

CONDITIONAL



EMC Insurance Companies
PO Box 1252
Minneapolis, MN 55440-1252
www.emcins.com

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS, MN 56572-0642
07/01/2018 to 07/01/2019
Prepared on 06/18/2018
Quote Valid Through 08/02/2018

Account Summary
Quote Account Number: X869791
Option 005
Prior Account Number: 4X96500

Commercial Property (A-09)	\$	44,865.65
General Liability (Occurrence) (D-06)	\$	5,434.00
Linebacker - Claims Made (K-02)	\$	3,026.00
Commercial Inland Marine (C-04)	\$	1,557.00
Business Auto (E-03)	\$	7,710.00
Commercial Umbrella (J-04)	\$	3,015.00
Total Account Premium Estimate	\$	65,607.65

This proposal is offered through EMC Insurance Companies. EMC offers customizable insurance products to meet your unique needs and expert safety resources to help your business prevent claims. As your independent agent, we are here to offer you personalized service.

*The premium reflects the rates as of the date shown above and assumes the information provided is accurate.**

Please review the following pages for coverage details. To discuss the advantages of insuring your business with EMC, contact us at the number listed below or visit www.emcins.com.

Thank you,

Mickelson Pribbernow, Inc. DBA Amp Insurance
920 Pebble Lake Rd
Fergus Falls, MN 56537-3106
218-739-3316

**This proposal does not guarantee the policy will be accepted or that coverage will be provided in the company selected or at the premium quoted. Due to periodic rate changes, a change to the policy's effective date may result in a different premium.*

CONDITIONAL



EMCASCO INSURANCE COMPANY

QUOTE NO: A869791-09

Q U O T A T I O N - C O M M E R C I A L P R O P E R T Y

QUOTATION IS VALID: FROM 06/18/18 TO 08/02/18
PROPOSED POLICY PERIOD: FROM 07/01/18 TO 07/01/19

P R E P A R E D F O R :	P R E S E N T E D B Y
PELICAN RAPIDS ISD 548	MICKELSON PRIBBERNOW, INC.
PO BOX 642	DBA AMP INSURANCE
PELICAN RAPIDS MN 56572-0642	920 PEBBLE LAKE RD
	FERGUS FALLS MN 56537-3106

DIRECT BILL	AGENT: BC 8878
	AGENT PHONE: (218)739-3316
INSURED IS:SCHOOL	BUSINESS DESC: SCHOOL

C O V E R A G E S P R O V I D E D	P R E M I U M
SCHOOLS - PROPERTY OFF PREMISES AND IN TRANSIT	\$ 300.00
BLANKET 001 - SEE SCHEDULE FOR DESCRIPTION	\$ 44,546.00
TOTAL PROPERTY PREMIUM	\$ 44,846.00
MINNESOTA FIRE INSURANCE SURCHARGE	\$ 19.65
TOTAL PROPERTY PREMIUM	\$ 44,865.65

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONAL

EMCASCO INSURANCE COMPANY

QUOTE NUMBER: A869791-09

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

**C O M M E R C I A L P R O P E R T Y P O L I C Y
Q U O T E**

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CP0090	07-88	COMMERCIAL PROPERTY CONDITIONS	
*CP0108	10-12	MINNESOTA CHANGES	
*CP0140	07-06	EXCL OF LOSS DUE TO VIRUS/BACTERIA	
*CP0150	10-00	MINNESOTA CHANGES-RC-PERSONAL PROP.	
*CP0157	07-98	MINNESOTA CHANGES-COINSURANCE	
*CP0411	09-17	PROTECTIVE SAFEGUARDS	
*CP7001A	02-12	COMMERCIAL PROPERTY SCHEDULE	
*CP7003A	02-12	SCHEDULE OF LOCATIONS	
*CP7123	01-18	BUILDING AND PERSONAL PROPERTY COV	
*CP7123.4	01-10	SCHOOL QUICK REFERENCE	
*CP7358	02-17	EQUIPMENT BREAKDOWN COVERAGE	
*CP8075	07-06	POLICYHOLDER NOTICE	
*CP9993	10-90	TENTATIVE RATE	
*IL0245	09-08	MN CHANGES - CANCELLATION/NONRENEWAL	
*IL0952	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 1310
*IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: A869791-09
EFF DATE: 07/01/18 EXP DATE: 07/01/19

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: A869791-09
EFF DATE: 07/01/18 EXP DATE: 07/01/19

THIS DISCLOSURE IS ATTACHED TO YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS DISCLOSURE 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

Terrorism Premium (Certified Acts) \$1310.00

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this disclosure 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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

COMMERCIAL PROPERTY SCHEDULE

BLANKET COVERAGE APPLIES ONLY AS INDICATED BY AN ENTRY BELOW:

Blanket: 001 Property In the Open at Locs:003, 004
Combined Building(s) and Personal Property at Locs: 001
Combined Building(s), Personal Property and Property in
the Open at Locs: 002

Blanket Limit of Insurance: \$ 65,509,566 Coinsurance: 90%

=====
Loc 001 310 S BROADWAY
PELICAN RAPIDS, MN
56572-4533

For Inspection Contact: AMP INSURANCE (218)739-3316 AGT

Location Number 001
Building Number 001

Description: Occupancy:
3 STORY MASON NON-COM BLDG HIGH SCHOOL
IN PROTECTION CLASS 06

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Protective Safeguards: P1

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value
PERSONAL PROPERTY OF YOUR BUSINESS	Special	001	001	Replacement Cost Agreed Value

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONAL



EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
 EXP DATE: 07/01/19

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 001
 Building Number 002

Description:
 1 STORY FRAME BLDG
 IN PROTECTION CLASS 06

Occupancy:
 STORAGE BUILDING

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
Building	Special	001		Replacement Cost Agreed Value
Personal Property of your Business	Special	001		Replacement Cost Agreed Value

Location Number 001
 Building Number 003

Description:
 1 STORY FRAME BLDG
 IN PROTECTION CLASS 06

Occupancy:
 STORAGE BUILDING

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
Building	Special	001		Replacement Cost Agreed Value
Personal Property of your Business	Special	001		Replacement Cost Agreed Value

Loc 002 1 VIKING DR
 PELICAN RAPIDS, MN
 56572-7416

For Inspection Contact: SEE AGENT ON DEC PAGE

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONALEMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 002
Building Number 001Description:
1 STORY MASON NON-COM BLDG
IN PROTECTION CLASS 06Occupancy:
VIKING ELEMENTARY SCHOOL

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Protective Safeguards: P1

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value
PERSONAL PROPERTY OF YOUR BUSINESS	Special	001		Replacement Cost Agreed Value
PROPERTY IN THE OPEN	Special	001		Replacement Cost Agreed Value

Location Number 002
Building Number 002Description:
1 STORY JSTD MAS BLDG
IN PROTECTION CLASS 06Occupancy:
CONCESSION STAND & STORAGE

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value
PERSONAL PROPERTY OF YOUR BUSINESS	Special	001		Replacement Cost Agreed Value
PROPERTY IN THE OPEN -PRESS BOX	Special	001		Replacement Cost Agreed Value

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

COMMERCIAL PROPERTY SCHEDULE

Loc 003 302 SW 4TH AVE
PELICAN RAPIDS, MN
56572

For Inspection Contact: AMP INSURANCE (218)739-3316 AGT

Location Number 003
Building Number 001

Description:
1 STORY BLDG
IN PROTECTION CLASS 06

Occupancy:
SCOREBORAD

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
Property in the Open	Special	001		Replacement Cost Agreed Value

Loc 004 GREAT NORTHERN ROAD
PELICAN RAPIDS, MN
56572

For Inspection Contact: AMP INSURANCE (218)739-3316 AGT

Location Number 004
Building Number 001

Description:
1 STORY BLDG
IN PROTECTION CLASS 06

Occupancy:
ATHLETIC FIELD

Deductible Per Occurrence: \$2,500 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
Property in the Open	Special	001		Replacement Cost Agreed Value

AS QUOTED ON: 06/18/18 (BPP)



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EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Miscellaneous Policy Level Coverages

Equipment Breakdown Endorsement	See Coverage Form
School Building and Personal Property	See Coverage Form
Schools - Property Off Premises & In Transit	Limit \$187,209
	Ded \$ 500

Special Interest(s)

001 Loss Payee - Loss Payable
 TOSHIBA BUSINESS SYSTEMS
 PO BOX 436357
 LOUISVILLE, KY 40253-6357

AS QUOTED ON: 06/18/18 (BPP)



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EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

SCHEDULE OF LOCATIONS

BLANKET NO: 001

Loc No: 001 310 S BROADWAY
PELICAN RAPIDS, MN 56572-4533

For Inspection Contact: AMP INSURANCE (218)739-3316

BLDG 001
Occupancy: HIGH SCHOOL
BLDG 002
Occupancy: STORAGE BUILDING
BLDG 003
Occupancy: STORAGE BUILDING

