>	

- A.** We will pay those reasonable sums the insured incurs as “defense expense” to defend against a “suit” seeking declaratory, injunctive or other equitable relief in which no monetary “damages” are pled, if not otherwise excluded. However,
1. Subject to Paragraph 2., the most we will pay for the sum of all “defense expense” for Each Suit is shown in the Schedule above.
 2. The most we will pay for all “defense expense” provided by this endorsement is the Aggregate Limit shown in the Schedule above.
 3. Payment under this endorsement shall be in addition to the Limits of Insurance described in **SECTION IV – LIMITS OF INSURANCE** of the Coverage Form.
- B.** We have no duty to investigate or defend any such “suits”. We shall have the right, at our option and expense, to investigate, take over the defense, or associate in the defense of any such “suit”.

- C. This insurance applies to “defense expense” only if “suit” is brought in a legally authorized court or government subdivision in the “coverage territory” and such action is filed during the Policy Period shown in the Declarations.
- D. Our duty to pay “defense expense” begins only after we are notified of the action seeking injunctive, declaratory or other equitable relief in which no covered monetary “damages” are pled. Any “defense expense” incurred by you prior to our verification of coverage for “defense expenses” related to such “suit” are not covered by this endorsement .
- E. The deductible applicable to Each Suit is shown in the Schedule. The Each Suit Limit applies in excess of the deductible and is not reduced by payment of the deductible.
- F. For the purpose of the coverage provided by this endorsement only, the following definitions apply:
 - 1. **“Defense expense”** means fees or expenses incurred by the insured for:
 - a. Legal fees charged by the insured’s attorney;
 - b. Court Costs;
 - c. Expert witnesses; and
 - d. The cost of court bonds, but we do not have to furnish such bonds.“Defense expense” does not include any salaries, charges or fees for any insured.
 - 2. **“Suit”** means an adjudicatory proceeding in a court of law.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BACK WAGES ENDORSEMENT

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

LIMITS OF INSURANCE FOR BACK WAGES	
<u>\$ 25,000</u>	Each Employment Practices Wrongful Act Limit
<u>\$ 25,000</u>	Policy Period Aggregate Limit
BACK WAGES DEDUCTIBLE	
<u>\$ 2,500</u>	Each Employment Practices Wrongful Act

EXCLUSION P. Wage And Hour Practices, Other Compensation under **SECTION II – EXCLUSIONS** is deleted in its entirety and replaced as follows.

P. Wage And Hour Practices, Other Compensation

1. Wage and hour practices, including any claim for:
 - a. The improper payment of or the refusal, failure or inability to pay wages, minimum wages, overtime pay, on-call time or off-the-clock work (or amounts representing such) for services rendered or time spent in connection with work related activities;
 - b. The improper classification of “employees” as exempt or non-exempt, misclassifying “employees” as independent contractors or for the payment of compensation, over-time pay, vacation pay, severance, bonuses, commissions, or for any benefits afforded to “employees” sought by an independent contractor;
 - c. The miscalculation of the amount of wages owed, taking improper deductions from pay, not paying “employees” on a timely basis, or
 - d. Failure to provide rest or meal periods or reimburse expenses.
2. Any other type of compensation other than salary, wages, bonus compensation or other benefits, including but not limited to retirement, health or social security contribution.

3. Payment of any "future wages" for any "employee", whether terminated or not.

However, paragraphs 1 and 2 above do not apply to "back wages" for a terminated "employee". We will only be liable to pay "damages" for "back wages" to a terminated "employee" arising out of an "employment practices wrongful act". "Back wages" coverage is for "damages" up to the limit shown in the Back Wages Schedule above in excess of the deductible, even if designated as liquidated damages under any federal, state or local statutes, rules, ordinances or regulations. This limit is part of, and not in addition to, the Employment Practices Wrongful Act Limit shown in the Declarations. Any payments made hereunder will be included in the Aggregate Limit of liability stated in the Declarations.

The following definitions are added to **SECTION VII-DEFINITIONS**:

"Back wages" means compensation, including salary, wages, bonus, and other benefits, including but not limited to retirement, health and social security contribution, which have accrued, or would have accrued, from the period prior to the initial adjudication of the "employment practices wrongful act."

"Future wages" means compensation, including salary, wages, bonus, and other benefits, including but not limited to retirement, health and social security contribution, which have accrued, or may accrue, after the initial adjudication of the "employment practices wrongful act."

**U.S SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

LAW ENFORCEMENT LIABILITY SUPPLEMENTAL DECLARATIONS

ITEM 1. THIS SUPPLEMENTAL DECLARATIONS FORMS A PART OF POLICY NO. PKG80910420

ITEM 2. BUSINESS DESCRIPTION AND LOCATION OF PREMISES:

LAW ENFORCEMENT AGENCY:
Governmental Entity

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

Per Schedule on File with Company

ITEM 3. COVERAGE AND LIMITS OF INSURANCE

LAW ENFORCEMENT LIABILITY COVERAGE	LIMITS OF INSURANCE
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LAW ENFORCEMENT LIABILITY WRONGFUL ACT LIMIT	<u>\$ 1,000,000</u>
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AGGREGATE LIMIT	<u>\$ 1,000,000</u>
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ITEM 4.	DEDUCTIBLE	AMOUNT
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LAW ENFORCEMENT LIABILITY WRONGFUL ACT DEDUCTIBLE	<u>\$ 2,500</u>
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ITEM 5.	PREMIUM	<u>\$ INCLUDED</u>
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ITEM 6. LAW ENFORCEMENT LIABILITY FORMS

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue: Refer to AL000103.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**COMMERCIAL EXCESS LIABILITY COVERAGE FORM
SUPPLEMENTAL DECLARATIONS**

Policy Number: PKG80910420
Renewal of: PKG80810420

ITEM 1:	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="background-color: #f2f2f2;">Named Insured and Mailing Address</td></tr><tr><td>SYCAMORE TOWNSHIP</td></tr><tr><td>8540 KENWOOD AVE</td></tr><tr><td> </td></tr><tr><td>CINCINNATI, OH 45236</td></tr><tr><td>(and as per Underlying Insurance)</td></tr><tr><td> </td></tr><tr><td style="background-color: #f2f2f2;">Producer Name and Address</td></tr><tr><td>HCC PUBLIC RISK</td></tr><tr><td>PILLAR INSURANCE</td></tr><tr><td>431 OHIO PIKE</td></tr><tr><td>SUITE 302-N</td></tr><tr><td>CINCINNATI, OH 45255</td></tr></table>	Named Insured and Mailing Address	SYCAMORE TOWNSHIP	8540 KENWOOD AVE		CINCINNATI, OH 45236	(and as per Underlying Insurance)		Producer Name and Address	HCC PUBLIC RISK	PILLAR INSURANCE	431 OHIO PIKE	SUITE 302-N	CINCINNATI, OH 45255
Named Insured and Mailing Address														
SYCAMORE TOWNSHIP														
8540 KENWOOD AVE														
CINCINNATI, OH 45236														
(and as per Underlying Insurance)														
Producer Name and Address														
HCC PUBLIC RISK														
PILLAR INSURANCE														
431 OHIO PIKE														
SUITE 302-N														
CINCINNATI, OH 45255														

