

Welcome to the 2018



USA Training Conference

Topics:

**Commercial Package, Liability,
Directors' & Officers' Liability,
and Workers' Compensation**

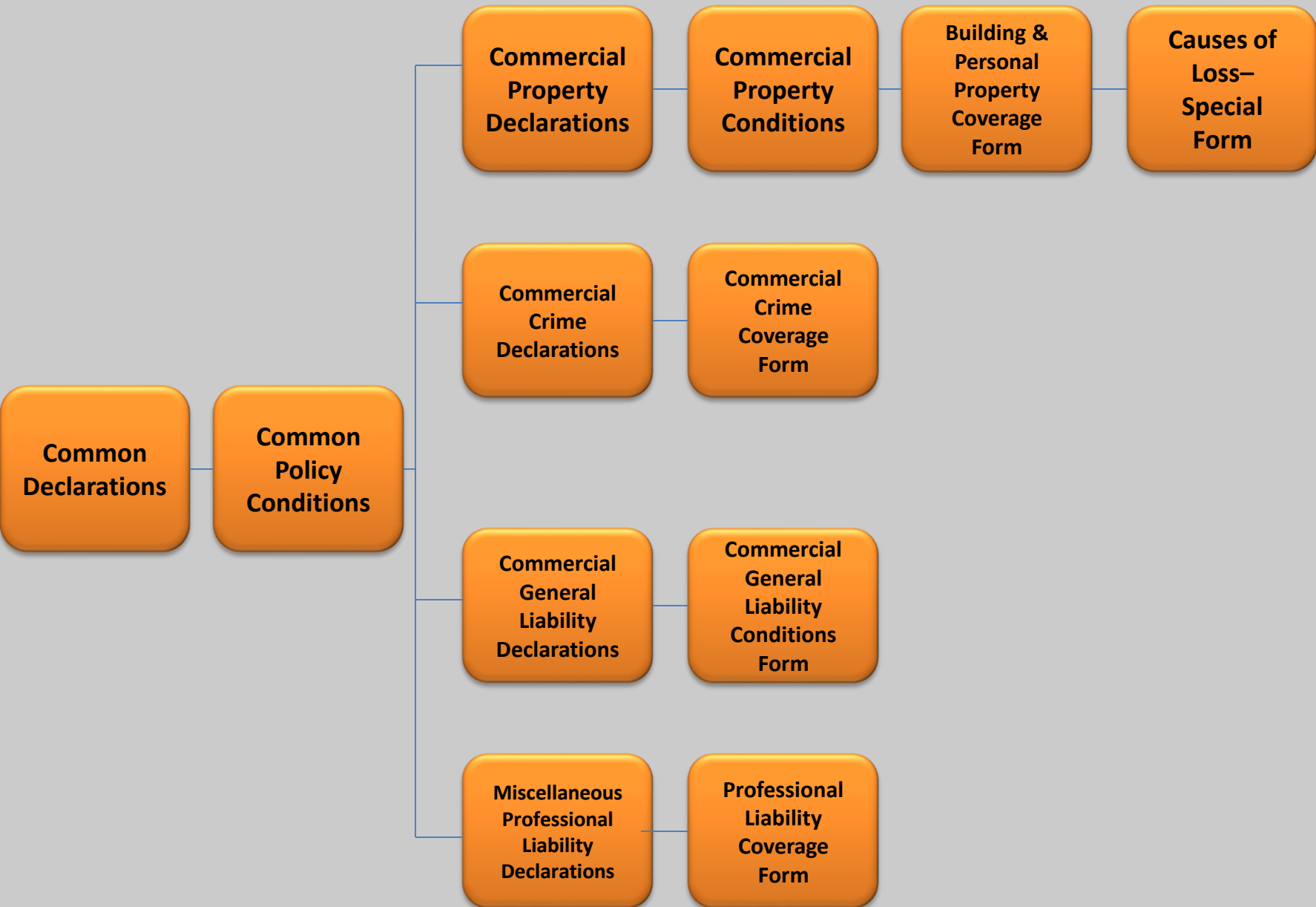


Commercial Package Policy (CPP)

Like a Homeowners policy, the CPP is a packaged policy. It is designed for businesses. Every package policy must have at least two parts--**Property and Liability**. Business clients may purchase any of these commercial coverages as monoline coverage (that is, all by itself) or as part of a CPP (Commercial Page Policy).