Loc No: 002 1 VIKING DR
PELICAN RAPIDS, MN 56572-7416

For Inspection Contact: SEE AGENT ON DEC PAGE

BLDG 001
Occupancy: VIKING ELEMENTARY SCHOOL
BLDG 002
Occupancy: CONCESSION STAND & STORAGE

Loc No: 003 302 SW 4TH AVE
PELICAN RAPIDS, MN 56572

For Inspection Contact: AMP INSURANCE (218)739-3316

BLDG 001
Occupancy: SCOREBORAD

Loc No: 004 GREAT NORTHERN ROAD
PELICAN RAPIDS, MN 56572

For Inspection Contact: AMP INSURANCE (218)739-3316

BLDG 001
Occupancy: ATHLETIC FIELD

AS QUOTED ON: 06/18/18 (BPP)

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EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
 EXP DATE: 07/01/19

S T A T E M E N T O F V A L U E S

Construction/Occupancy	Coverage	100% Values	Value Type

Loc No: 001 310 S BROADWAY PELICAN RAPIDS, MN 56572-4533			
Building Number 001			
3 STORY MASON NON-COM BLDG	BUILDING	\$ 42,280,783	RC
IN PROTECTION CLASS 06	PERSONAL PROPERTY OF YOUR	\$ 3,356,323	RC
HIGH SCHOOL	BUSINESS		

Building Number 002			
1 STORY FRAME BLDG	Building	\$ 135,000	RC
IN PROTECTION CLASS 06	Personal Property of your	\$ 27,000	RC
STORAGE BUILDING	Business		

Building Number 003			
1 STORY FRAME BLDG	Building	\$ 50,000	RC
IN PROTECTION CLASS 06	Personal Property of your	\$ 10,000	RC
STORAGE BUILDING	Business		

Loc No: 002 1 VIKING DR PELICAN RAPIDS, MN 56572-7416			
Building Number 001			
1 STORY MASON NON-COM BLDG	BUILDING	\$ 16,048,248	RC
IN PROTECTION CLASS 06	PERSONAL PROPERTY OF YOUR	\$ 1,631,952	RC
VIKING ELEMENTARY SCHOOL	BUSINESS		
	PROPERTY IN THE OPEN	\$ 1,880,000	RC

Building Number 002			
1 STORY JSTD MAS BLDG	BUILDING	\$ 45,624	RC
IN PROTECTION CLASS 06	PERSONAL PROPERTY OF YOUR	\$ 7,020	RC
CONCESSION STAND & STORAGE	BUSINESS		
	PROPERTY IN THE OPEN	\$ 5,616	RC
	-PRESS BOX		

Loc No: 003 302 SW 4TH AVE PELICAN RAPIDS, MN 56572			
Building Number 001			
1 STORY BLDG	Property in the Open	\$ 7,000	RC
IN PROTECTION CLASS 06			
SCOREBORAD			

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: A869791-09
EXP DATE: 07/01/19

S T A T E M E N T O F V A L U E S

Loc No: 004 GREAT NORTHERN ROAD
 PELICAN RAPIDS, MN 56572

Building Number 001

1 STORY BLDG	Property in the Open	\$	25,000	RC
IN PROTECTION CLASS 06				
ATHLETIC FIELD				

TOTAL BUILDING \$	58,559,655	RC
TOTAL PERSONAL PROPERTY \$	5,032,295	RC
TOTAL PROPERTY IN THE OPEN \$	1,917,616	RC

COMBINED TOTAL \$ 65,509,566

1. Values shown must be 100% actual cash value or replacement cost and should reflect coverage basis for each item of buildings, personal property or both.
2. Value shall be submitted to insurance company, subject to its acceptance.
3. Nothing contained in these instructions shall be construed as changing in any manner the conditions of this policy.
4. The company may require this statement of values to be signed by the insured or in the case of firms, by a partner or an officer.

All values submitted are correct to the best of my knowledge and belief.

SIGNED: _____

TITLE: _____

DATE: _____

AS QUOTED ON: 06/18/18 (BPP)

CONDITIONAL



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D869791-06

QUOTATION - GENERAL LIABILITY

QUOTATION IS VALID: FROM 06/18/18 TO 08/02/18
PROPOSED POLICY PERIOD: FROM 07/01/18 TO 07/01/19

PREPARED FOR:

PRESENTED BY:

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS MN 56572-0642

MICKELSON PRIBBERNOW, INC.
DBA AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS MN 56537-3106

DIRECT BILL

AGENT: BC 8878

AGENT PHONE: (218)739-3316

INSURED IS: SCHOOL

BUSINESS DESC: SCHOOL

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	500,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$	10,000	ANY ONE PERSON
PERSONAL AND ADVERTISING INJURY LIMIT	\$	1,000,000	ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT	\$	2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000	

COVERAGES PROVIDED

PREMIUM

OTHER THAN PRODUCTS/COMPLETED OPERATIONS	\$	5,434.00
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TOTAL ESTIMATED POLICY PREMIUM	\$	5,434.00
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AUDIT PERIOD: ANNUAL

AS QUOTED ON: 06/18/18 BPP

CONDITIONAL

EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D869791-06

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

G E N E R A L L I A B I L I T Y P O L I C Y
Q U O T E

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
*CG0122	12-07	MN CHGS CONTRACTUAL LIAB EXCLUSION	
*CG0435	12-07	EMPLOYEE BENEFITS LIABILITY COVERAGE	
		EACH EMPLOYEE \$ 1,000,000	
		AGGREGATE \$ 2,000,000	
		DEDUCTIBLE EACH EMPLOYEE \$ 1,000	
		RETROACTIVE DATE 07/01/1993	
*CG2026	04-13	AI-DESIGNATED PERSON OR ORGANIZATION NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC.	
		FARGODOME	
*CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
*CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
*CG2167	12-04	FUNGI OR BACTERIA EXCLUSION	
*CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
*CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
*CG2240	01-96	EXCL-MED PAYMENTS-DAY CARE CENTERS	
*CG2271	04-13	COLLEGES/SCHOOLS LIMITED FORM	
*CG2404	05-09	---WAIVER/TRANSFER RIGHTS OF RECOVER NAME OF PERSON OR ORGANIZATION: WEST CENTRAL MN COMMUNITIES ACTION, INC. 411 INDUSTRIAL PARK BLVD ELBOW LAKE, MN 56531	
*CG2605	07-98	MINNESOTA CHANGES	
*CG2681	12-04	MINNESOTA CHANGES - DUTIES CONDITION	
*CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
*CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
*CG7114	01-86	TRAMPOLINE EXCLUSION	
*CG7185	10-13	EXCLUSION - LEAD	
*CG7229	01-06	CAMP OR CLINIC DESCRIPTION OF CAMP OR CLINIC: BASKETBALL/FOOTBALL DATE(S): 6-1 TO 9-1 NO. OF PARTICIPANTS: ?	
*CG7480	10-13	AI-OWN, LESSEE, CONTRACTOR-VICAR LIAB NAME: WELLS FARGO EQUIPMENT FINANCE	
*CG7551	05-15	ABUSE OR MOLESTATION LIABILITY	
*CG7614	01-13	SCHOOL VIOLENT EVENT RESPONSE COV AGGREGATE LIMIT: \$ 1,000,000	

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D869791-06

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

GENERAL LIABILITY POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM

		EACH EVENT LIMIT: \$ 1,000,000	
		EACH PERSON LIMIT: \$ 25,000	
*CG7627	03-09	AMENDMENT OF EMPL BENEFITS PROGRAM	
*CG7699	10-16	GENERAL LIAB ELITE EXT/SCHOOL	
*CG8081	04-06	FUNGI/BACTERIA NOTICE TO POLICYHOLDR	
*IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL0245	09-08	MN CHANGES - CANCELLATION/NONRENEWAL	
*IL7028	05-15	ASBESTOS EXCLUSION	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 43
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	09-09	MEDICARE IMPT NOTICE TO POLICYHOLDER	
*IL8745	03-17	IMPORTANT NOTICE TO POLICYHOLDERS	

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: D869791-06
EFF DATE: 07/01/18 EXP DATE: 07/01/19

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: D869791-06
EFF DATE: 07/01/18 EXP DATE: 07/01/19

THIS DISCLOSURE IS ATTACHED TO YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS DISCLOSURE 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

Terrorism Premium (Certified Acts) \$43.00

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this disclosure 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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/18/18

CONDITIONAL



EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER: D869791-06
 EXP DATE: 07/01/19