ITEM 2: Coverage: Commercial Excess Liability

ITEM 3: Policy Period: Effective: **11/01/2017** Expiration: **11/01/2018**
12:01 a.m. Standard Time at the address of the Named Insured shown above

ITEM 4: Limit of Insurance
\$9,000,000 Each Occurrence
\$9,000,000 Aggregate, where applicable

Premium: \$ INCLUDED

ITEM 5: Retroactive Date: Per Underlying Policy

ITEM 6: Endorsements Attached:

FORMS AND ENDORSEMENTS

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue:
Refer to AL000103

ITEM 7: SCHEDULE OF UNDERLYING INSURANCE – Refer to EX SUL - Attached

U.S. SPECIALTY INSURANCE COMPANY

POLICY NO: PKG80910420
Replacement No: PKG80810420

SCHEDULE OF UNDERLYING INSURANCE

COVERAGE	INSURER POLICY PERIOD POLICY NUMBER	APPLICABLE LIMITS	
BUSINESS AUTOMOBILE LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	COMBINED SINGLE LIMIT LIABILITY \$1,000,000	EACH ACCIDENT
COMMERCIAL GENERAL LIABILITY COVERAGE A & B	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000	EACH OCCURRENCE GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) PRODUCTS/COMPLETED OPERATIONS AGGREGATE PERSONAL & ADVERTISING INJURY
EMPLOYEE BENEFITS LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$3,000,000	EACH EMPLOYEE LIMIT AGGREGATE LIMIT
STOP GAP LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$1,000,000 \$1,000,000	BI BY ACCIDENT – EACH ACCIDENT BI BY DISEASE – EACH ACCIDENT BI BY DISEASE – AGGREAGATE LIMIT
COVERAGE B EMPLOYERS LIABILITY	N/A Policy #:	\$0 \$0 \$0	EACH ACCIDENT POLICY LIMIT – DISEASE EACH EMPLOYEE - DISEASE
PUBLIC OFFICIALS LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$1,000,000	ANNUAL AGGREGATE LIMIT EACH CLAIM LIMIT
EMPLOYMENT PRACTICES LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$1,000,000	ANNUAL AGGREGATE LIMIT EACH CLAIM LIMIT
LAW ENFORCEMENT LIABILITY	U.S. Specialty Insurance Company 11/01/2017 - 11/01/2018 Policy #: PKG80910420	\$1,000,000 \$1,000,000	ANNUAL AGGREGATE LIMIT EACH WRONGFUL ACT LIMIT
EDUCATORS LEGAL LIABILITY	N/A	\$0 \$0	ANNUAL AGGREGATE LIMIT EACH CLAIM LIMIT

*The above Schedule applies to any renewals or replacements thereof

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
SUPPLEMENTAL DECLARATIONS**

This Supplemental Declarations forms a part of policy number PKG80910420

DESCRIPTION OF PREMISES

PREM. #	BLDG. #	LOCATION, CONSTRUCTION AND OCCUPANCY
ALL	ALL	Per Schedule on File

COVERAGES PROVIDED

Insurance at the described premises applies only for coverages for which a Limit of Insurance is shown.

PREM. #	BLDG. #	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES	COINS.	INFLATION GUARD
ALL	ALL	Building + Personal Property	\$14,088,181	SPECIAL	N/A	0%

OPTIONAL COVERAGES Applicable only when entries are made in the schedule below.

PREM. #	BLDG. #	Blanket Basis Per Schedule On File - As stated on application Agreed Value Per Schedule On File - As stated on application Per Schedule on File Replacement Cost Building Valuation Per Schedule on File - As stated on application
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ADDITIONAL COVERAGES Applicable only when entries are made in the schedule below.

FLOOD

LOCATION(S)	LIMIT OF INSURANCE	DEDUCTIBLE / S.I.R.*
	Any One Flood	Annual Aggregate
ALL	\$500,000	\$500,000
		\$50,000

EARTHQUAKE – VOLCANIC ERUPTION

LOCATION(S)	LIMIT OF INSURANCE	DEDUCTIBLE / S.I.R.*
	Any One Earthquake	Annual Aggregate
ALL	\$5,000,000	\$5,000,000
		\$100,000

DEDUCTIBLE / SELF-INSURED RETENTION Applicable to coverages other than Flood or Earthquake.

\$1,000

MORTGAGEHOLDERS

PREM. #	BLDG. #	MORTGAGEHOLDER NAME AND MAILING ADDRESS
Per Schedule on File		

FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)

Forms and endorsements applying to this Coverage Part and made a part of this Policy at time of issue:
Refer to AL000103.

* Self-Insured Retention

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNNAMED LOCATION COVERAGE

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Unnamed location limit \$100,000

The following is added to **SECTION A – COVERAGE, 5. Coverage Extensions:**

Unnamed Locations

You may extend the insurance for your Covered Property, to include:

Building, meaning the building or structure, including:

1. Completed additions;
2. Fixtures, including outdoor fixtures;
3. Permanently installed:
 - a. Machinery; and
 - b. Equipment;
4. Property owned by you that is used to maintain or service the building or structure or its premises, including:
 - a. Fire extinguishing equipment;
 - b. Floor coverings; and
 - c. Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;

at any location not on file with the company.

The maximum we will pay for the policy period is the limit show in the schedule. Any deductibles will apply.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN COVERAGE

This Endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Equipment Breakdown Schedule	
Equipment Breakdown Limits of Insurance:	\$14,406,381
Spoilage	\$250,000
Expediting Expenses	\$250,000
Pollution Clean Up and Removal	\$250,000
Data and Media	\$250,000
Other: Business Income	\$100,000
Other: Extra Expense	\$500,000
Deductibles:	
Direct Damage	\$1,000
Extra Expense	72 hours
Business Income	72 hours
Spoilage	Included in Direct Damage
Service Interruption – Waiting Period	24 hours
Other:	

The following is added to **SECTION A - COVERAGE 4. Additional Coverage** in the **BUILDING AND PERSONAL PROPERTY COVERAGE FORM**:

A. Equipment Breakdown Coverage

1. We will pay for direct physical loss to Covered Property caused by or resulting from a “breakdown” to “covered equipment”.
2. **“Breakdown”**
 - a. “Breakdown” means:

- (1) Failure of pressure or vacuum equipment;
 - (2) Mechanical failure including rupture or bursting caused by centrifugal force; or
 - (3) Electrical failure including arcing;
that causes direct physical loss or damage to "covered equipment" and necessitates its repair or replacement.
- b. "Breakdown" does not mean:
- (1) Cracking of any part on an internal combustion gas turbine exposed to the products of combustion;
 - (2) Damage to any structure or foundation supporting the "covered equipment" or any of its parts;
 - (3) Damage to any vacuum tube, gas tube, or brush;
 - (4) Defects, erasures, errors, limitations or viruses in "computer equipment", data, "media" and/or programs including the inability to recognize and process any date or time or provide instructions to "covered equipment". However, if a "breakdown" ensues, we will pay the ensuing loss or damage not otherwise excluded;
 - (5) Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
 - (6) Malfunction including but not limited to adjustment, alignment, calibration, cleaning or modification; or
 - (7) The functioning of any safety or protective device.
- c. If an initial "breakdown" causes other "breakdowns", all will be considered one "breakdown". All "breakdowns that manifest themselves at the same time and are the result of the same cause will also be considered one "breakdown".

