

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

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

PELICAN RAPIDS ISD 548
PO BOX 642
PELICAN RAPIDS, MN 56572-0642
07/01/2016 to 07/01/2017
Prepared on 06/23/2016
Quote Valid Through 08/05/2016

Account Summary
Quote Account Number: X504140
Prior Account Number: 4X96500

| | | | |
|---|--------|-----------|-------------------|
| Commercial Property (A-06) | | \$ | 30,501.77 |
| Commercial Property (B-02) | | \$ | 12,403.03 |
| General Liability (Occurrence) (D-01) | | \$ | 5,039.00 |
| Linebacker - Claims Made (K-01) | | \$ | 2,633.00 |
| CyberSolutions (Q-01) | | \$ | 1,167.00 |
| Data Compromise and Identity Recovery Premium | 372.00 | | |
| Cyber Premium | 795.00 | | |
| Govt Crime/Fidelity ISO Package (S-01) | | \$ | 853.00 |
| Commercial Inland Marine (C-01) | | \$ | 957.00 |
| Business Auto (E-03) | | \$ | 5,542.00 |
| Workers Compensation (H-05) | | \$ | 42,954.00 |
| Commercial Umbrella (J-04) | | \$ | 2,895.00 |
| Total Account Premium Estimate | | \$ | 104,944.80 |

This is a proposal from EMC Insurance Companies. We offer personalized service through your independent insurance agent, customizable insurance products to meet your unique needs and expert safety resources to help your business prevent claims.

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

Please review the following pages for coverage details. For more information on the advantages of insuring your business with EMC, talk to your insurance agent or visit www.emcins.com.

Thank you,

Mickelson Pribbernow, Inc. DBA Amp Insurance

**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.*



EMCASCO INSURANCE COMPANY

QUOTE NO: A504140-06

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 06/16/16 TO 07/31/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

| 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 | \$ 30,192.00 |
| TOTAL PROPERTY PREMIUM | \$ 30,492.00 |
| MINNESOTA FIRE INSURANCE SURCHARGE | \$ 9.77 |
| TOTAL PROPERTY PREMIUM | \$ 30,501.77 |

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: A504140-06

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

=====

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 | 10-12 | PROTECTIVE SAFEGUARDS | |
| *CP7001A | 02-12 | COMMERCIAL PROPERTY SCHEDULE | |
| *CP7003A | 02-12 | SCHEDULE OF LOCATIONS | |
| *CP7123 | 04-16 | BUILDING AND PERSONAL PROPERTY COV | |
| CP7123.4 | 01-10 | SCHOOL QUICK REFERENCE | |
| CP7313 | 05-08 | EQUIPMENT PROTECTION ENDORSEMENT | |
| 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 | \$ 827 |
| IL8384A | 01-08 | TERRORISM NOTICE | |

AS QUOTED ON: 06/16/16



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: A504140-06
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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: 06/16/16

EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: A504140-06
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$827.00

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: 06/16/16



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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

BLANKET COVERAGE APPLIES ONLY AS INDICATED BY AN ENTRY BELOW:

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

Blanket Limit of Insurance: \$ 41,360,073 Coinsurance: 90%

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

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

Building Number 001

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

Occupancy:
HIGH 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 |
| PERSONAL PROPERTY OF YOUR BUSINESS | Special | 001 | 001 002 | Replacement Cost |
| PROPERTY IN THE OPEN | Special | 001 | | Replacement Cost |

Building Number 002

Description:
1 STORY FRAME BLDG
IN PROTECTION CLASS 06

Occupancy:
GARAGE

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

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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

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

Building Number 003

Description:
1 STORY FRAME BLDG
IN PROTECTION CLASS 06

Occupancy:
GARAGE

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 |
| PERSONAL PROPERTY OF YOUR BUSINESS | Special | 001 | | Replacement Cost |

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

For Inspection Contact: SEE AGENT ON DEC PAGE

Building Number 001

Description:
1 STORY MASON NON-COM BLDG
IN PROTECTION CLASS 06

Occupancy:
VIKING ELEMENTARY SCHOOL

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

Protective Safeguards: P1

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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

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

Building Number 002

Description:
1 STORY JSTD MAS BLDG
IN PROTECTION CLASS 06

Occupancy:
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 |
| PERSONAL PROPERTY OF YOUR BUSINESS | Special | 001 | | Replacement Cost |
| PROPERTY IN THE OPEN -PRESS BOX | Special | 001 | | Replacement Cost |

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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 Protection Endorsement

See Coverage Form

| | Limit | Ded |
|--|-----------|--------|
| Schools - Property Off Premises & In Transit | \$187,209 | \$ 500 |

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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