GENERAL LIABILITY SCHEDULE

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS	ALL OTHER
RATE ADVANCE PREM	RATE ADVANCE PREM	
LOCATION 001		
41715		6.014 \$ 698
DAY CARE CENTERS (1) (4)		
PREMIUM BASIS:		
STUDENTS		
EXPOSURE: 116		
(SUBLINE /334)		
44194		340.386 \$ 681
GRANDSTANDS OR BLEACHERS (2) (4)		
PREMIUM BASIS:		
EACH		
EXPOSURE: 2		
(SUBLINE /334)		
47469		3.028 \$ 215
SCHOOLS - FACULTY LIABILITY FOR		
CORPORAL PUNISHMENT OF PUPILS (4)		
PREMIUM BASIS:		
TEACHERS		
EXPOSURE: 71		
(SUBLINE /334)		
47471		2.365 \$ 1,417
SCHOOLS - PUBLIC - ELEMENTARY,		
KINDERGARTEN OR JUNIOR HIGH (4)		
PREMIUM BASIS:		
STUDENTS		
EXPOSURE: 599		
(SUBLINE /334)		
47473		3.097 \$ 808
SCHOOLS - PUBLIC - HIGH (4)		
PREMIUM BASIS:		
STUDENTS		
EXPOSURE: 261		
(SUBLINE /334)		
ADDITIONAL INTEREST (1-334)		100
FARGODOME		
DESIGNATED PERSON OR ORGANIZATION		
CG2026		
87703		\$ 175
CAMPS OR CLINICS		
PREMIUM BASIS:		
FLAT CHRG		
EXPOSURE: IF ANY		
(SUBLINE /334)		

AS QUOTED ON: 06/18/18 BPP

CONDITIONAL



EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER: D869791-06
 EXP DATE: 07/01/19

GENERAL LIABILITY SCHEDULE (CONTINUED)

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS	ALL OTHER
	RATE ADVANCE PREM	RATE ADVANCE PREM
87734		\$ 0
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US		
CG2404		
PREMIUM BASIS:		
FLAT CHRG		
EXPOSURE: IF ANY		
(SUBLINE /334)		
ADDITIONAL INTEREST (1-334)		25
WEST CENTRAL MN COMMUNITIES		
87763		\$ 0
ADDITIONAL INSURED-OWNERS, LESSEES & CONTRACTORS-SCHED PERS OR ORG -		
VICARIOUS LIAB		
CG7480		
PREMIUM BASIS:		
FLAT CHRG		
EXPOSURE: IF ANY		
(SUBLINE /334)		
ADDITIONAL INTEREST (1-334)		30
WELLS FARGO EQUIPMENT FINANCE		
87777		\$ 325
ABUSE OR MOLESTATION LIABILITY		
CG7551		
PREMIUM BASIS:		
FLAT CHRG		
EXPOSURE: IF ANY		
(SUBLINE /334)		
87818		\$ 420
SCHOOLS - VIOLENT EVENT RESPONSE		
COVERAGE		
CG7614		
PREMIUM BASIS:		
FLAT CHRG		
EXPOSURE: IF ANY		
(SUBLINE /334)		
87825	197.400	\$ 197
EMPLOYEE BENEFITS LIABILITY		
COVERAGE		
PREMIUM BASIS:		
PER EMP		
EXPOSURE: 85		
(SUBLINE /EBL)		
\$ 1000 DEDUCTIBLE APPLIES		
EACH EMPLOYEE		

AS QUOTED ON: 06/18/18 BPP

CONDITIONALEMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER: D869791-06

EXP DATE: 07/01/19

GENERAL LIABILITY SCHEDULE
(CONTINUED)

POLICY LEVEL COVERAGES

COVERAGES	LIMIT OF INSURANCE	PREMIUM
GENERAL LIABILITY ELITE EXTENSION	!	!\$ 300

PREMIUM FOR CERTIFIED ACTS OF TERRORISM \$	43.00
TOTAL ESTIMATED POLICY PREMIUM \$	5434.00

- (1) OTHER THAN NOT FOR PROFIT (2) NOT FOR PROFIT
(3) INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS UNLESS OTHERWISE EXCLUDED
(4) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT
(5) A \$250 PD DEDUCTIBLE PER CLAIM APPLIES TO CUSTOMERS AUTOS UNLESS
OTHERWISE DESIGNATED BY THIS CLASSIFICATION CODE
(6) FOR SPRAY PAINTING OPERATIONS, A PD DEDUCTIBLE OF \$250 PER CLAIM APPLIES
UNLESS A HIGHER DEDUCTIBLE IS OTHERWISE DESIGNATED FOR THIS
CLASSIFICATION CODE

LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED:

RATED LOCATIONS:

LOC 001 310 S BROADWAY
PELICAN RAPIDS, MN 56572-4533

ALL OTHER LOCATIONS:

101 5TH AVE SW
PELICAN RAPIDS MN 56572

301 SOUTH BROADWAY
PELICAN RAPIDS, MN 56572

302 BROADWAY SOUTH, PARCEL NO. 7600099024000
PELICAN RAPIDS, MN 56572

302 SW 4TH AVENUE
PELICAN RAPIDS, MN 56572

412 1ST ST SW
PELICAN RAPIDS MN 56572

1 VIKING DRIVE
PELICAN RAPIDS MN 56572

302 SW 4th Ave, Pelican Rapids, MN 56572

Great Northern Road, Pelican Rapids, MN 56572

AS QUOTED ON: 06/18/18 BPP

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K869791-02

Q U O T A T I O N - L I N E B A C K E R

QUOTATION IS VALID FROM 05/08/18 TO 07/01/18
PROPOSED POLICY PERIOD: FROM 07/01/18 TO 07/01/19

P R E P A R E D F O R :

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS MN 56572-0642

P R E S E N T E D B Y :

MICKELSON PRIBBERNOW, INC.
DBA AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS MN 56537-3106

DIRECT BILL

AGENT: AC 8878
AGENT PHONE: (218)739-3316

INSURED IS: SCHOOL

BUSINESS DESC: SCHOOL

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:
THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR
BEFORE THE RETROACTIVE DATE SHOWN BELOW.

RETROACTIVE DATE: 07/01/04

AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (1 YEARS)

L I M I T S O F L I A B I L I T Y

EACH LOSS	\$ 1,000,000
EACH CLAIMANT	\$ 1,000,000
AGGREGATE FOR EACH POLICY TERM	\$ 2,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE)	\$ 1,000

TOTAL ADVANCE PREMIUM \$ 3,026.00

COVERAGE IS PROVIDED FOR BOARD AND ALL EMPLOYEES

(THE ADVANCE PREMIUM IS A MINIMUM PREMIUM FOR THE POLICY TERM)
A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE

AS QUOTED ON: 05/08/18 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K869791-02

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

LINEBACKER POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CL7001	01-18	LNBKR PUBLIC/EPLI COVERAGE FORM	
*CL7110	01-18	NUCLEAR ENERGY LIABILITY EXCLUSION	
*CL7128	10-12	TORT LIABILITY ENDORSEMENT	
*CL7153	01-18	EXCL-FUNGI OR BACTERIA	
*CL7156	01-18	CAP ON LOSSES CERT ACTS OF TERRORISM	
*CL7161	01-18	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
*CL7181	01-18	LIMITED LAW ENFORCEMENT EXTENSION	
*CL7202	10-15	DATA COMPROMISE & CYBER LIAB EXCL	
*CL8322	10-15	ADVISORY NOTICE TO POLICYHOLDERS	
*IL7111	01-18	MN CHANGES - CANCELLATION/NONRENEWAL	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7149	01-08	COMMON POLICY CONDITIONS	
*IL7326	01-18	CALCULATION OF PREMIUM	
*IL7329	01-18	MINNESOTA CHANGES	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 30
*IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 05/08/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: K869791-02
EFF DATE: 07/01/18 EXP DATE: 07/01/19

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 05/08/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: K869791-02
EFF DATE: 07/01/18 EXP DATE: 07/01/19

THIS DISCLOSURE IS ATTACHED TO YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS DISCLOSURE 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

Terrorism Premium (Certified Acts) \$30.00

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this disclosure 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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 05/08/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C869791-04

Q U O T A T I O N - C O M M E R C I A L I N L A N D M A R I N E

QUOTATION IS VALID: FROM 06/18/18 TO 08/02/18
PROPOSED POLICY PERIOD: FROM 07/01/18 TO 07/01/19

P R E P A R E D F O R : P R E S E N T E D B Y :

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS MN 56572-0642

MICKELSON PRIBBERNOW, INC.
DBA AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS MN 56537-3106

DIRECT BILL

AGENT: AC 8878
AGENT PHONE: (218)739-3316

INSURED IS: SCHOOL

BUSINESS DESC: SCHOOL

SEE ATTACHED SCHEDULE FOR LIMITS AND DESCRIPTION OF COVERAGES

C O V E R A G E S H E A D I N G S	P R E M I U M
ELECTRONIC DATA PROCESSING	\$ 907.00
SCHEDULED PROPERTY FLOATER	\$ 650.00
TOTAL INLAND MARINE PREMIUM	\$ 1,557.00

A DEDUCTIBLE MAY APPLY FOR THE COVERAGE PROVIDED. IN THE EVENT A LOSS (OTHER THAN EARTHQUAKE) INVOLVES COVERED PROPERTY AT MORE THAN ONE LOCATION OR IN MORE THAN ONE CLASS, ONLY ONE DEDUCTIBLE, THE LARGEST DEDUCTIBLE SHOWN ON THE SCHEDULE FOR THE LOCATION OR CLASSES INVOLVED IN THE LOSS, WILL APPLY PER OCCURRENCE.