3. "Covered Equipment"

- a. "Covered equipment" means any Covered Property that is:
- (1) Equipment designed and built to operate under internal pressure or vacuum other than weight of contents. For any boiler or fired vessel, the furnace of the "covered equipment" and the gas passages from there to the atmosphere will be considered as outside the "covered equipment";
 - (2) Communication equipment and "computer equipment";
 - (3) Fiber optic cable; or
 - (4) Any other electrical or mechanical equipment that is used in the generation, transmission or utilization of energy.
- b. "Covered equipment" does not mean any:
- (1) Astronomical telescope, cyclotron, nuclear reactor, particle accelerator, satellites and/or spacecraft (including satellite or spacecraft contents and/or their launch sites);
 - (2) Catalyst;
 - (3) Dragline, power shovel, excavation or construction equipment including any "covered equipment" mounted on or used solely with any dragline, power shovel, excavation or construction equipment;
 - (4) Elevator or escalator, but not excluding any electrical machine or apparatus mounted on or used with this equipment;
 - (5) Equipment or any part of equipment manufactured by you for sale;
 - (6) Felt, wire, screen, mold, form, pattern, die, extrusion plate, swing hammer, grinding disc, cutting blade, non-electrical cable, chain, belt, rope, clutch plate, brake pad, non-metal part or any part or tool subject to periodic replacement;
 - (7) Insulating or refractory material;
 - (8) Non-metallic pressure or vacuum equipment, unless it is constructed and used in accordance with the American Society of Mechanical Engineers (A.S.M.E.) code or a Code that has been accepted by the National Board of Boiler and Pressure Vessel Inspectors;
 - (9) Part of pressure or vacuum equipment that is not under internal pressure of its contents or internal vacuum;
 - (10) Pressure vessels and piping that are buried below ground and require the excavation of materials to inspect, remove, repair or replace;
 - (11) Structure, foundation, cabinet or compartment supporting or containing the "covered equipment" or part of the "covered equipment" including penstock, draft tube or well casing;

- (12) Vehicle, aircraft, self-propelled equipment or floating vessel, including any "covered equipment" mounted on or used solely with any vehicle, aircraft, self-propelled equipment or floating vessel;
or
- (13) "Media".

4. **Property Not Covered.** With regard to the coverage provided by this Endorsement only, **2.b.** in **SECTION A - COVERAGE** is deleted and replaced by the following:

b. Animals.

5. **Equipment Breakdown Coverage Extensions.** The following coverages also apply to loss or damage caused by or resulting from a "breakdown" to "covered equipment". These Equipment Breakdown Coverage Extensions do not provide additional amounts of insurance. The limits provided are part of, not in addition to, the Limit of Insurance that applies to the damaged Covered Property.

a. **Spoilage.**

(1) We will pay for:

- (a) Your loss of "perishable goods" due to spoilage;
- (b) Your loss of "perishable goods" due to spoilage that is caused by or results from an interruption in utility services that is the direct result of a "breakdown" to "covered equipment" that is owned by a utility, landlord, or other supplier with whom you have a contract to provide you with any of the following services: electrical power, communications, waste disposal, air conditioning, refrigeration, heating, gas, air, water or steam. Coverage for such loss will begin 24 hours after the time the "breakdown" causes the interruption of the utility service; or
- (c) Your loss of "perishable goods" due to contamination from the release of refrigerant, including but not limited to ammonia.

We will also pay any necessary expense you incur to reduce the amount of loss under this coverage. We will pay such expenses to the extent that they do not exceed the amount of loss that otherwise would have been payable under this coverage.

- (2) If you are unable to replace the "perishable goods" before its anticipated sale, the amount of our payment will be determined on the basis of the sales price of the "perishable goods" at the time of the "breakdown", less discounts and expenses you otherwise would have had. Otherwise our payment will be determined in accordance with the Loss Payment Condition.
- (3) The most we will pay for any loss or expense under this Equipment Breakdown Coverage Extension is \$250,000 or the Limit of Insurance for Spoilage shown on the Equipment Breakdown Schedule, whichever is greater.

b. **Expediting Expenses.**

- (1) With respect to your damaged Covered Property, we will pay the reasonable extra cost to make temporary repairs and expedite permanent repairs or permanent replacement.
- (2) Expediting expenses include overtime wages and the extra cost of express or other rapid means of transportation.
- (3) The most we will pay for Expediting Expenses is \$250,000 or the Limit of Insurance for Expediting Expenses shown on the Equipment Breakdown Schedule, whichever is greater.

c. **Service Interruption.** The insurance provided for Extra Expense and Business Income is extended to apply to loss caused by or resulting from an interruption in utility services that is a direct result of a "breakdown" to "covered equipment" that is owned by a utility, landlord, or other supplier with whom you have a contract to provide you with any of the following services: electrical power, communications, waste disposal, air conditioning, refrigeration, heating, gas, air, water or steam.

Coverage for Service Interruption will begin 24 hours, or the time shown for Service Interruption-Waiting Period in the Equipment Breakdown Schedule, after the time the "breakdown" causes the interruption of the utility service.

d. **Drying Out.** If electrical "covered equipment" requires drying out as a result of a flood, waves, tides, tidal waves, or overflow of any body of water or their spray, even if driven by wind, we will pay for the direct expense of drying out such electrical "covered equipment". The most we will pay for such expense under this Equipment Breakdown Coverage Extension is the least of:

- (1) \$100,000;
- (2) the Limit of Insurance shown on the Declaration for the applicable covered property; or

(3) the value of such damaged electrical "covered equipment".

Coverage provided by this extension does not include the cost to replace such equipment or any other loss, damage or expense that is caused by or results directly or indirectly from flood, waves, tides, tidal waves, or overflow of any body of water or their spray, even if driven by wind.

- e. **Pollution Clean Up and Removal.** We will pay your expense to extract "pollutants" from land or water at the described premises and the cost for clean-up, repair, replacement or disposal of Covered Property at the described premises if the discharge, dispersal, seepage, migration, release or escape of such "pollutants" is caused by or results from a "breakdown" to "covered equipment" that occurs during the policy period. This Equipment Breakdown Coverage Extension does not apply to costs to test for, monitor or assess the existence, concentration or effects of "pollutants". But we will pay for testing which is performed in the course of extracting the "pollutants" from the land, water or the clean-up, repair, replacement, or disposal of Covered Property.