- Commercial General Liability
- Commercial Property
- Commercial Crime
- Commercial Inland Marine
- Equipment Breakdown Coverage
- Professional Liability
- Commercial Auto

Components of a Sample Commercial Package Policy (CPP)



NEW HAMPSHIRE INSURANCE COMPANY

A stock company

175 Water Street 18th Floor, New York, NY 10038

COMMON POLICY DECLARATIONS

RENEWAL DECLARATION

POLICY NO:

NAMED INSURED AND MAILING ADDRESS

PRODUCER MAILING ADDRESS

88333

POLICY PERIOD: FROM [REDACTED] TO [REDACTED] AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Corporation

BUSINESS DESCRIPTION: CRIME STOPPERS

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

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

		PREMIUM
COMMERCIAL PROPERTY	\$	[REDACTED]
COMMERCIAL GENERAL LIABILITY	\$	[REDACTED]
CRIME AND FIDELITY	\$	[REDACTED]
COMMERCIAL INLAND MARINE	\$	[REDACTED]
PROFESSIONAL LIABILITY	\$	[REDACTED]
TOTAL PREMIUM		\$ [REDACTED]
ADDITIONAL LA 2018 CPIC EMERGENCY ASSESSMENT		\$ [REDACTED]
POLICY PREMIUM		\$ [REDACTED]

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



Named Insured

NAMED INSURED AND MAILING ADDRESS

<div data-bbox="305 849 1402 1025" style="background-color: black; width: 100%; height: 100%;"></div>	

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

		PREMIUM
COMMERCIAL PROPERTY	\$	
COMMERCIAL GENERAL LIABILITY	\$	
CRIME AND FIDELITY	\$	
COMMERCIAL INLAND MARINE	\$	
PROFESSIONAL LIABILITY	\$	
	TOTAL PREMIUM	\$
	ADDITIONAL LA 2018 CPIC EMERGENCY ASSESSMENT	\$
	POLICY PREMIUM	\$

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and

- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038
COMMERCIAL PROPERTY
RENEWAL DECLARATION

POLICY NO: [REDACTED]
RENEWAL OF: [REDACTED]

NAMED INSURED AND MAILING ADDRESS

[REDACTED]

PRODUCER MAILING ADDRESS

88333

[REDACTED]

POLICY PERIOD: FROM 04/01/2018 TO 04/01/2019 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS :Corporation

BUSINESS DESCRIPTION :CRIME STOPPERS

LOCATION: 1 BUILDING: 1

PROPERTY AT YOUR PREMISES

ADDRESS: [REDACTED]
BUILDING DESCRIPTION: PREMISES NO 1 BULDING NO 1
PROTECTION CLASS: 2 CONSTRUCTION: JOISTED MASONRY

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

COVERAGE	CAUSE OF LOSS	DED	COINSURANCE	AMOUNT OF INSURANCE
PERSONAL PROPERTY COVERAGE(S)				
Business Personal Property	Special Including Theft	\$1,000	80%	\$25,000
BUSINESS PERSONAL PROPERTY				
Replacement Cost				

TERRORISM RISK INSURANCE ACT IS INCLUDED

\$2

TOTAL COMMERCIAL PROPERTY PREMIUM \$180

LA 2018 CPIC EMERGENCY ASSESSMENT \$4.63
TOTAL PREMIUM \$184.63

THE NAMED INSURED IS :Corporation

BUSINESS DESCRIPTION :CRIME STOPPERS

LOCATION: 1 BUILDING: 1

PROPERTY AT YOUR PREMISES

ADDRESS:

BUILDING DESCRIPTION: PREMISES NO 1 BUILDING NO 1

PROTECTION CLASS: 2 CONSTRUCTION: JOISTED MASONRY

COVERAGES PROVIDED

INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN

COVERAGE

CAUSE OF LOSS

DED

COINSURANCE

AMOUNT OF INSURANCE

PERSONAL PROPERTY COVERAGE(S)

Business Personal Property

Special Including Theft

\$1,000

80%

\$25,000

BUSINESS PERSONAL PROPERTY

Replacement Cost

- a. Building**, meaning the building or structure described in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures, including outdoor fixtures;
 - (3) Permanently installed:
 - (a) Machinery and
 - (b) Equipment;
 - (4) Personal property owned by you that is used to maintain or service the building or structure or its premises, including:
 - (a) Fire-extinguishing equipment;
 - (b) Outdoor furniture;
 - (c) Floor coverings; and
 - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (5) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the building or structure;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the building or structure.