AS QUOTED ON: 06/18/18

(BPP)

CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C869791-04

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

C O M M L I N L A N D M A R I N E P O L I C Y
Q U O T E

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CL0100	03-99	COMMON POLICY CONDITIONS	
*CL0142	06-13	AMENDATORY ENDORSEMENT MINNESOTA	
*CL0600	01-15	CERTIFIED TERRORISM LOSS	
*CL0700	10-06	VIRUS OR BACTERIA EXCLUSION	
*CM7001A	09-97	COMMERCIAL INLAND MARINE SCHEDULE	
*CM7004	09-06	QUICK REFERENCE	
*CM7021	11-01	LOSS PAYABLE ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	WAIVED
*IM2047	08-09	AMENDATORY ENDORSEMENT MINNESOTA	
*IM7201	10-02	COMPUTER COVERAGE	
*IM7238	10-02	EARTHQUAKE, FLOOD AND SEWER BACKUP	
*IM7500	04-04	SCHEDULED PROPERTY FLOATER	

AS QUOTED ON: 06/18/18

CONDITIONALEMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER: C869791-04
EXP DATE: 07/01/19

THIS DISCLOSURE IS ATTACHED TO YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS DISCLOSURE 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

Terrorism Premium (Certified Acts) Waived

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this disclosure 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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/18/18



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: C869791-04
EXP DATE: 07/01/19

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

P O L I C Y W I D E C O V E R A G E S

CLASS/ITEM	DESCRIPTION	*SPEC INTEREST	LIMITS
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SCHEDULED PROPERTY FLOATER

846 SCHEDULED PROPERTY FLOATER
DESCRIPTION OF COVERED PROPERTY:
A/V EQUIPMENT & MISC. PROPERTY
2012 BOBCAT, SN A3L944722, M 5185
BROOM, SN 1079974
2015 MOWER, SN AW4400475, M FMM66
2016 BOBCAT, 3650

IPADS/CASES
SPECIAL INTEREST 01 APPLIES

LIMITS OF INSURANCE		
COVERAGE EXTENSIONS	\$	5,000
ADDITIONAL DEBRIS REMOVAL EXPENSES		
SUPPLEMENTAL COVERAGES	\$	10,000
POLLUTANT CLEANUP AND REMOVAL		
ANY ONE ITEM	\$	23,000
ANY ONE OCCURRENCE	\$	290,000

ACTUAL CASH VALUE

COINSURANCE	80%
DEDUCTIBLE	\$ 500
PREMIUM	\$ 650

LOCATION: 001 310 S BROADWAY
PELICAN RAPIDS, MN 56572-4533

CLASS	DESCRIPTION	SPECIAL* INTEREST	LIMITS
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AS QUOTED ON: 06/18/18

(BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: C869791-04
EXP DATE: 07/01/19

COMMERCIAL INLAND MARINE SCHEDULE

DATA PROCESSING:

\$ 1,000 DEDUCTIBLE APPLIES TO ALL COVERED PERILS
UNLESS A DIFFERENT DEDUCTIBLE IS INDICATED BELOW
\$ 1,000 DEDUCTIBLE - EARTHQUAKE AND VOLCANIC ERUPTION
NOT COVERED DEDUCTIBLE - "FLOOD"
\$ 1,000 DEDUCTIBLE - "MECHANICAL BREAKDOWN", "ELECTRICAL
DISTURBANCE" AND "POWER SUPPLY DISTURBANCE"

80% COINSURANCE

\$ 750,214 EARTHQUAKE "AGGREGATE" LIMIT
\$ 750,214 EARTHQUAKE "OCCURRENCE" LIMIT
\$ 750,214 EARTHQUAKE "CATASTROPHE" LIMIT
NOT COVERED FLOOD "AGGREGATE" LIMIT
NOT COVERED FLOOD "OCCURRENCE" LIMIT
NOT COVERED FLOOD "CATASTROPHE" LIMIT
\$ 750,214 SEWER BACKUP "AGGREGATE" LIMIT
\$ 750,214 SEWER BACKUP "OCCURRENCE" LIMIT
\$ 750,214 SEWER BACKUP "CATASTROPHE" LIMIT

847 COMPUTER COVERAGE

COVERAGE LIMITS - REPLACEMENT COST

\$ 730,214 "HARDWARE"
\$ 10,000 "PROGRAMS AND APPLICATIONS" AND "MEDIA"
\$ 10,000 Income Coverage (Extra Expense ONLY)

COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$ 5,000
Emergency Removal (Number of DAYS)	365
Emergency Removal Expenses	\$ 1,000
ELECTRICAL AND POWER SUPPLY DISTURBANCE	COVERED
-500 Feet Limitation	NOT WAIVED
Fraud and Deceit	\$ 1,000
MECHANICAL BREAKDOWN COVERAGE	COVERED

AS QUOTED ON: 06/18/18

(BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: C869791-04
EXP DATE: 07/01/19

COMMERCIAL INLAND MARINE SCHEDULE

SUPPLEMENTAL COVERAGES

Acquired Locations	\$	250,000
Earthquake Coverage		COVERED
Flood Coverage	NOT	COVERED
NEWLY PURCHASED OR LEASED HARDWARE	\$	250,000
Off-Site Computers	\$	2,500
Pollutant Cleanup and Removal	\$	10,000
Property in Transit	\$	5,000
PROPRIETARY PROGRAMS AND DATA RECORDS	\$	5,000
Sewer Backup		COVERED
REWARDS	\$	1,000
Software Storage	\$	25,000
Virus and Hacking		
Limit any one occurrence	\$	5,000
Limit each separate 12 month period	\$	10,000

INCOME COVERAGE EXTENSIONS

Interruption by civil authority (DAYS)	30
Period of loss extension (DAYS)	30

SUPPLEMENTAL INCOME COVERAGES

Acquired Locations	\$	25,000
Earthquake		COVERED
Flood	NOT	COVERED
OFF PREMISES UTILITY SERVICE INTERRUPTION	\$	10,000
OVERHEAD TRANSMISSION LINES		INCLUDED
Waiting Period (HOURS)		24
Property in Transit	\$	5,000
Sewer Backup		COVERED
Virus and Hacking		
Limit any one occurrence	\$	5,000
Limit each separate 12 month period	\$	15,000
Waiting Period (HOURS)		24

FOREIGN TRANSIT AND LOCATION LIMIT NOT COVERED

ADDITIONAL PROPERTY

ACCOUNTS RECEIVABLE-THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO ACCOUNTS RECEIVABLE	NOT COVERED
POWER PROTECTION EQUIPMENT-THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "POWER PROTECTION EQUIPMENT"	NOT COVERED
REPRODUCTION EQUIPMENT-THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "REPRODUCTION EQUIPMENT"	NOT COVERED
TELECOMMUNICATIONS EQUIPMENT-THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "TELECOMMUNICATIONS EQUIPMENT"	NOT COVERED
VALUABLE PAPERS-THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "VALUABLE PAPERS"	NOT COVERED

AS QUOTED ON: 06/18/18

(BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NO: C869791-04
EXP DATE: 07/01/19

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

PREMIUM \$ 907

*SPECIAL INTERESTS

SPEC.*
INT. NO. LOSS PAYEE - LOSS PAYABLE
01 LOSS, IF ANY, WILL BE ADJUSTED WITH THE NAMED INSURED AND
 Apple, Inc. and its assigns
 5000 RIVERSIDE DR STE 300
 IRVING, TX 75039-4314

AS QUOTED ON: 06/18/18

(BPP)

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E869791-03

Q U O T A T I O N - B U S I N E S S A U T O P O L I C Y

QUOTATION IS VALID: FROM 06/14/18 TO 07/29/18
PROPOSED POLICY PERIOD: FROM 07/01/18 TO 07/01/19

P R E P A R E D F O R P R E S E N T E D B Y

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS MN 56572-0642

MICKELSON PRIBBERNOW, INC.
DBA AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS MN 56537-3106

DIRECT BILL

AGENT: AC 8878
AGENT PHONE: (218)739-3316

INSURED IS: SCHOOL

BUSINESS DESC: SCHOOL

COVERAGES	COV AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
COVERED AUTOS LIABILITY	07 08 09	\$ 1,000,000	3,569.00
PERSONAL INJURY PROT.	07		157.00
UNINSURED MOTORISTS	07	SEE ENDORSEMENT CA7093A	163.00
UNDERINSURED MOTORISTS	07	SEE ENDORSEMENT CA7093A	426.00
PHYSICAL DAMAGE COVERAGE			
COMPREHENSIVE	07		973.00
COLLISION	07		2,043.00
HIRED OR BORROWED AUTO			156.00
NON-OWNERSHIP LIABILITY	EMPLOYEES: 0 - 25		112.00
		PREMIUM FOR ENDORSEMENTS	111.00
		ESTIMATED TOTAL POLICY PREMIUM	7,710.00