The most we will pay under this Equipment Breakdown Coverage Extension, including any loss covered under any applicable Extra Expense and Business Income coverage, for the sum of all covered expenses is \$250,000 or the Limit of Insurance for Pollution Clean Up and Removal shown on the Equipment Breakdown Schedule, whichever is greater.

The coverage provided by this Additional Coverage does not include loss to "perishable goods" due to contamination from the release of a refrigerant.

- f. **Data and Media.** We will pay your cost to research, replace and restore data, including programs and operating systems that are lost or corrupted due to a "breakdown". We will also pay for loss or damage to "media" caused by a "breakdown". The most we will pay under this Equipment Breakdown Coverage Extension for the sum of all covered expenses, including any loss covered under any applicable Extra Expense and Business Income coverage is \$250,000 or the Limit of Insurance for Data and Media shown on the Equipment Breakdown Schedule, whichever is greater.

6. Equipment Breakdown Exclusions. With regard to coverage provided under this Endorsement only, the following changes are made:

- a. The following Exclusions are deleted from **SECTION C - EXCLUSIONS: 2.a.; 2.d.(6); and 2.e.**
- b. Exclusion **2.i.** is deleted and replaced by the following:
- l. Discharge, dispersal, seepage, migration, release or escape of "pollutants". But if the discharge, dispersal, seepage, migration, release or escape of "pollutants" results in a "breakdown" to "covered equipment", we will pay for the loss or damage caused by that "breakdown".
- c. The last paragraph of **SECTION C - EXCLUSION 2.d.** is deleted and replaced by the following:
But if an excluded cause of loss that is listed in **2.d.(1)** through **(7)** results in a "breakdown", we will pay the resulting loss or damage not otherwise excluded.
- d. The following exclusions apply to the coverage provided under this Endorsement in addition to the other exclusions, except as deleted in **A.6.a.** above, in the Coverage Form to which this Endorsement applies.
We will not pay under this Endorsement for loss or damage caused directly or indirectly by any of the following:
- (1) Any of the following tests:
- (a) A hydrostatic, pneumatic or gas pressure test of any boiler or pressure vessel; or
- (b) An insulation breakdown test of any type of electrical equipment;
- (2) Fire including fire resulting from a "breakdown";
- (3) Combustion explosion;
- (4) Explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass;
- (5) An explosion. However, we will pay for direct loss or damage caused by an explosion of "covered equipment" of a kind specified in a. through f. below, if not otherwise excluded:
- (a) Steam boiler;
- (b) Electric steam generator;
- (c) Steam piping;
- (d) Steam turbine;
- (e) Steam engine; or

- (f) Gas turbine or any other moving or rotating machinery when such explosion is caused by centrifugal force or mechanical breakdown.
- (6) With respect to Service Interruption and paragraph (1)(b) of Spoilage coverage, we will not pay for loss caused by or resulting from: Lightning; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; falling objects; water damage caused by the discharge or leakage of sprinkler system, sewer piping or domestic water piping; water or other means used to extinguish a fire, even when the attempt is unsuccessful; weight of snow, ice or sleet; freezing due to cold weather; molten material; acts of sabotage; deliberate acts of load shedding by the supplying or distributing utility; or collapse.

7. Equipment Breakdown Limitations.

With regard to this Endorsement only, the following Limitations are deleted from the **SECTION D - LIMITATIONS: 1.a. and 1.b.**

8. Limits of Insurance

The most we will pay for loss or damage in any one "breakdown" is the applicable Limit of Insurance shown in the Declarations. The limits provided for the Equipment Breakdown Coverage Extensions are part of, not in addition to, the Limit of Insurance shown in the Declarations that applies to the damaged Covered Property.

The coverage provided by this Endorsement is part of, not in addition to, the applicable Limit of Insurance shown in the Declarations.

9. Deductible

If an amount is shown in the Deductible section of the Equipment Breakdown Schedule, the following will apply; otherwise the deductible shown in the Declarations for the applicable coverage will apply.

SECTION F - DEDUCTIBLES is deleted and replaced by:

- a. In any one "breakdown, we will first reduce the amount of loss if required by the Coinsurance Condition or the Agreed Value Optional Coverage. If the adjusted amount of loss is less than or equal to the Deductible, we will not pay for that loss. If the adjusted amount of loss exceeds the Deductible, we will then subtract the Deductible from the adjusted amount of loss, and will pay the resulting amount or the Limit of Insurance, whichever is less.

The deductibles listed in the Equipment Breakdown Schedule shall be applied separately to the applicable coverage as follows:

(1) Dollar Deductible

If a dollar deductible is shown in the above schedule, we will first subtract the deductible amount from any loss we would otherwise pay.

(2) Multiple per Unit Deductible

If a multiple of units is shown in the above schedule, the deductible will be calculated as the sum of the multiplier times the number of units specified. (For example: if the deductible is specified as \$25/hp for air conditioning units, and a covered 500 hp air conditioning unit suffered a "Breakdown", the deductible will be \$25 times 500 hp which equals \$12,500.)

(3) Time Deductible

If a time deductible is shown in the above schedule, we will not be liable for any loss under that coverage that occurs during that specified time period immediately following a "Breakdown". If a time deductible is shown in days, each day shall mean twenty-four consecutive hours.

(4) Multiple of Daily Value Deductible

If a multiple of daily value is shown in the above schedule, this deductible will be calculated as follows:

- (a) For the entire premise described in the Declarations where the loss occurred, determine the total amount of Business Income that would have been earned during the "Period of Restoration" had no "Breakdown" taken place.
- (b) Divide the result in Paragraph (1) by the number of days the business would have been open during the "Period of Restoration". The result is the daily value.
- (c) Multiply the daily value in Paragraph (2) by the number of daily value multiples shown in the above schedule. We will first subtract this deductible amount from any loss we would otherwise pay. We will then pay the amount of loss or damage in excess of the deductible, up to the applicable Limit of Insurance.

(5) Percentage of Loss Deductible

If a deductible is expressed as a percentage of loss in the above schedule, we will not be liable for the indicated percentage of the gross amount of loss or damage insured under the applicable coverage.

(6) Minimum Or Maximum Deductible

(a) If:

(i) A minimum dollar amount deductible is shown in the above schedule; and

(ii) The dollar amount of the Multiple per Unit, Multiple of Daily Value or the Percentage of Loss Deductible is less than the Minimum Deductible:

then the Minimum Deductible amount shown in the above schedule will be the applicable deductible.

(b) If:

(i) A maximum dollar amount deductible is shown in the above schedule; and

(ii) The dollar amount of the Multiple per Unit, Multiple of Daily Value or the Percentage of Loss Deductible is greater than the Maximum Deductible;

then the Maximum Deductible amount shown in the above schedule will be the applicable deductible.

b. If more than one deductible applies to a single coverage, then only one deductible, the highest, will apply to that coverage.