b. Your Business Personal Property located in or on the building described in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, consisting of the following unless otherwise specified in the Declarations or on the Your Business Personal Property – Separation Of Coverage form:

- (1)** Furniture and fixtures;
- (2)** Machinery and equipment;
- (3)** "Stock";
- (4)** All other personal property owned by you and used in your business;
- (5)** Labor, materials or services furnished or arranged by you on personal property of others;
- (6)** Your use interest as tenant in improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:
 - (a)** Made a part of the building or structure you occupy but do not own; and
 - (b)** You acquired or made at your expense but cannot legally remove;
- (7)** Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Personal Property Of Others.

Additional Coverages

- a.** Debris Removal
- b.** Preservation of Property
- c.** Fire Department Service Charge
- d.** Pollutant Clean Up and Removal
- e.** Increased Cost of Construction
- f.** Electronic Data—up to \$2,500

Coverage Extensions

- a.** Newly Acquired or Constructed Property
- b.** Personal Effects and Property of Others
- c.** Valuable Papers and Records (Other than Electronic Data)
- d.** Property Off-Premises
- e.** Outdoor Property
- f.** Non-owned Detached Trailers

THE NAMED INSURED IS :Corporation

BUSINESS DESCRIPTION :CRIME STOPPERS

LOCATION: 1 BUILDING: 1

PROPERTY AT YOUR PREMISES
ADDRESS: [REDACTED]
BUILDING DESCRIPTION: PREMISES NO 1 BULDING NO 1
PROTECTION CLASS: 2 CONSTRUCTION: JOISTED MASONRY

COVERAGES PROVIDED				
INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SHOWN				
COVERAGE	CAUSE OF LOSS	DED	COINSURANCE	AMOUNT OF INSURANCE
PERSONAL PROPERTY COVERAGE(S)				
Business Personal Property	Special Including Theft	\$1,000	80%	\$25,000
BUSINESS PERSONAL PROPERTY				
Replacement Cost				

Basic Form

- fire
- lightning
- explosion
- windstorm or hail
- smoke
- aircraft or vehicles
- riot or civil commotion
- vandalism
- sinkhole collapse
- volcanic action

Broad Form

Basic form perils, plus:

- weight of snow, ice, or sleet
- water damage
- falling objects
- breakage of glass

Causes of Loss-----Special Form

The special causes of loss form is an open perils or all risk coverage option for the commercial property policy. That is, instead of listing those perils that are covered, the special form provides protection for all causes of loss not specifically excluded. In this form, then, the exclusions define the coverage. Remember that all those exclusions listed in the basic form, except for the “other” category and some aspects of the water damage exclusion, apply to the special form.

Example #1 (Underinsurance)

When:	The value of the property is:	\$250,000
	The Coinsurance percentage for it is:	80%
	The Limit of Insurance for it is:	\$100,000
	The Deductible is:	\$250
	The amount of loss is:	\$40,000
Step (1):	$\$250,000 \times 80\% = \$200,000$	
	(the minimum amount of insurance to meet your Coinsurance requirements)	
Step (2):	$\$100,000 \div \$200,000 = .50$	
Step (3):	$\$40,000 \times .50 = \$20,000$	
Step (4):	$\$20,000 - \$250 = \$19,750$	
We will pay no more than \$19,750. The remaining \$20,250 is not covered.		

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038

GENERAL LIABILITY RENEWAL DECLARATION

POLICY NO: [REDACTED]
RENEWAL OF: [REDACTED]

NAMED INSURED AND MAILING ADDRESS

[REDACTED]

PRODUCER MAILING ADDRESS 88333

[REDACTED]

POLICY PERIOD: FROM [REDACTED] TO [REDACTED] AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

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

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE		
GENERAL AGGREGATE	\$3,000,000	
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$3,000,000	
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000	
EACH OCCURRENCE	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000	ANY ONE PERSON

MISCELLANEOUS COVERAGE - POLICY

COVERAGE	PREMIUM BASIS	ESTIMATED EXPOSURE
Social Services GL Enhancement Endorsement		

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

[REDACTED]

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

- ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ TRUST
- ☐ LIMITED LIABILITY COMPANY ☐ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
- ☐ OTHER

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ _____	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ _____	Any one premises
MEDICAL EXPENSE LIMIT	\$ _____	Any one person
PERSONAL ADVERTISING INJURY LIMIT	\$ _____	Any one person or organization
GENERAL AGGREGATE LIMIT	\$ _____	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ _____	

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 A.M.,
Forms a part of Policy No.:

SOCIAL SERVICES GENERAL LIABILITY ENHANCEMENT ENDORSEMENT

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposures are provided under this policy. If such specific coverage applies, the terms, conditions, and limits of that coverage are the sole and exclusive coverage applicable under this policy.