AS QUOTED ON: 06/14/18 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E869791-03

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

COMMERCIAL AUTO POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*0405B	01-18	PRIVACY NOTICE	
*CA0001	10-13	BUSINESS AUTO COVERAGE FORM	
		TERRORISM COVG INCL IN MAIN COV FORM	\$ 11
*CA0138	10-13	MINNESOTA CHANGES	
*CA0218	10-13	MN CHANGES - CANCELLATION/NONRENEWAL	
*CA2124	10-13	MN UNINSURED/UNDERINSURED MOTORISTS	
*CA2225	01-17	MINNESOTA PERSONAL INJURY PROTECTION THE NAMED INSURED DOES NOT ELECT TO ADD TOGETHER 2 OR MORE PERSONAL INJURY PROTECTION COVERAGES.	
*CA7001A	11-15	COMM AUTO DECLARATIONS/ADDIT'L ITEMS	
*CA7002A	11-15	COMM AUTO DECLARATIONS - ITEMS 4 & 5	
*CA7007	11-15	QUICK REFERENCE BUSINESS AUTO FORM	
*CA7093A	03-09	UM/UIM SUPPLEMENTAL SCHEDULE	
*CA7313	11-15	PREJUDGMENT INTEREST	
*CA7317	12-16	COMMERCIAL AUTO ESSENTIAL EXT SCHOOL	
*CA8259	05-16	IMPORTANT NOTICE NO FAULT COVERAGE	
*CA8297	04-18	2018 COMMERCIAL AUTO POLICYHOLDER	
*IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8042	09-95	SUMMARY OF CRIMINAL PENALTIES	
*IL8576	09-09	MEDICARE IMPT NOTICE TO POLICYHOLDER	

AS QUOTED ON: 06/14/18



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
EXP DATE: 07/01/19

***COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO COVERAGE FORM**

SUPPLEMENTARY SCHEDULE

ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSURANCE SHOWN FOR THE STATE WHERE A COVERED 'AUTO' IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE

UNINSURED MOTORISTS LIMIT OF INSURANCE

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED ST SINGLE LIMIT	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"BODILY INJURY" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
--	--	---	------------------------------------	--------------------------------------

MN			\$ 1,000,000	
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UNDERINSURED MOTORISTS LIMIT OF INSURANCE

(WHEN UNDERINSURED MOTORISTS IS A SEPARATE COVERAGE)

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED ST SINGLE LIMIT	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"BODILY INJURY" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
--	--	---	------------------------------------	--------------------------------------

MN			\$ 1,000,000	
----	--	--	--------------	--

AS QUOTED ON: 06/14/18 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
EXP DATE: 07/01/19

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE DESCRIPTION / COVERAGE . PREMIUM

LOC: 001 310 S BROADWAY
PELICAN RAPIDS MN. 56572-4533

VEH NO 1 TERR: 112
1999 UTILITY TRAILER ID NO 48B500D12X1037473.
ADDITIONAL INFORMATION:
COST NEW: 3000 AGE: X RADIUS: LOCAL USE: NA .
SERV OR UTILITY TRLR CLASS: 69499 .
COVERED AUTOS LIABILITY . \$ 0.00
COMPREHENSIVE ACV 1000 DED . 8.00
COLLISION ACV 1000 DED . 8.00
TOTAL VEHICLE PREMIUM . \$ 16.00

VEH NO 2 TERR: 112
1999 UTILITY TRAILER ID NO 5KTSC1415XF011635.
ADDITIONAL INFORMATION:
COST NEW: 6000 AGE: X RADIUS: LOCAL USE: NA .
SERV OR UTILITY TRLR CLASS: 69499 .
COVERED AUTOS LIABILITY . \$ 0.00
COMPREHENSIVE ACV 1000 DED . 11.00
COLLISION ACV 1000 DED . 10.00
TOTAL VEHICLE PREMIUM . \$ 21.00

VEH NO 3 TERR: 112
2007 UTILITY TRAILER ID NO 4P5D102871103381 .
ADDITIONAL INFORMATION:
COST NEW: 10000 AGE: X RADIUS: LOCAL USE: NA .
SERV OR UTILITY TRLR CLASS: 69499 .
COVERED AUTOS LIABILITY . \$ 0.00
COMPREHENSIVE ACV 1000 DED . 15.00
COLLISION ACV 1000 DED . 20.00
TOTAL VEHICLE PREMIUM . \$ 35.00

VEH NO 4 TERR: 112
2011 DODGE GRAND CARAVAN ID NO 2D4RN3DG7BR796193.
ADDITIONAL INFORMATION:
COST NEW: 25995 AGE: C RADIUS: LOCAL USE: COMMERCIAL .
LIGHT TRUCK CLASS: 03499 .
COVERED AUTOS LIABILITY . \$ 475.00
PIP . 19.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 115.00
COLLISION ACV 1000 DED . 213.00
TOTAL VEHICLE PREMIUM . \$ 898.00

AS QUOTED ON: 06/14/18 (BPP)

CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
 PELICAN RAPIDS ISD 548

QUOTE NUMBER E869791-03
 EFF DATE: 07/01/18 EXP DATE: 07/01/19

VEH NO 5 TERR: 112
 2012 FORD F250 ID NO 1FTSX2B67CEA41301.
 ADDITIONAL INFORMATION:
 COST NEW: 42440 AGE: B RADIUS: LOCAL USE: COMMERCIAL .
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY . \$ 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 149.00
 COLLISION ACV 1000 DED . 356.00
 TOTAL VEHICLE PREMIUM . \$ 1,075.00

VEH NO 6 TERR: 112 (9 MOS RATING)
 2013 GMC YUKON ID NO 1GKS2JE72DR168193.
 ADDITIONAL INFORMATION:
 COST NEW: 55355 AGE: A RADIUS: LOCAL USE: NA .
 SCHOOL BUS-PUBLIC CLASS: 6181
 COVERED AUTOS LIABILITY . \$ 207.00
 PIP . 24.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 46.00
 COLLISION ACV 1000 DED . 87.00
 TOTAL VEHICLE PREMIUM . \$ 421.00

VEH NO 7 TERR: 112
 2001 FORD EXPLORER ID NO 1FMZU77E11UC03233.
 ADDITIONAL INFORMATION:
 COST NEW: 28325 AGE: X RADIUS: LOCAL USE: COMMERCIAL .
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY . \$ 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 77.00
 COLLISION ACV 1000 DED . 131.00
 TOTAL VEHICLE PREMIUM . \$ 778.00

VEH NO 8 TERR: 112
 2013 DODGE GRAND CARAVAN ID NO 2C4RDGBGDR814218 .
 ADDITIONAL INFORMATION:
 COST NEW: 28000 AGE: A RADIUS: LOCAL USE: COMMERCIAL .
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY . \$ 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 123.00
 COLLISION ACV 1000 DED . 263.00
 TOTAL VEHICLE PREMIUM . \$ 956.00

AS QUOTED ON: 06/14/18 (BPP)

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
 EXP DATE: 07/01/19

VEH NO 9 TERR: 112
 2014 DODGE CARAVAN ID NO 2C4RDBG9ER433277
 ADDITIONAL INFORMATION:
 COST NEW: 20000 AGE: 5 RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 104.00
 COLLISION ACV 1000 DED . 212.00
 TOTAL VEHICLE PREMIUM \$. 886.00

VEH NO 10 TERR: 112
 2010 AMERICANS BEST CARGO TRAILER ID NO
 ADDITIONAL INFORMATION:
 COST NEW: 4008 AGE: D RADIUS: LOCAL USE: NA
 TRAILER CLASS: 68499
 COVERED AUTOS LIABILITY \$. 37.00
 COMPREHENSIVE ACV 1000 DED . 15.00
 COLLISION ACV 1000 DED . 16.00
 TOTAL VEHICLE PREMIUM \$. 68.00

VEH NO 11 TERR: 112
 2016 DODGE GRAND CARAVAN SE VAN ID NO 2C4RDGBG5GR378071
 ADDITIONAL INFORMATION:
 COST NEW: 24295 AGE: 3 RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 124.00
 COLLISION ACV 1000 DED . 251.00
 TOTAL VEHICLE PREMIUM \$. 945.00

VEH NO 12 TERR: 112
 2017 CHEVROLET SUBURBAN ID NO 1GNSKKEC8HR350086
 ADDITIONAL INFORMATION:
 COST NEW: 52915 AGE: 2 RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 475.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 186.00
 COLLISION ACV 1000 DED . 476.00
 TOTAL VEHICLE PREMIUM \$. 1,232.00

AS QUOTED ON: 06/14/18 (BPP)

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
EXP DATE: 07/01/19

PREMIUM SUMMARY

COVERED AUTOS LIABILITY	.\$	3,569.00
PIP	.	157.00
UNINSURED MOTORISTS	.	163.00
UNDERINSURED MOTORISTS	.	426.00
COMPREHENSIVE	.	973.00
COLLISION	.	2,043.00
	.	-----
TOTAL	.\$	7,331.00

AS QUOTED ON: 06/14/18 (BPP)

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
EXP DATE: 07/01/19

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

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

COVERED AUTOS LIABILITY INSURANCE - RATING BASIS,
FOR AUTOS NOT USED IN YOUR MOTOR
CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT)
STATE ESTIMATED COST OF HIRE RATE PREMIUM

EXCESS MN IF ANY 100 \$ 156.00
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.