10. The following provision applies to the coverage provided by this Endorsement only and in addition to the provisions in the Loss Payment section of the Coverage Form to which this Endorsement applies:

If "Covered Equipment", is valued at replacement cost, cannot be repaired and requires replacement you may choose to apply the following provision:

New Generation Coverage – If you want to replace damaged "Covered Equipment" with a newer generation "Covered Equipment" of the same capacity, we will pay up to 25% more than "Covered Equipment" of like kind, quality and capacity would have cost at the time of the "Breakdown".

11. With respect to the coverage provided under this Endorsement, the following are added to the Additional Conditions section of the Coverage Form to which this Endorsement applies:

a. Jurisdictional Inspections

(1) We agree to provide pressure vessel certificate-of-operation engineering services where:

(a) The certificate-of-operation is required by state, city or provincial law; and

(b) The state, city or provincial law permits inspections by insurance company employees.

(2) If we receive notification of a pressure vessel certificate-of-operation inspection due date less than 30 (thirty) days prior to the expiration of the certificate-of-operation, we will not be responsible for:

(a) Any fine or other penalty that may be assessed; or

(b) Any liability that may arise due to the fact that the inspection was not performed prior to the certificate-of-operation due date.

(3) Certificate-of-operation engineering services will not be provided for any location, other than in the United States of America, Puerto Rico or Canada.

b. Suspension

(1) Whenever "covered equipment" is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the coverage provided by this Endorsement. We will deliver or mail a written notice of suspension to your last known address or the address where the "covered equipment" is located.

(2) Once suspended in this way, your coverage can be reinstated only by an Endorsement for that "covered equipment".

(3) If we suspend your coverage, you will get a pro rata refund of premium for that "covered equipment". But the suspension will be effective even if we have not yet made or offered a refund.

12. With respect to the coverage provided by this Endorsement, the following definitions apply in addition to the definitions provided in the Coverage Form to which this Endorsement applies:

- a. **“Computer equipment”** means your programmable electronic equipment that is used to store, retrieve and process data; and associated peripheral equipment that provides communication including input and output functions such as printing or auxiliary functions such as data transmission. It does not include data or "media".
 - b. **“Media”** means electronic data processing or storage material such as films, tapes, discs, drums or cells.
 - c. **“Perishable goods”** means personal property maintained under controlled conditions for its preservation and susceptible to loss or damage if the controlled conditions change.
13. With respect to the coverage provided by this Endorsement, the most we will pay in any one occurrence under any applicable Coverage Extension of **SECTION A.5.** of the Coverage Form, is the applicable Equipment Breakdown Limit of Insurance shown below or the Limit of Insurance for the applicable Coverage Extension shown on the Equipment Breakdown Schedule. The applicable Equipment Breakdown Limit of Insurance will not increase the otherwise applicable Limit of Insurance for such Coverage Extension.

<u>Coverage Extension</u>	<u>Limit of Insurance</u>
• Newly Acquired or Constructed Property	
Building	\$1,000,000
Business Personal Property	\$250,000
• Personal Effects and Property of Others	\$50,000
• Property Off-Premise	\$100,000
• Accounts Receivable On Premise	\$250,000
• Fairs or Exhibitions	\$50,000
• Inventory Or Appraisal	\$10,000
• Animal Mortality	\$10,000
• Extra Expense	\$500,000
• Business Income	\$100,000
• Fine Arts	\$25,000
• Building Ordinance or Law –	
Undamaged portion and demolition cost	\$250,000
Increased cost of Construction 10% of value of Building	
• Foundations of Machinery	\$500,000
• Communication Towers	\$100,000
• Unnamed Locations	Follows property, not to exceed \$250,000

14. This additional coverage does not apply to the coverage provided by the following Coverage Extensions of **SECTION A.5.** of the Coverage Form:
- Valuable Papers and Records – Cost of Research
 - Outdoor Property
 - Golf Course Greens
 - Personal Computers, EDP Equipment, Data or Media
 - Fire Equipment Recharge
 - Grounds Maintenance Equipment
 - Electric Utility Services Interruption
 - Underground Pipes, Flues or Drains

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERED EQUIPMENT EXCLUSIONS

This endorsement modifies insurance provided under the following:

EQUIPMENT BREAKDOWN COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

The following is added to the definition of "Covered Equipment":

"Covered Equipment" does not mean or include any item indicated below with an ☒:

- ☐ Communication Equipment meaning any:
 - a. Radio, television or microwave antennae; or
 - b. Microwave or satellite dish; or
 - c. Any other electrical or mechanical equipment attached to towers; or
 - d. Main transmitter and its power supply including, but not limited to, any klystron tube;
- ☐ Conveyor, crane or hoist, including any "Covered Equipment" mounted on or used solely with any conveyor, crane or hoist;
- ☐ "Diagnostic Equipment", meaning any machine or apparatus used solely for research, diagnosis, medical, surgical, therapeutic, dental or pathological purposes;
- ☐ Ice Rink – piping, valves, coils or their attached fittings partially or totally buried under ice, sand, cement or other materials;
- ☐ Mold, form, die or pattern;
- ☐ Oven, stove, furnace, incinerator, pot or kiln;
- ☐ Part of a boiler, fired vessel or electric steam generator that does not contain steam or water;
- ☐ Penstock, draft tube or well casing;
- ☒ "Power Generating Equipment", meaning any "Covered Equipment" used in, or associated with, the generation of power. But "Power Generating Equipment" does not include any "Covered Equipment" less than or 1000kw used solely for the generation of emergency power;
- ☐ "Production Machinery", meaning any production or process machine or apparatus that processes, forms, cuts, shapes or grinds raw materials, materials in process or finished products, including any "Covered Equipment" used solely with and/or forms an integral part of the production or process or apparatus. But Production Machines does not include any:
 - a. Pressure vessel or vacuum vessel, other than any cylinder containing a movable plunger or piston;
 - b. Pump, conveyor, fan or blower that conveys raw materials, materials in process or finished products;
 - c. Separate enclosed gear set connected by a coupling, clutch or belt; or
 - d. Separate driving electrical or mechanical machine connected by a coupling clutch or belt;
- ☐ Rotating Kiln;
- ☐ Rotating Biological Contactors (RBC) including any shaft, cylinder, disk or support forming a part of an RBC, but not including any motor or gear set used to drive an RBC;
- ☐ Other:

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**COMMERCIAL INLAND MARINE
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number PKG80910420

LIMITS OF INSURANCE

1. COVERED PROPERTY

- a. Schedule of Property (See **SECTION I – COVERAGE - A..** of the Coverage Form)

DESCRIPTION OF PROPERTY

Coverage Form	SCHEDULE	Limit of Insurance
	Per Schedule on File with Company	\$1,890,513
	Total Scheduled Property	\$1,890,513
b. Miscellaneous Articles No single item to exceed \$10,000 in value		\$45,605
c. Emergency Portable Equipment No single item to exceed \$50,000 in value		\$300,000
d. Limit of Insurance for All Covered Property		\$2,236,118