Throughout this endorsement the words "you" and "your" refer to the "Named Insured" shown in the Declarations. The words "we", "us", and "our" refer to the "Company" providing this insurance.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is a summary of the Limits of Insurance and Additional Coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

- A) Medical Payment – Limit increased to \$20,000
- B) Supplementary Payments – Bail bonds increased to \$3,000 / Loss of Earnings increased to \$1,000 each day
- C) Legal Liability Extension – For fire, lightning, explosion, smoke, and leaks from sprinklers limit increased to \$1,000,000
- D) Broadened definition of Who is an Insured
- E) Knowledge or Notice of Occurrence
- F) Broadened definition of Advertising Injury includes televised or videotaped publication
- G) Amended definition of Bodily Injury to include mental anguish
- H) Amended Unintentional Failure to Disclose Hazards
- I) Amended Liberalization Clause
- J) Property Damage – **Removal of exclusion for "Property Damage" resulting from the use of reasonable force to protect persons or property**
- K) Premises Sold or Abandoned by You
- L) Added Blanket Additional Insured - Funding sources
- M) Added Blanket Additional Insured - Managers or lessors of premises
- N) Additional Insured – By Contract, Agreement or Permit
- O) General Aggregate Limit Per Location
- P) Blanket Special Events Coverage
- Q) Non-Owned Watercraft Coverage - Length is increased to 65 feet
- R) Blanket Waiver of Subrogation
- S) Waiver of Immunity
- T) **Violation of Rights of Residents Coverage (Patients Rights)**
- U) Liquor Liability Exception to Exclusion
- V) Employee Criminal Defense Costs Only Coverage - \$25,000 limit of insurance – **each "criminal proceeding"**

- A) Medical Payment — Limit increased to \$20,000
- B) Supplementary Payments — Bail bonds increased to \$3,000 / Loss of Earnings increased to \$1,000 each day
- C) Legal Liability Extension — For fire, lightning, explosion, smoke, and leaks from sprinklers limit increased to \$1,000,000
- D) Broadened definition of Who is an Insured

- L) Added Blanket Additional Insured - Funding sources
- M) Added Blanket Additional Insured - Managers or lessors of premises
- N) Additional Insured — By Contract, Agreement or Permit
- O) General Aggregate Limit Per Location
- P) Blanket Special Events Coverage
- Q) Non-Owned Watercraft Coverage - Length is increased to 65 feet
- R) Blanket Waiver of Subrogation

Blanket Special Events

P) BLANKET SPECIAL EVENTS

This insurance applies to "Bodily Injury," "Property Damage," and "Personal and Advertising Injury" arising out of all your special events. However, this insurance does not apply to the following

EXCLUDED EVENTS:

- a) Parades
- b) Aircraft
- c) Motorcycle runs and automobile rallies
- d) Fireworks
- e) Firearms
- f) Animals
- g) Carnivals and fairs with mechanical rides
- h) Concerts
- i) Events including contact sports
- j) Rodeos
- k) Political rallies
- l) Any event lasting more than three (3) days (including otherwise acceptable events)
- m) Any event with greater than 1,000 people in attendance (including otherwise acceptable events)

NEW HAMPSHIRE INSURANCE COMPANY

A Stock Company
175 Wall Street 18th Floor, New York, NY 10038

MISC PROFESSIONAL LIABILITY

OPERATION

POLICY NO:

RENEWAL OF

NAMED INSURED AND MAILING ADDRESS

[REDACTED]
[REDACTED]
[REDACTED]

PRODUCER MAILING ADDRESS 88333

CARE PROVIDERS INSURANCE SERVICES LLC
18301 QUIGLEY DRIVE SUITE 100A
ADDISON TX 75001-0000

POLICY PERIOD: FROM [REDACTED] TO [REDACTED] AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide insurance stated in this Policy.