TOTAL PREMIUM \$ 156.00

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY
NUMBER OF EMPLOYEES 0 - 25 \$ 112.00
TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM \$ 112.00

AS QUOTED ON: 06/14/18 (BPP)



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

QUOTE NUMBER E869791-03
EXP DATE: 07/01/19

ENDORSEMENT PREMIUM DETAIL

ENDORSEMENTS	CLASS	PREMIUM
Auto Essential Extension School	8050	\$ 100.00

28

AS QUOTED ON: 06/14/18 (BPP)

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: J869791-04

Q U O T A T I O N C O M M E R C I A L U M B R E L L A

Quotation is Valid From 06/18/18 to 08/02/18
Proposed Policy Period: From 07/01/18 to 07/01/19
(Quote may be subject to change)

P R E P A R E D F O R :

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS MN 56572-0642

P R E S E N T E D B Y :

MICKELSON PRIBBERNOW, INC.
DBA AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS MN 56537-3106

D I R E C T B I L L

AGENT: AC 8878
AGENT PHONE: (218)739-3316

Insured is SCHOOL Business Desc: SCHOOL

L I M I T S O F I N S U R A N C E

Each Occurrence Limit (Liability Coverage) \$ 3,000,000

Personal & Advertising Injury Limit \$ 3,000,000
(Any one person or organization)

Aggregate Limit (Liability Coverage) \$ 3,000,000
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 3,015.00

A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE.

AS QUOTED ON: 06/18/18 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J869791-04

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/18

EXP DATE: 07/01/19

COMMERCIAL UMBRELLA POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CU0001	04-13	COMM LIABILITY UMBRELLA COV FORM	
*CU0106	12-07	MINNESOTA CHANGES	
*CU0403	12-07	EMPLOYEE BENEFITS LIABILITY COVERAGE LIMITS OF INSURANCE \$ 10,000 RETAINED LIMIT \$ 3,000,000 EACH EMPLOYEE \$ 3,000,000 AGGREGATE RETROACTIVE DATE: 07/01/1993	
*CU2123	02-02	NUCLEAR ENERGY LIAB EXCL BROAD FORM	
*CU2127	12-04	FUNGI OR BACTERIA EXCLUSION	
*CU2130	01-15	CAP OF LOSSES FROM CERT ACTS OF TERR	
*CU2136	01-15	EXCL PUNITIVE DMG CERT ACTS OF TERR	
*CU2171	06-15	EXCLUSION-UNMANNED AIRCRAFT	
*CU2186	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
*CU2423	12-07	COVERAGE FOR PROFESSIONAL SERVICES	
*CU7001A	11-15	SCHED OF PRIMARY INS - AUTOMATED	
*CU7268.2	08-06	ABUSE OR MOLESTATION - FOLLOW FORM	
*CU7272	08-06	ASBESTOS EXCLUSION	
*CU7275	08-06	COLLEGES AND SCHOOLS RESTRICTIVE END	
*CU7276	07-16	COMMERCIAL UMBRELLA AMENDMENT OF COV	
*CU7290.1	10-14	LINEBACKER PUBLIC OFFICIALS/EPL END PUBLIC OFFICIALS WRONGFUL ACT AND EMPLOYMENT PRACTICES LIABILITY RETROACTIVE DATE: 07/01/2004	
*CU7293	08-06	FOREIGN EXPOSURE FOLLOWING FORM	
*CU7299	08-06	EXCLUSION - LEAD	
*CU7404.1	10-08	UMBRELLA LIAB AMEND - FOLLOW FORM	
*CU7431	10-08	AMENDMENT OF EMPLOYEE BENEFITS PROG	
*CU7441	02-10	EXCLUSION-VIOLENT EVENT RESPONSE COV	
*CU7464	07-15	LAW ENFORCEMENT LIABILITY	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8383.2A	01-15	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 29
*IL8384A	01-08	TERRORISM NOTICE	
*IL8745	03-17	IMPORTANT NOTICE TO POLICYHOLDERS	

AS QUOTED ON: 06/18/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: J869791-04
EFF DATE: 07/01/18 EXP DATE: 07/01/19

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 06/18/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: J869791-04
EFF DATE: 07/01/18 EXP DATE: 07/01/19

THIS DISCLOSURE IS ATTACHED TO YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS DISCLOSURE 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

Terrorism Premium (Certified Acts) \$29.00

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this disclosure 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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/18/18

CONDITIONAL



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

Quote Number: J869791-04
Eff Date: 07/01/18 Exp Date: 07/01/19

C O M M E R C I A L U M B R E L L A S C H E D U L E

RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial Auto Liability

Company: Employers Mutual Casualty Company
Policy Number: E869791 Policy Period: 07/01/18 to 07/01/19

Minimum Applicable Limits

Covered Auto Liability \$ 1,000,000 Each Accident

Commercial General Liability

Company: EMCASCO Insurance Company
Policy Number: D869791 Policy Period: 07/01/18 to 07/01/19

Occurrence Basis

Minimum Applicable Limits

General Aggregate	\$ 2,000,000
Products-Completed Operations Aggregate	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Employee Benefit Liability	\$ 1,000,000 Each Employee
	\$ 2,000,000 Aggregate

Employers Liability

Company: Ram Mutual Insurance Company
Policy Number: 23308500 Policy Period: 07/01/18 to 07/01/19

Minimum Applicable Limits

Bodily Injury by Accident	\$ 500,000 Each Accident
Bodily Injury by Disease	\$ 500,000 Each Employee
Bodily Injury by Disease	\$ 500,000 Policy Limit

AS QUOTED ON: 06/18/18 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

Quote Number: J869791-04
Eff Date: 07/01/18 Exp Date: 07/01/19

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company
Policy Number: K869791

Policy Period: 07/01/18 to 07/01/19

Minimum Applicable Limits

\$ 1,000,000 Each Loss
\$ 2,000,000 Aggregate

AS QUOTED ON: 06/18/18 BPP

CONDITIONAL



Disclosure Pursuant to Terrorism Risk Insurance Act

This disclosure is attached to and made part of your Quote Proposal in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

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 terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Quote Proposal.

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. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% 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.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium shown on the Quote Proposal is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in the policy that may be issued based on this quote. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

Thank you for the opportunity to present this proposal to you. We hope you will allow us the privilege to serve your insurance needs.

Mickelson Pribbernow, Inc. DBA Amp Insurance

CONDITIONAL

Terrorism Risk Insurance Act Schedule

For the following sections, coverage for Certified Acts of Terrorism is accepted:

Commercial Property (A-09)	\$	1,310.00
General Liability (Occurrence) (D-06)	\$	43.00
Linebacker - Claims Made (K-02)	\$	30.00
Business Auto (E-03)	\$	11.00
Commercial Umbrella (J-04)	\$	29.00

For the following sections, coverage for Certified Acts of Terrorism is not applicable:

Commercial Inland Marine (C-04)

RAM

INFORMATION PAGE

PAGE 1

THIS INFORMATION PAGE, WITH THE POLICY PROVISIONS AND ENDORSEMENTS, IF ANY, COMPLETES THE BELOW NUMBERED POLICY
AND REPLACES ANY PREVIOUSLY ISSUED INFORMATION PAGES

WC 233085.00

STANDARD WORKERS' COMPENSATION
AND EMPLOYER'S LIABILITY POLICY

06/14/18

1. NAMED INSURED:

(Q) PELICAN RAPIDS SCHOOL
ISD #548
PO BOX 642
PELICAN RAPIDS, MN 56572

COVERAGES PROVIDED BY:

RAM MUTUAL INSURANCE COMPANY
PO BOX 308
ESKO, MN 55733-0308

INSURED IS A NON-PROFIT
MN ID#
FEIN# 41-6002903
UI# UNKNOWN
NAICS#
PHONE# (W) 218-863-5910

AGENT: 722
AMP INSURANCE
920 PEBBLE LAKE ROAD
FERGUS FALLS, MN 56537
PHONE# 800-279-5671

2. POLICY PERIOD: 07/01/18 TO 07/01/19

(At 12:01 A.M. Standard Time at your mailing address above)

PREMIUM: DIRECT BILLED - ANNUALLY

MINIMUM	ESTIMATED ANNUAL
350.00	32,555.00

3A. PART ONE OF THIS POLICY APPLIES TO THE WORKERS' COMPENSATION
LAW AND ANY OCCUPATIONAL DISEASE LAW OF THE STATE OF MINNESOTA.