2. AMENDMENT TO COVERAGE EXTENSIONS

(Applicable only for those Coverage Extensions where an increased limit of insurance is shown below)

- a. Additionally Acquired Equipment, 25% of the Total Scheduled Property or \$100,000, whichever is less, for any one item.
(See section **D.1.b.** of the Contractors'-Scheduled Equipment Coverage Form) Increased to \$ _____
- b. Rental Expense Reimbursement, \$2,500 of rental expenses in any one policy period.
(See section **D.5.c.** of the Contractors'-Scheduled Equipment Coverage Form) Increased to \$ 2,500
- c. Debris Removal Expense, 10% of the amount we pay for the direct physical loss to Covered Property, or \$5,000 for the sum of all debris removal expense occurring during each separate 12 month period of the policy, whichever is less.
(See section **D.2.b.** of the Contractors'-Scheduled Equipment Coverage Form) Increased to \$ _____

DEDUCTIBLE \$ 1,000

COINSURANCE % 100 Applicable to Contractors'-Scheduled Equipment Coverage Form only

RATE \$ Various

PREMIUM \$ Included

LOSS PAYABLE TO YOU AND AS THEIR INTERESTS MAY APPEAR

FORMS AND ENDORSEMENTS

Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue:
Refer to AL000103

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOOD COVERAGE

This endorsement modifies insurance provided under the following:

**COMMERCIAL INLAND MARINE
CONTRACTORS' - SCHEDULED EQUIPMENT COVERAGE FORM
MISCELLANEOUS ARTICLES AND EMERGENCY PORTABLE EQUIPMENT COVERAGE FORM
COMMERCIAL FINE ARTS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

With respect to the **CONTRACTORS' - SCHEDULED EQUIPMENT COVERAGE FORM SECTION II – EXCLUSIONS, A.2. Flood** is deleted in its entirety.

With respect to the **MISCELLANEOUS ARTICLES AND EMERGENCY PORTABLE EQUIPMENT COVERAGE FORM SECTION II – EXCLUSIONS, A.2. Flood** is deleted in its entirety.

With respect to the **FINE ARTS COVERAGE FORM SECTION II – EXCLUSIONS, A.2. Flood** is deleted in its entirety.

LIMIT OF INSURANCE

Any One Flood	Annual Aggregate	Deductible
\$2,361,118	\$2,361,118	\$25,000

Flood means flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not, and mudslide or mudflow caused by any of the foregoing.

A. DEDUCTIBLE

We will not pay for loss or damage in any one occurrence until the amount of loss or damage exceeds the Deductible shown in the Schedule above. We will then pay the amount of loss or damage in excess of the Deductible up to the applicable Limit of Insurance—Any One Flood.

B. LIMITS OF INSURANCE

1. The Limit of Insurance shown in the Schedule above as Any One Flood is the most we will pay for loss or damage in any one Flood.
2. The Limit of Insurance shown in the Schedule above as Annual Aggregate is the most we will pay for all claims for Flood damage which occurs during the policy period. If the policy period shown in the Declarations is for a term of more than one year, we will apply the Annual Aggregate Limit separately to each consecutive year of the policy period.
3. The following is added to **SECTION III – LIMITS OF INSURANCE:**
Payments under this endorsement will not increase the applicable Limit of Insurance.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
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PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARTH MOVEMENT COVERAGE

This endorsement modifies insurance provided under the following:

**COMMERCIAL INLAND MARINE
CONTRACTORS' - SCHEDULED EQUIPMENT COVERAGE FORM
MISCELLANEOUS ARTICLES AND EMERGENCY PORTABLE EQUIPMENT COVERAGE FORM
COMMERCIAL FINE ARTS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

With respect to the **CONTRACTORS' - SCHEDULED EQUIPMENT COVERAGE FORM SECTION II – EXCLUSIONS, A.1. Earth Movement** is deleted in its entirety.

With respect to the **MISCELLANEOUS ARTICLES AND EMERGENCY PORTABLE EQUIPMENT COVERAGE FORM SECTION II – EXCLUSIONS, A.1. Earth Movement** is deleted in its entirety.

With respect to the **FINE ARTS COVERAGE FORM SECTION II – EXCLUSIONS, A.1. Earth Movement** is deleted in its entirety.

LIMIT OF INSURANCE

Any One Earth Movement	Annual Aggregate	Deductible
\$2,361,118	\$2,361,118	\$25,000

A. DEDUCTIBLE

We will not pay for loss or damage in any one occurrence until the amount of loss or damage exceeds the Deductible shown in the Schedule above. We will then pay the amount of loss or damage in excess of the Deductible up to the applicable Limit of Insurance—Any One Earth Movement.

B. LIMITS OF INSURANCE

1. The Limit of Insurance shown in the Schedule above as Any One Earth Movement is the most we will pay for loss or damage in any one Earth Movement.
2. The Limit of Insurance shown in the Schedule above as Annual Aggregate is the most we will pay for all claims for Earth Movement damage which occurs during the policy period. If the policy period shown in the Declarations is for a term of more than one year, we will apply the Annual Aggregate Limit separately to each consecutive year of the policy period.
3. The following is added to **SECTION III – LIMITS OF INSURANCE:**
Payments under this endorsement will not increase the applicable Limit of Insurance.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTOR'S EQUIPMENT RENTED FROM OTHERS LESS THAN 90 DAYS

This endorsement modifies insurance provided under the following:

**COMMERCIAL INLAND MARINE
CONTRACTORS SCHEDULED EQUIPMENT COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Limit of Insurance	\$ 125,000	any one item of equipment
	\$ 125,000	"loss" in any one occurrence
Deductible	\$ 1,000	the minimum deductible amount shall be \$500 if no amount is specified in this Schedule
Premium	\$ INCLUDED	

The following Coverage Extension is added to the policy:

Contractor's Equipment Rented From Others Less Than 90 Days

- Covered Property** is amended to include contractor's equipment that you lease, rent or borrow from others.
- Property Not Covered** is amended to include:

Covered Property does not include contractor's equipment that you lease, rent or borrow from others for a period of more than 90 consecutive days.

3. Limits Of Insurance

The most we will pay for:

- Any one item of equipment, or
 - "Loss" in any one occurrence,
- is the amount shown in the Schedule above.