Special Interest(s)

- 001 Loss Payee - Loss Payable
 TOSHIBA FINANCIAL SERVICES
 1310 MADRID ST STE 101
 MARSHALL, MN 56258-4002
- 002 Loss Payee - Loss Payable
 WELLS FARGO EQUIPMENT FIN
 ISAOA
 ISAOA INSURANCE DEPARTMENT
 2700 S PRICE RD
 CHANDLER, AZ 85286-7804

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

S C H E D U L E O F L O C A T I O N S

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: GARAGE
BLDG 003
 Occupancy: GARAGE
=====

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
=====

AS QUOTED ON: 06/16/16 (BPP)

EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
 EXP DATE: 07/01/17

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 | \$ 23,415,361 | RC |
| IN PROTECTION CLASS 06 | PERSONAL PROPERTY OF YOUR | \$ 3,103,110 | RC |
| HIGH SCHOOL | BUSINESS | | |
| | PROPERTY IN THE OPEN | \$ 460,762 | RC |

Building Number 002

| | | | |
|------------------------|---------------------------|-----------|----|
| 1 STORY FRAME BLDG | BUILDING | \$ 25,093 | RC |
| IN PROTECTION CLASS 06 | PERSONAL PROPERTY OF YOUR | \$ 8,653 | RC |
| GARAGE | BUSINESS | | |

Building Number 003

| | | | |
|------------------------|---------------------------|-----------|----|
| 1 STORY FRAME BLDG | BUILDING | \$ 20,983 | RC |
| IN PROTECTION CLASS 06 | PERSONAL PROPERTY OF YOUR | \$ 12,979 | RC |
| GARAGE | BUSINESS | | |

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

Building Number 001

| | | | |
|----------------------------|---------------------------|---------------|----|
| 1 STORY MASON NON-COM BLDG | BUILDING | \$ 14,837,508 | RC |
| IN PROTECTION CLASS 06 | PERSONAL PROPERTY OF YOUR | \$ 1,508,832 | RC |
| VIKING ELEMENTARY SCHOOL | BUSINESS | | |
| | PROPERTY IN THE OPEN | \$ 89,773 | RC |

Building Number 002

| | | | |
|----------------------------|---------------------------|-----------|----|
| 1 STORY JSTD MAS BLDG | BUILDING | \$ 42,182 | RC |
| IN PROTECTION CLASS 06 | PERSONAL PROPERTY OF YOUR | \$ 6,490 | RC |
| CONCESSION STAND & STORAGE | BUSINESS | | |
| | PROPERTY IN THE OPEN | \$ 5,192 | RC |
| | -PRESS BOX | | |

| | | |
|----------------------------|---------------|----|
| TOTAL BUILDING | \$ 38,341,127 | RC |
| TOTAL PERSONAL PROPERTY | \$ 4,640,064 | RC |
| TOTAL PROPERTY IN THE OPEN | \$ 555,727 | RC |

COMBINED TOTAL \$ 43,536,918

AS QUOTED ON: 06/16/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: A504140-06
EXP DATE: 07/01/17

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

-
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: 06/16/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: B504140-02

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 05/27/16 TO 07/11/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

| 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: AC 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 |
|------------------------------------|---------------|
| BUILDER'S RISK | \$ 12,385.00 |
| TOTAL PROPERTY PREMIUM | \$ 12,385.00 |
| MINNESOTA FIRE INSURANCE SURCHARGE | \$ 18.03 |
| TOTAL PROPERTY PREMIUM | \$ 12,403.03 |

AS QUOTED ON: 05/27/16 (BPP)

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: B504140-02

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

=====

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|-----------|-----------------|--------------------------------------|---------|
| *CP0020 | 10-12 | BUILDERS RISK COVERAGE FORM | |
| CP0090 | 07-88 | COMMERCIAL PROPERTY CONDITIONS | |
| *CP0108 | 10-12 | MINNESOTA CHANGES | |
| CP0140 | 07-06 | EXCL OF LOSS DUE TO VIRUS/BACTERIA | |
| *CP1030 | 10-12 | CAUSES OF LOSS SPECIAL FORM | |
| *CP7001A | 02-12 | COMMERCIAL PROPERTY SCHEDULE | |
| *CP7007.1 | 10-12 | COMM PROPERTY QUICK REFERENCE | |
| CP8075 | 07-06 | POLICYHOLDER NOTICE | |
| *CP8096 | 07-13 | POLICYHOLDER NOTICE | |
| 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 | \$ 314 |
| IL8384A | 01-08 | TERRORISM NOTICE | |

AS QUOTED ON: 05/27/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: B504140-02
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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: 05/27/16

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: B504140-02
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$314.00