3B. LIMIT OF LIABILITY FOR PART TWO:

SUBJECT TO ALL TERMS OF THIS POLICY HAVING REFERENCE THERETO.

BODILY INJURY BY ACCIDENT	500,000 (EACH ACCIDENT)
BODILY INJURY BY DISEASE	500,000 (POLICY LIMIT)
BODILY INJURY BY DISEASE	500,000 (EACH EMPLOYEE)

3C. OTHER STATES INSURANCE:

PART THREE OF THIS POLICY APPLIES TO THE STATES, IF ANY, LISTED HERE:

4. THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUAL OF RULES,
CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED
BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

CODE CLASSIFICATION	PREMIUM BASIS	RATE	ESTIMATED ANNUAL PREMIUM
0064 PREMIUM DISCOUNT	0	0.00	-3,078.00
9807 EMPLOYER'S LIABILITY	0	0.00	549.00
9898 EXPERIENCE MODIFICATION	0	1.00	0.00
0174 MN SPECIAL COMPENSATION FUND	0	4.00	2,194.00
8868 SCHOOL - PROFESSIONAL EMPLOYEES & C	5,870,371	0.52	30,526.00
9101 SCHOOL - ALL OTHER EMPLOYEES	506,577	4.55	23,049.00
9740 TERRORISM RISK INSURANCE ACT	6,376,948	0.02	1,275.00
9887 CREDIT MODIFIER	0	0.60	-22,160.00
9757 AUDIT NONCOMPLIANCE CHARGE	0	0.00	0.00
0900 EXPENSE CONSTANT	0	0.00	200.00

CONTINUED

WC 233085.00

STANDARD WORKERS' COMPENSATION
AND EMPLOYER'S LIABILITY POLICY

06/14/18

NAMED INSURED

(Q) PELICAN RAPIDS SCHOOL

Your policy is subject to the forms listed below. If this is a renewal or an endorsement, only the new or revised forms are attached. Current policy forms are available upon request.

FORMS:

Form#	Edition	Description
WC1001	04-93	Policy Quick Reference
WC220601D	08-06	Minnesota Cancellation/Nonrenewal Endorsement
WC220000A	11-03	Minnesota Amendatory Endorsement
WC000419	01-01	Policy Premium Due Date Endorsement
WC000422B	01-15	Terrorism Risk Ins Reauthorization Disclosure
WC000424	01-17	Audit Noncompliance Charge Endorsement



Wrap+®

Anthony Hoffman
385 Washington St.
SB-02U Central Underwriting Facility
ST. PAUL, MN 55102
Phone: (651) 310-2851
Email: AHOFFMA2@travelers.com

May 29, 2018

ERIK JOHNSON
AMP INSURANCE
920 PEBBLE LAKE RD
FERGUS FALLS, MN 56537

RE: Insured Name: PELICAN RAPIDS SCHOOL DISTRICT 548
310 S BROADWAY
PELICAN RAPIDS, MN 565724533
Expiring Policy Number: N/A
Policy Period: July 1, 2018 to July 1, 2019

Dear ERIK JOHNSON:

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to provide the attached proposal of insurance for your review.

The quotes contained in this document are valid for 30 days, and are subject to the provision of, and Travelers' review and acceptance of, the required underwriting information noted in the Contingencies section. Travelers reserves the right to change the quotes in this document, or to refuse to bind coverage entirely, based on review of the required underwriting information or based on adverse change in the risk(s) to be insured prior to the quote expiration date noted in this document.

Travelers is pleased to offer Risk Management PLUS+ Online®, the industry's most comprehensive program for mitigating your management liability exposures, which is available to you at no additional cost. Please visit www.rmplusonline.com to view the services that are available. If you have additional questions about the site please contact your Underwriter.

Travelers Casualty and Surety Company of America, a subsidiary of The Travelers Companies, Inc., has consistently earned high ratings for financial strength and claims-paying ability from independent rating services, including a current A.M. Best rating of A++*. Founded in 1853, The Travelers Companies, Inc. is a Fortune 500 company, a component of the Dow Jones Industrial Average, and a leading provider of property casualty insurance for businesses.

Thank you for considering Travelers for your client's insurance coverages. We look forward to discussing this opportunity with you.

Sincerely,

Anthony Hoffman
Travelers Bond & Specialty Insurance

*A.M. Best's rating of A++ applies to Travelers Casualty and Surety Company of America as well as to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit www.travelers.com. Ratings listed herein are as of May 2014, are used with permission, and are subject to changes by the rating services. For the latest rating, access www.ambest.com.

Travelers Casualty and Surety Company of America
QUOTE OPTION #1

CRIME COVERAGES:

Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention	Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention
A - Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$100,000 \$100,000 Not Covered	\$1,000 \$0	F - Computer Crime 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$100,000 \$100,000	\$1,000 \$1,000
B - Forgery or Alteration	\$100,000	\$1,000	G - Funds Transfer Fraud	\$100,000	\$1,000
C - On Premises	\$100,000	\$1,000	H - Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
D - In Transit	\$100,000	\$1,000	I - Claim Expense	\$5,000	\$0
E - Money Orders and Counterfeit Money	\$100,000	\$1,000			

Insured's Premises Covered: Worldwide, except Not Applicable

CYBER COVERAGE:

Third Party Liability Insuring Agreements	Limit	Retention	Continuity Date	Prior & Pending Proceeding Date
A. Network and Information Security	\$1,000,000 for each Claim	\$5,000 for each Claim	Inception	Inception
B. Communication and Media Liability	\$1,000,000 for each Claim	\$5,000 for each Claim		
C. Regulatory Defense Expenses	\$500,000 for each Regulatory Claim	\$5,000 for each Regulatory Claim		

CyberRisk Retroactive Date: N/A

First Party Insuring Agreements	Limit of Insurance	Retention
D. Crisis Management Event Expenses	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
E. Security Breach Remediation and Notification Expenses	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
F. Computer Program and Electronic Data Restoration Expenses	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
G. Computer Fraud	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
H. Funds Transfer Fraud	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
I. E-Commerce Extortion	\$500,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
J. Business Interruption and Additional Expenses	\$500,000 for each Single First Party Insured Event	

CyberRisk Waiting Period (hours): with respect to Insuring Agreement J:8

TOTAL ANNUAL PREMIUM - \$3,784.00

(Other term options listed below, if available)

LIMIT DETAIL:

Shared Additional Defense Limit of Liability: N/A
Crime Policy Aggregate Limit of Insurance: N/A
CyberRisk Policy Aggregate Limit: \$1,000,000

EXTENDED REPORTING PERIOD AND RUN-OFF:

Extended Reporting Period for Cyber Coverage:
Additional Premium Percentage: 75%
Additional Months: 12

Run-Off Extended Reporting Period for Cyber Coverage:
Additional Premium Percentage: N/A
Additional Months: N/A

CLAIM DEFENSE FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES AND/OR CYBER COVERAGE:

Duty to Defend

PREMIUM DETAIL:

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$3,784.00	\$0.00	\$0.00	\$3,784.00	\$3,784.00

POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:

ACF-2001-0716 Modular Declarations Page
CRI-3001-0109 Crime Policy Form
CYB-3001-0710 CyberRisk Policy

ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 1:

ACF-7006-0511 Removal of Short-Rate Cancellation Endorsement
ACF-7007-0811 Cross-Coverage Notice Endorsement
AFE-19004-0115 Cap on Losses From Certified Acts of Terrorism Endorsement
AFE-19008-0115 Federal Terrorism Risk Insurance Act Disclosure
CRI-19060-0713 Replace General Agreement E - Change of Control - Notice Requirements Endorsement
CRI-19072-0315 Global Coverage Compliance Endorsement – Adding Financial Interest Coverage and Sanctions Condition and Amending Territory Condition
CRI-19085-0516 Social Engineering Fraud Insuring Agreement Endorsement
CRI-19097-0517 Replace Exclusion BB. Endorsement
CRI-19101-1117 Amendatory Endorsement for Certain ERISA Considerations
CRI-4010-0109 Minnesota Changes Endorsement
CRI-5024-0613 Minnesota Cancellation or Termination Endorsement
CYB-19001-0817 Final Non-Appealable Adjudication in the Underlying Action Exclusion Endorsement
CYB-19005-0217 Fines And Penalties/Consumer Redress Funds/Payment Card Expenses Insuring Agreement Endorsement – Including Chargebacks
CYB-19017-0315 Global Coverage Compliance Endorsement
CYB-19019-0217 Privacy Policy Endorsement
CYB-19022-0817 Contingent Business Interruption – IT Provider Endorsement
CYB-19025-0815 Amend Acquisition or Creation of Subsidiaries Condition Endorsement