4. Deductible

We will not pay for "loss in any one occurrence until the amount of the adjusted "loss" exceeds the Deductible amount shown in the Schedule above. We will then pay the amount of the adjusted "loss" in excess of the Deductible, up to the applicable Limit of Insurance.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

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PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INLAND MARINE LOSS PAYEE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

A. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

B. LENDER'S LOSS PAYABLE

1. The Loss Payee shown in the schedule or in the Declaration is a creditor, including a mortgage-holder or trustee, whose interest in Covered Property is established by such written instruments as:
 - a. Warehouse Receipts;
 - b. A contract for deed;
 - c. Bills of lading;
 - d. Financing Statements; or
 - e. Mortgages, deeds of trust, or security agreements.
2. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - a. We will pay for covered loss or damage to each Loss Payee in order of proceeding, as interests may appear.
 - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.
 - c. If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive payment if the Loss Payee:
 - (1.) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (2.) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (3.) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (1.) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - (2.) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- 3. If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of the cancellation if we cancel for your non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
- 4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of the policy.

C. CONTRACT OF SALE

- 1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
- 2. For Covered Property in which both you and the Loss Payee have an insurable interest we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- 3. The following is added to the OTHER INSURANCE Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

CINCINNATI RECREATION COMMISSION
705 EAST PETE ROSE WAY
CINCINNATI, OH 45202

Interest:
PORTABLE STAGE USED ANNUALLY AT TWP EVENTS

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

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	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INLAND MARINE LOSS PAYEE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

A. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

3. Adjust losses with you; and
4. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

B. LENDER'S LOSS PAYABLE

3. The Loss Payee shown in the schedule or in the Declaration is a creditor, including a mortgage-holder or trustee, whose interest in Covered Property is established by such written instruments as:
 - a. Warehouse Receipts;
 - b. A contract for deed;
 - c. Bills of lading;
 - d. Financing Statements; or
 - e. Mortgages, deeds of trust, or security agreements.
4. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - a. We will pay for covered loss or damage to each Loss Payee in order of proceeding, as interests may appear.
 - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.
 - c. If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive payment if the Loss Payee:
 - (1.) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (2.) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (3.) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (1.) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - (2.) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- 3. If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of the cancellation if we cancel for your non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
- 4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of the policy.

C. CONTRACT OF SALE

- 4. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
- 5. For Covered Property in which both you and the Loss Payee have an insurable interest we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- 6. The following is added to the OTHER INSURANCE Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

SOUTHEASTERN EQUIPMENT CO., INC.
404 BREADEN RD.
MONROE, OH 45050

Interest:
EQUIPT RENTAL OF CASC 521E, SER #N9F206914 VALUED AT \$125,000

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
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PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INLAND MARINE LOSS PAYEE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

A. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

5. Adjust losses with you; and
6. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

B. LENDER'S LOSS PAYABLE

5. The Loss Payee shown in the schedule or in the Declaration is a creditor, including a mortgage-holder or trustee, whose interest in Covered Property is established by such written instruments as:
 - a. Warehouse Receipts;
 - b. A contract for deed;
 - c. Bills of lading;
 - d. Financing Statements; or
 - e. Mortgages, deeds of trust, or security agreements.
6. For Covered Property in which both you and a Loss Payee have an insurable interest:
 - a. We will pay for covered loss or damage to each Loss Payee in order of proceeding, as interests may appear.
 - b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property.
 - c. If we deny your claim because of your acts or because you have failed to comply with the terms of the Coverage Part, the Loss Payee will still have the right to receive payment if the Loss Payee:
 - (1.) Pays any premium due under this Coverage Part at our request if you have failed to do so;
 - (2.) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
 - (3.) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (1.) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - (2.) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

- 3. If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of the cancellation if we cancel for your non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
- 4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of the policy.

C. CONTRACT OF SALE

- 7. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
- 8. For Covered Property in which both you and the Loss Payee have an insurable interest we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.
- 9. The following is added to the OTHER INSURANCE Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

WILLIAMS SCOTSMAN
ACCT #6212514/PO BOX 91975
CHICAGO, IL 60693-1975

Interest:
MOBILE OFFICE LEASE, 32X8 MOBILE OFFICE #W18579, \$6,090.30

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**CRIME COVERAGE FORM
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number PKG80910420

SCHEDULE OF COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLE

Insurance is only provided for the coverages indicated by an X.

Coverage Section(s)		Limit of Insurance	<input checked="" type="checkbox"/> Deductible <input type="checkbox"/> Self-Insured Retention
<input checked="" type="checkbox"/> B	Forgery or Alteration	\$ 10,000	\$ 500
<input checked="" type="checkbox"/> C	Theft, Disappearance and Destruction Inside	\$ 10,000	\$ 500
<input checked="" type="checkbox"/>	Outside	\$ 10,000	\$ 500
	Tax Time Limit 12/1 – 3/1	\$ 10,000	\$ 500
	Optional Tax Periods: From: 01/01/1900 To: 01/01/1900	\$	\$
	From: 01/01/1900 To: 01/01/1900	\$	\$
<input type="checkbox"/> D	Robbery and Safe Burglary - Robbery Inside	\$	\$
	Property Other Than Money Safe Burglary	\$	\$
	And Securities Robbery Outside	\$	\$
<input checked="" type="checkbox"/> O	Public Employee Dishonesty — Per Loss	\$ 250,000	\$ 500
<input type="checkbox"/> P	Public Employee Dishonesty — Per Employee	\$	\$
<input type="checkbox"/> Q	Robbery and Safe Burglary - Inside	\$	\$
	Money and Securities Outside	\$	\$
<input checked="" type="checkbox"/> F	Computer Fraud ---- Each Occurrence	\$ 25,000	\$ 500
<input type="checkbox"/>	Scheduled Excess – Coverage Form P	\$	\$

CANCELLATION OF PRIOR INSURANCE: By acceptance of this Coverage Form you give us notice cancelling prior policy or bond numbers _____ the cancellation to be effective at the time this Coverage Form becomes effective.

FORMS AND ENDORSEMENTS:

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:
Refer to AL000103.

Premium: \$ INCLUDED

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE TREASURERS OR TAX COLLECTIONS AS EMPLOYEES

This endorsement modifies insurance provided under the following:

PUBLIC EMPLOYEE DISHONESTY COVERAGE SECTION O — PER LOSS
PUBLIC EMPLOYEE DISHONESTY COVERAGE SECTION P — PER EMPLOYEE

With respect to coverage provided by this endorsement, the provisions of the Coverage Section apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Treasurers Or Tax Collectors
Treasurers or Tax Collectors of the Named Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

1. The definition of "employee" is amended to include your treasurers or tax collectors shown in the Schedule.
2. Exclusion **1.d. Additional Exclusions, Treasurer Or Tax Collector** under the **ADDITIONAL EXCLUSIONS, CONDITIONS AND DEFINITIONS** Section is deleted.