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: 05/27/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: B504140-02
EXP DATE: 07/01/17

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

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

Building Number 001

Description:
1 STORY MASON NON-COM BLDG
IN PROTECTION CLASS 06

Occupancy:
HIGH SCHOOL

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

| Coverage | Limit of Insurance | Covered Causes Of Loss | Coin | Spec Int | Optional Coverages |
|---------------|--------------------|------------------------|------|----------|--------------------|
| BUILDERS RISK | \$ 15,675,600 | Special | N/A | | |

AS QUOTED ON: 05/27/16 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D504140-01

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

QUOTATION IS VALID: FROM 04/01/16 TO 05/16/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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: BC 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 | \$ | 1,000,000 | |
| DAMAGE TO PREMISES RENTED TO YOU LIMIT | \$ | 300,000 | 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 |

C O V E R A G E S P R O V I D E D

P R E M I U M

| | | |
|--|----|----------|
| OTHER THAN PRODUCTS/COMPLETED OPERATIONS | \$ | 5,039.00 |
|--|----|----------|

| | | |
|--------------------------------|----|----------|
| TOTAL ESTIMATED POLICY PREMIUM | \$ | 5,039.00 |
|--------------------------------|----|----------|

AUDIT PERIOD: ANNUAL

AS QUOTED ON: 05/27/16 BPP

EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D504140-01

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

GENERAL LIABILITY POLICY
QUOTE

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. GLOBAL SPECTRUM LP A DELAWARE LP, ATIMA GILLET RECREATION FITNESS CENTER | |
| 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 | |
| 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): 6-15 TO 9-1 NO. OF PARTICIPANTS: ? | |
| *CG7255 | 09-15 | GENERAL LIAB ESSENTIAL EXT/SCHOOLS | |
| 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 EACH EVENT LIMIT: \$ 1,000,000 EACH PERSON LIMIT: \$ 25,000 | |
| CG7627 | 03-09 | AMENDMENT OF EMPL BENEFITS PROGRAM | |

AS QUOTED ON: 05/27/16



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D504140-01

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

GENERAL LIABILITY POLICY
QUOTE

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|-----------|-----------------|--------------------------------------|---------|
| *CG8081 | 04-06 | FUNGI/BACTERIA NOTICE TO POLICYHOLDR | |
| *CG8290 | 02-16 | IMPORTANT NOTICE TO POLICYHOLDERS | |
| 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 | \$ 40 |
| IL8384A | 01-08 | TERRORISM NOTICE | |
| *IL8576 | 09-09 | MEDICARE IMPT NOTICE TO POLICYHOLDER | |

AS QUOTED ON: 05/27/16



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: D504140-01
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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: 05/27/16

EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: D504140-01
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$40.00

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: 05/27/16

EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER: D504140-01
 EXP DATE: 07/01/17

GENERAL LIABILITY SCHEDULE

| CODE NO./EXPOSURE/CLASSIFICATION | PRODUCTS/COMPL OPS | | | ALL OTHER | | |
|-----------------------------------|--------------------|---------|------|-----------|---------|-------|
| | RATE | ADVANCE | PREM | RATE | ADVANCE | PREM |
| <hr/> | | | | | | |
| LOCATION 001 | ! | ! | ! | ! | ! | ! |
| 41715 | ! | ! | ! | 5.069 | ! | 522 |
| DAY CARE CENTERS (1) (4) | ! | ! | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! | ! | ! |
| STUDENTS | ! | ! | ! | ! | ! | ! |
| EXPOSURE: 103 | ! | ! | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! | ! | ! |
| <hr/> | | | | | | |
| 44194 | ! | ! | ! | 340.386 | ! | 681 |
| GRANDSTANDS OR BLEACHERS (2) (4) | ! | ! | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! | ! | ! |
| EACH | ! | ! | ! | ! | ! | ! |
| EXPOSURE: 2 | ! | ! | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! | ! | ! |
| <hr/> | | | | | | |
| 47469 | ! | ! | ! | 2.547 | ! | 178 |
| SCHOOLS - FACULTY LIABILITY FOR | ! | ! | ! | ! | ! | ! |
| CORPORAL PUNISHMENT OF PUPILS (4) | ! | ! | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! | ! | ! |
| TEACHERS | ! | ! | ! | ! | ! | ! |
| EXPOSURE: 70 | ! | ! | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! | ! | ! |
| <hr/> | | | | | | |
| 47471 | ! | ! | ! | 1.994 | ! | 945 |
| SCHOOLS - PUBLIC - ELEMENTARY, | ! | ! | ! | ! | ! | ! |
| KINDERGARTEN OR JUNIOR HIGH (4) | ! | ! | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! | ! | ! |
| STUDENTS | ! | ! | ! | ! | ! | ! |
| EXPOSURE: 474 | ! | ! | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! | ! | ! |
| <hr/> | | | | | | |
| 47473 | ! | ! | ! | 2.609 | ! | 1,091 |
| SCHOOLS - PUBLIC - HIGH (4) | ! | ! | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! | ! | ! |
| STUDENTS | ! | ! | ! | ! | ! | ! |
| EXPOSURE: 418 | ! | ! | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! | ! | ! |
| ADDITIONAL INTEREST (1-334) | ! | ! | ! | ! | ! | 75 |
| GLOBAL SPECTRUM LP | ! | ! | ! | ! | ! | ! |
| DESIGNATED PERSON OR ORGANIZATION | ! | ! | ! | ! | ! | ! |
| CG2026 | ! | ! | ! | ! | ! | ! |
| ADDITIONAL INTEREST (2-334) | ! | ! | ! | ! | ! | 75 |
| GILLET RECREATION | ! | ! | ! | ! | ! | ! |
| DESIGNATED PERSON OR ORGANIZATION | ! | ! | ! | ! | ! | ! |
| CG2026 | ! | ! | ! | ! | ! | ! |