Item 3 Limits of Coverage

\$ 1,000,000

EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR RELATED ACT

\$ 3,000,000

AGGREGATE

Item 4 Deductible:

\$ 0

EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR RELATED ACT

TOTAL ANNUAL PREMIUM \$

FORMS AND ENDORSEMENTS

APPLYING TO PROFESSIONAL LIABILITY COVERAGE PART AND MAKE PART OF THIS POLICY AT TIME OF ISSUANCE

11-2293 (01-15)

Item 3. Limits of Coverage

\$ 1,000,000

EACH WRONGFUL ACT OF SERIES OF CONTINUOUS, REPEATED OR
RELATED ACT

\$ 3,000,000

AGGREGATE

Item 4. Deductible

\$ 0

EACH WRONGFUL ACT OF SERIES OF CONTINUOUS, REPEATED OR
RELATED ACT

NEW HAMPSHIRE INSURANCE COMPANY

A stock company
175 Water Street 18th Floor, New York, NY 10038
COMMERCIAL CRIME AND FIDELITY
RENEWAL DECLARATION

POLICY NO:	
RENEWAL OF:	

NAMED INSURED AND MAILING ADDRESS

--

PRODUCER MAILING ADDRESS 88333

--

POLICY PERIOD: FROM [REDACTED] TO [REDACTED] AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

INSURING AGREEMENTS

INSURING AGREEMENT	LIMIT	DEDUCTIBLE
Employee Theft (Blanket)	\$100,000	\$1,000

TOTAL CRIME AND FIDELITY PREMIUM	\$
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

CANCELLATION OF PRIOR INSURANCE

By acceptance of this policy you give us notice cancelling prior policy or bond No(s).

The cancellation to be effective at the time this policy becomes effective.

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

Employee Theft

INSURING AGREEMENTS

INSURING AGREEMENT	LIMIT	DEDUCTIBLE
Employee Theft (Blanket)	\$100,000	\$1,000



Business Auto

Business Auto Insurance

Covers auto exposures for any type of organization except:



Auto business (service stations, auto dealers, repair shops, parking lots)

Motor carriers for hire (trucking companies)



Definition of auto:

“Auto” means a land motor vehicle, trailer or semi-trailer designed for travel on public roads but does not include “mobile equipment.”

New Hampshire Insurance Company

(a capital stock company)
175 Water Street
New York, NY 10038
(212) 458 5000

BUSINESS AUTO DECLARATIONS

RENEWAL DECLARATION

POLICY NO.

RENEWAL OF

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

--

AGENCY AND MAILING ADDRESS

88333

--

POLICY PERIOD: FROM
SHOWN ABOVE

TO

AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

ITEM ONE

THE NAMED INSURED IS: **Other**

BUSINESS DESCRIPTION: **Crime Stoppers**

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

ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column 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.**

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS	PREMIUM
8, 9	Covered Autos Liability	See Item Five For Non Owned Liability See Item Four For Hired Borrowed Auto	\$
	Auto Medical Payments	\$ Each Insured	\$
	Uninsured Motorists - UM	See Item Three	\$
	Underinsured Motorists - UIM	See Item Three	\$

New Hampshire Insurance Company

COMMERCIAL AUTOMOBILE POLICY

RENEWAL DECLARATION

**POLICY NO.
INSURED:**

**EFFECTIVE DATE:
AGENT:**

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS	PREMIUM
8	Physical Damage: Comprehensive Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three), But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$
	Physical Damage: Specified Causes Of Loss Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three) For Loss Caused By Mischief Or Vandalism. See Item Four for Hired or Borrowed Autos.	\$
8	Physical Damage: Collision Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three). See Item Four for Hired or Borrowed Autos.	\$
	Physical Damage: Towing And Labor	See Item Three	\$
		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED POLICY PREMIUM*	\$
		*This policy may be subject to final audit	

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

Symbol	Description Of Covered Auto Designation Symbols	
1	Any "Auto"	
2	Owned "Autos" Only	Only those "autos" you own (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
3	Owned Private Passenger "Autos" Only	Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.
4	Owned "Autos" Other Than Private Passenger "Autos" Only	Only those "autos" you own that are not of the private passenger type (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
5	Owned "Autos" Subject To No-fault	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
6	Owned "Autos" Subject To A Compulsory Uninsured Motorists Law	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
7	Specifically Described "Autos"	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
8	Hired "Autos" Only	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
9	Non-owned "Autos" Only	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

ITEM FOUR – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

COVERED AUTOS LIABILITY COVERAGE – COST OF HIRE RATING BASIS FOR AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT)

STATE	COVERED AUTOS LIABILITY COVERAGE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	LIMIT	DEDUCTIBLE	PREMIUM
LA	Excess Liability	\$ 5,000	\$ 1,000,000	\$	\$
Total Hired Auto Premium					\$
For “autos” NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of “autos” you don’t own (not including “autos” you borrow or rent from your partners or “employees” or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.					