CYB-19039-0217	180 Day Business Interruption Period Of Disruption Endorsement
CYB-19042-0217	Designated Officer Endorsement
CYB-19047-0217	Indemnified Independent Contractors Endorsement
CYB-19048-0217	Expand E-Commerce Extortion To Include Acts By Employees Endorsement
CYB-19050-0817	Business Interruption - System Failure Endorsement
CYB-19051-0817	Social Engineering Fraud Insuring Agreement Endorsement
CYB-19052-0817	Telecommunications Fraud Insuring Agreement Endorsement
CYB-19053-0817	Reputational Harm Insuring Agreement Endorsement
CYB-19055-0817	Payment on Behalf of the Insured Endorsement
CYB-19056-0817	Amend Definition of Claim to Include Civil Investigative Demands and Requests for Information Endorsement
CYB-19057-0817	Remove Specific Target Requirement for Computer System Disruption Endorsement
CYB-19058-0817	Virtual Currency Coverage Endorsement
CYB-19059-0817	Cyber Terrorism Carveback to War Exclusion Endorsement
CYB-19060-0817	Business Interruption Wage and Overhead Coverage Endorsement
CYB-19063-0817	Suspend Notice Requirement for Information Subject to Law Enforcement or Court Order Endorsement
CYB-19064-0817	State Inconsistency Endorsement
CYB-19065-0817	Expand Definition of Communications and Media Wrongful Act Endorsement
CYB-4017-0710	Minnesota Changes Endorsement
LIA-4013-0109	Minnesota Changes Endorsement
LIA-5023-1107	Minnesota Cancellation and Nonrenewal Endorsement

CONTINGENCIES APPLICABLE TO QUOTE OPTION # 1:

This quote is contingent on the acceptable underwriting review of the following information prior to the quote expiration date.

- 1 The app states the same person who reconciles bank accounts can also make withdrawals. Please advise if there are any controls or additional oversight in place since one person can handle both duties.

COMMISSION: 12.50%

Travelers Casualty and Surety Company of America
QUOTE OPTION #2

CRIME COVERAGES:

Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention	Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention
A - Fidelity 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$100,000 \$100,000 Not Covered	\$1,000 \$0	F - Computer Crime 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$100,000 \$100,000	\$1,000 \$1,000
B - Forgery or Alteration	\$100,000	\$1,000	G - Funds Transfer Fraud	\$100,000	\$1,000
C - On Premises	\$100,000	\$1,000	H - Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
D - In Transit	\$100,000	\$1,000	I - Claim Expense	\$5,000	\$0
E - Money Orders and Counterfeit Money	\$100,000	\$1,000			

Insured's Premises Covered: Worldwide, except Not Applicable

CYBER COVERAGE:

Third Party Liability Insuring Agreements	Limit	Retention	Continuity Date	Prior & Pending Proceeding Date
A. Network and Information Security	\$1,000,000 for each Claim	\$5,000 for each Claim	Inception	Inception
B. Communication and Media Liability	\$1,000,000 for each Claim	\$5,000 for each Claim		
C. Regulatory Defense Expenses	\$1,000,000 for each Regulatory Claim	\$5,000 for each Regulatory Claim		

CyberRisk Retroactive Date: N/A

First Party Insuring Agreements	Limit of Insurance	Retention
D. Crisis Management Event Expenses	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
E. Security Breach Remediation and Notification Expenses	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
F. Computer Program and Electronic Data Restoration Expenses	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
G. Computer Fraud	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
H. Funds Transfer Fraud	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
I. E-Commerce Extortion	\$1,000,000 for each Single First Party Insured Event	\$5,000 for each Single First Party Insured Event
J. Business Interruption and Additional Expenses	\$1,000,000 for each Single First Party Insured Event	

CyberRisk Waiting Period (hours): with respect to Insuring Agreement J:8

TOTAL ANNUAL PREMIUM - \$4,133.00

(Other term options listed below, if available)

LIMIT DETAIL:

Shared Additional Defense Limit of Liability: N/A
Crime Policy Aggregate Limit of Insurance: N/A
CyberRisk Policy Aggregate Limit: \$1,000,000

EXTENDED REPORTING PERIOD AND RUN-OFF:

Extended Reporting Period for Cyber Coverage:
Additional Premium Percentage: 75%
Additional Months: 12

Run-Off Extended Reporting Period for Cyber Coverage:
Additional Premium Percentage: N/A
Additional Months: N/A

CLAIM DEFENSE FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES AND/OR CYBER COVERAGE:

Duty to Defend

PREMIUM DETAIL:

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$4,133.00	\$0.00	\$0.00	\$4,133.00	\$4,133.00

POLICY FORMS APPLICABLE TO QUOTE OPTION # 2:

ACF-2001-0716 Modular Declarations Page
CRI-3001-0109 Crime Policy Form
CYB-3001-0710 CyberRisk Policy

ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 2:

ACF-7006-0511 Removal of Short-Rate Cancellation Endorsement
ACF-7007-0811 Cross-Coverage Notice Endorsement
AFE-19004-0115 Cap on Losses From Certified Acts of Terrorism Endorsement
AFE-19008-0115 Federal Terrorism Risk Insurance Act Disclosure
CRI-19060-0713 Replace General Agreement E - Change of Control - Notice Requirements Endorsement
CRI-19072-0315 Global Coverage Compliance Endorsement – Adding Financial Interest Coverage and Sanctions Condition and Amending Territory Condition
CRI-19085-0516 Social Engineering Fraud Insuring Agreement Endorsement
CRI-19097-0517 Replace Exclusion BB. Endorsement
CRI-19101-1117 Amendatory Endorsement for Certain ERISA Considerations
CRI-4010-0109 Minnesota Changes Endorsement
CRI-5024-0613 Minnesota Cancellation or Termination Endorsement
CYB-19001-0817 Final Non-Appealable Adjudication in the Underlying Action Exclusion Endorsement
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CYB-19017-0315 Global Coverage Compliance Endorsement
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CYB-19047-0217	Indemnified Independent Contractors Endorsement
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CYB-19052-0817	Telecommunications Fraud Insuring Agreement Endorsement
CYB-19053-0817	Reputational Harm Insuring Agreement Endorsement
CYB-19055-0817	Payment on Behalf of the Insured Endorsement
CYB-19056-0817	Amend Definition of Claim to Include Civil Investigative Demands and Requests for Information Endorsement
CYB-19057-0817	Remove Specific Target Requirement for Computer System Disruption Endorsement
CYB-19058-0817	Virtual Currency Coverage Endorsement
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CYB-19060-0817	Business Interruption Wage and Overhead Coverage Endorsement
CYB-19063-0817	Suspend Notice Requirement for Information Subject to Law Enforcement or Court Order Endorsement
CYB-19064-0817	State Inconsistency Endorsement
CYB-19065-0817	Expand Definition of Communications and Media Wrongful Act Endorsement
CYB-4017-0710	Minnesota Changes Endorsement
LIA-4013-0109	Minnesota Changes Endorsement
LIA-5023-1107	Minnesota Cancellation and Nonrenewal Endorsement

CONTINGENCIES APPLICABLE TO QUOTE OPTION # 2:

This quote is contingent on the acceptable underwriting review of the following information prior to the quote expiration date.

- 1 The app states the same person who reconciles bank accounts can also make withdrawals. Please advise if there are any controls or additional oversight in place since one person can handle both duties.

COMMISSION: 12.50%

QUOTE NOTES:

NOTICES:

It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA"), establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). Act Of Terrorism is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is a percentage of the

amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA). Through 2020, that percentage is established by TRIA as follows:

- 85% with respect to such Insured Losses occurring in calendar year 2015.
- 84% with respect to such Insured Losses occurring in calendar year 2016.
- 83% with respect to such Insured Losses occurring in calendar year 2017.
- 82% with respect to such Insured Losses occurring in calendar year 2018.
- 81% with respect to such Insured Losses occurring in calendar year 2019.
- 80% with respect to such Insured Losses occurring in calendar year 2020.

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For each coverage provided by this policy that applies to such Insured Losses, the charge for such Insured Losses is no more than one percent of your premium, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Please note that no separate additional premium charge has been made for the terrorism coverage required by TRIA. The premium charge that is allocable to such coverage is inseparable from and imbedded in your overall premium.

Coverage Disclaimer:

THIS QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

THE PRECEDING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

Affiliate (non-Subsidiary) Coverage Disclaimer:

Regardless of the submission of information or typical availability of coverage for any entity that is not a Subsidiary of the Named Insured, **such entity is not covered by the Policy unless an endorsement is provided that specifically schedules it.** Under the Wrap+® policy, coverage is generally afforded to the following entities (unless otherwise excluded): (1) the Named Insured and (2) its majority-owned Subsidiaries. A Subsidiary is defined in each coverage part of the Wrap+® policy and the definition can vary between coverage parts. An affiliate is not defined but generally has some ownership and/or management in common with the Named Insured or its Subsidiaries (but itself is not a Subsidiary of either one). Affiliate coverage will not be considered on a blanket basis nor will an individual entity be scheduled without proper underwriting information (please contact your underwriter to discuss specific requirements). For an actual description of coverages, terms and conditions, refer to the Policy. Sample policies can be found at <http://www.travelers.com/business-insurance/management-professional-liability/private-non-profit/index.aspx>