**U.S SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

BUSINESS AUTO SUPPLEMENTAL DECLARATIONS

ITEM ONE Named Insured: SYCAMORE TOWNSHIP

Policy Period : From **11/01/2017** To **11/01/2018**

At 12:01 AM Standard Time at your mailing address shown on the Common Declarations

Type of Entity: Municipality

ITEM TWO Schedule Of Coverages And Covered Autos

Only those coverages where a Covered Auto Symbol or Premium is shown below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS	LIMIT	PREMIUM
Covered Autos Liability	1	\$ 1,000,000	INCLUDED
Personal Injury Protection (or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible	
Added Personal Injury Protection (or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	
Property Protection Insurance (Michigan Only)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible For Each Accident	
Auto Medical Payments	2	\$ 5,000 Each Insured	INCLUDED
Uninsured Motorists		\$	EXCLUDED
Underinsured Motorists (When not included in Uninsured Motorists Coverage)		\$	EXCLUDED
Physical Damage Comprehensive Coverage	7,8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$1,000 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire or Lightning*	INCLUDED
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism*	
Physical Damage Collision Coverage	7,8	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$2,500 Deductible For Each Covered Auto*	INCLUDED
Physical Damage Towing and Labor	3	\$50 for each disablement of a private passenger "auto"	INCLUDED
Total Premium			INCLUDED

*See Item Four For Hired Or Borrowed Autos

ITEM THREE**Schedule Of Covered Autos You Own**

Covered Auto Description		
Description Year, Model, Trade Name	Vehicle Identification Number (VIN)	Territory
PER SCHEDULE ON FILE		

ITEM FOUR**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Covered Autos Liability Coverage				
State	Estimated No. of Employees For All States	Rate Per Employee	Factor (If Covered Autos Liability Coverage Is Primary)	Premium
OHIO	INCLUDED	INCLUDED	INCLUDED	INCLUDED
			Premium	\$ INCLUDED
Physical Damage Coverages (Other Than Mobile Equipment)				
Coverages	Rate Per Each Employee	Limit Of Insurance	Estimated No. of Employees For Each State (Excluding Autos Hired With A Driver)	Premium
Comprehensive	INCLUDED	Actual Cash Value, Cost of Repairs or \$ Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$ INCLUDED	\$ INCLUDED
Specified Causes Of Loss		Actual Cash Value, Cost of Repairs or \$ Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism	\$	\$
Collision	INCLUDED	Actual Cash Value, Cost of Repairs or \$ Whichever Is Less, Minus \$ 2,500 Deductible For Each Covered Auto	\$ INCLUDED	\$ INCLUDED
Total Hired Auto Premium				\$ INCLUDED

ITEM FIVE**Schedule For Non-ownership Covered Autos Liability**

Named Insured's Business	Rating Basis	Number	Premium
Other Than Social Service Agencies	Number Of Employees/Volunteers		\$ INCLUDED
Social Service Agency	Number Of Employees/Volunteers		\$

AUTO FORMS
See Schedule Of Forms and Endorsements

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Additional Insured (Lessor) and Address	Designation Or Description Of "Leased Auto"
HOLMAN MOTOR HOMES 4387 ELICK LANE BATAVIA, OH 45103	RENTAL OF THE FOLLOWING FROM JULY 12-17 2017. ESTIMATED VALUE OF BOTH: \$148,000 TWO (2) 2017 KEYSTONE RV ALPINE 3901RE, VIN # 4YDF39026HE780217; 2018 FOREST RIVER HERITAGE GLEN 368RLBHK, VIN# 4X4FWBN23JV700866

Coverages	Limit Of Insurance
Covered Autos Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Per Schedule on File Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Per Schedule on File Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

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Page 1 of 2

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

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

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, the **Who Is An Insured** provision under **Covered Autos Liability Coverage** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
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PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Additional Insured (Lessor) and Address	Designation Or Description Of "Leased Auto"
MIKE ALBERT RENTAL 10381 EVENDALE DRIVE CINCINNATI, OH 45241	RENTAL OF THE FOLLOWING FROM JULY 13-17, 2017 3: 15 -PASSENGER VANS -CHEVY EXPRESS VALUE: \$50K EACH

Coverages	Limit Of Insurance
Covered Autos Liability	\$ 1,000,000 Each "Accident"
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Per Schedule on File Deductible For Each Covered "Leased Auto"
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Per Schedule on File Deductible For Each Covered "Leased Auto"
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered "Leased Auto"

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

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

A. Coverage

1. Any "leased auto" designated or described in the Schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.
2. For a "leased auto" designated or described in the Schedule, the **Who Is An Insured** provision under **Covered Autos Liability Coverage** is changed to include as an "insured" the lessor named in the Schedule. However, the lessor is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.
3. The coverages provided under this endorsement apply to any "leased auto" described in the Schedule until the expiration date shown in the Schedule, or when the lessor or his or her agent takes possession of the "leased auto", whichever occurs first.

B. Loss Payable Clause

1. We will pay, as interest may appear, you and the lessor named in this endorsement for "loss" to a "leased auto".
2. The insurance covers the interest of the lessor unless the "loss" results from fraudulent acts or omissions on your part.
3. If we make any payment to the lessor, we will obtain his or her rights against any other party.

C. Cancellation

1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
2. If you cancel the policy, we will mail notice to the lessor.
3. Cancellation ends this agreement.

D. The lessor is not liable for payment of your premiums.

E. Additional Definition

As used in this endorsement:

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RENTAL REIMBURSEMENT COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

Coverage	Auto No.	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Maximum Payment Each Covered "Auto"			Premium
			Any One Day	No. Of Days	Any One Period	
Comprehensive	1 2	Private Passenger Type Only Per Schedule on File	\$ 30	30	\$ 900	\$ Included
Collision	1 2	Private Passenger Type Only Per Schedule on File	\$ 30	30	\$ 900	\$ Included
Specified Causes Of Loss	1 2	N/A	\$		\$	\$
Total Premium						\$ Included

- A.** This endorsement provides only those coverages where a premium is shown in the Schedule. It applies only to a covered "auto" described or designated in the Schedule.
- B.** We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
- C.** We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
- The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.

2. The number of days shown in the Schedule.
- D. Our payment is limited to the lesser of the following amounts:
1. Necessary and actual expenses incurred.
 2. The maximum payment stated in the Schedule applicable to "any one day" or "any one period".
- E. This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- F. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extension.

**U.S. SPECIALTY INSURANCE COMPANY
PUBLIC RISK**

ENDORSEMENT NO. _____

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PKG80910420	11	1	2017	X		SYCAMORE TOWNSHIP	00253

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

REPLACEMENT COST INSURANCE - NEW

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated above.

SCHEDULE

Vehicle Identification Number (VIN) & Description	Replacement Cost
Fire Vehicles – RC – Per Schedule on File	\$Per Schedule on File
Rescue Units – RC – Per Schedule on File	\$Per Schedule on File
	\$
	\$
	\$
	\$

For covered “auto” described in the Schedule above, **SECTION IV – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance and D. Deductible** are replaced by the following:

C. Limit Of Insurance

The most we will pay for “loss” to any one covered “auto” is the lesser of:

1. The cost of repairing or replacing the damaged or stolen property with new property of like kind and quality; or
2. The amount shown in the Schedule.

D. Deductible

For each covered “auto”, our obligation to repair or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Deductible shown in the Declarations does not apply to “loss” caused by fire or lightning.