PHYSICAL DAMAGE COVERAGES – COST OF HIRE RATING BASIS FOR ALL AUTOS (OTHER THAN MOBILE OR FARM EQUIPMENT)

STATE: **LA**

COVERAGE	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE (Excluding Autos Hired With A Driver)	PREMIUM
Comprehensive	Actual Cash Value Or Cost Of Repair, \$ 1 Whichever Is Less, Minus \$ 100 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, \$ Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism	\$	\$
Collision	Actual Cash Value Or Cost Of Repair,\$ 1 Whichever Is Less, Minus \$ 1,000 Deductible For Each Covered Auto	\$	\$

Total Hired Auto Premium	\$
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.	

Directors & Officers

D&O Insurance - Structure



What is D&O Insurance?

D&O Insurance provides indemnity for the Individual Directors and Officers of a company against their legal liability to pay damages to third party claimants as a consequence of the third party having suffered financial loss through the negligent act, error or omission of the Director or Officer in his/her “managerial capacity”.

In other words, it is a “**Managerial Negligence**” cover

A.M. Best Rated A++

This Policy is issued by the stock insurance company listed above ("Insurer").

THE INSURED PERSONS AND ORGANIZATION AND EMPLOYMENT PRACTICES LIABILITY SECTIONS OF THIS POLICY, WHICHEVER ARE APPLICABLE, COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF ELECTED, THE EXTENDED PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE RELEVANT COVERAGE SECTION. PLEASE READ THIS POLICY CAREFULLY.

THE LIMITS OF LIABILITY AVAILABLE TO PAY INSURED LOSS SHALL NOT BE REDUCED BY AMOUNTS INCURRED FOR COSTS, CHARGES AND EXPENSES UNLESS OTHERWISE PROVIDED HEREIN. AMOUNTS INCURRED FOR COSTS, CHARGES AND EXPENSES AND LOSS SHALL BE APPLIED AGAINST THE RETENTION AND DEDUCTIBLE AMOUNTS. TERMS THAT APPEAR IN BOLD FACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO THE APPROPRIATE DEFINITIONS SECTIONS OF THIS POLICY.

Policy Number:

Renewal of:

Item A. **Parent Organization & Principal Address:**

Item B.

Policy Period: From _____ to _____
12:01 a.m. local time at the Principal Address shown in Item A.

Item C. **Coverage Section(s):**

INSURED PERSONS AND ORGANIZATION

1. Limit of Liability:

- a. \$2,000,000 aggregate for all **Loss** (other than **Costs, Charges and Expenses**)
- b. \$0 additional aggregate for all **Loss** under Insuring Clause A1, subject to 1c immediately below,
- c. \$2,000,000 maximum aggregate for this Coverage Section

2. Retentions:

- \$0 each **Claim** under Insuring Clause 1
- \$500 each **Claim** under Insuring Clause 2
- \$500 each **Claim** under Insuring Clause 3

3. Continuity Date:

3. Continuity Date:

Claims Made-Never Occurrence

Item E.	Discovery Period	
	1. One (1) year	75% of the premium set forth in Item D of the Declarations
	2. Two (2) years	100% of the premium set forth in Item D of the Declarations
	3. Three (3) years	150% of the premium set forth in Item D of the Declarations

As provided in subsection H of the General Terms and Conditions, only one of the above Discovery Period options may be elected and purchased.

Item F.	Run-Off Period	
	1. One (1) year	75% of the premium set forth in Item D of the Declarations
	2. Two (2) years	85% of the premium set forth in Item D of the Declarations
	3. Three (3) years	95% of the premium set forth in Item D of the Declarations
	4. Four (4) years	105% of the premium set forth in Item D of the Declarations
	5. Five (5) years	115% of the premium set forth in Item D of the Declarations
	6. Six (6) years	125% of the premium set forth in Item D of the Declarations



Workers' Compensation



When Nonprofits Need Workers' Compensation Insurance for Volunteers