AS QUOTED ON: 05/27/16 BPP



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER: D504140-01
EXP DATE: 07/01/17

GENERAL LIABILITY SCHEDULE
(CONTINUED)

| CODE NO./EXPOSURE/CLASSIFICATION | ! | PRODUCTS/COMPL OPS ! | ! | ALL OTHER |
|---|---|----------------------|-------|--------------------|
| | ! | RATE !ADVANCE | PREM! | RATE !ADVANCE PREM |
| 87703 CAMPS OR CLINICS | ! | ! | ! | !\$ 175 |
| PREMIUM BASIS: | ! | ! | ! | ! |
| FLAT CHRG | ! | ! | ! | ! |
| EXPOSURE: IF ANY | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! |
| 87711 DAMAGE TO PREMISES RENTED TO YOU | ! | ! | ! | !\$ 50 |
| LIMITS | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! |
| FLAT CHRG | ! | ! | ! | ! |
| EXPOSURE: IF ANY | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! |
| 87763 ADDITIONAL INSURED-OWNERS, LESSEES | ! | ! | ! | !\$ 0 |
| & CONTRACTORS-SCHED PERS OR ORG - | ! | ! | ! | ! |
| VICARIOUS LIAB | ! | ! | ! | ! |
| CG7480 | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! |
| FLAT CHRG | ! | ! | ! | ! |
| EXPOSURE: IF ANY | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! |
| ADDITIONAL INTEREST (1-334) | ! | ! | ! | 25 |
| WELLS FARGO EQUIPMENT FINANCE | ! | ! | ! | ! |
| 87777 ABUSE OR MOLESTATION LIABILITY | ! | ! | ! | !\$ 425 |
| CG7551 | ! | ! | ! | ! |
| PREMIUM BASIS: | ! | ! | ! | ! |
| FLAT CHRG | ! | ! | ! | ! |
| EXPOSURE: IF ANY | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! |
| 87793 INCREASE MEDICAL PAYMENTS | ! | ! | ! | !\$ 25 |
| PREMIUM BASIS: | ! | ! | ! | ! |
| FLAT CHRG | ! | ! | ! | ! |
| EXPOSURE: IF ANY | ! | ! | ! | ! |
| (SUBLINE /334) | ! | ! | ! | ! |

AS QUOTED ON: 05/27/16 BPP

EMCASCO INSURANCE COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER: D504140-01
 EXP DATE: 07/01/17

GENERAL LIABILITY SCHEDULE
 (CONTINUED)

| CODE NO./EXPOSURE/CLASSIFICATION | PRODUCTS/COMPL OPS | ALL OTHER |
|----------------------------------|---------------------|--------------------|
| ! RATE ! ADVANCE PREM ! | RATE ! ADVANCE PREM | |
| 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 | ! | ! |
| LOCATION 002 | ! | ! |
| 63010 | ! | ! 39.667 ! \$ 40 |
| DWELLINGS - ONE-FAMILY | ! | ! |
| (LESSOR'S RISK ONLY) (4) | ! | ! |
| PREMIUM BASIS: | ! | ! |
| DWELLING | ! | ! |
| EXPOSURE: 1 | ! | ! |
| (SUBLINE /334) | ! | ! |

POLICY LEVEL COVERAGES

| COVERAGES | LIMIT OF INSURANCE | PREMIUM |
|---------------------------------------|--------------------|---------|
| GENERAL LIABILITY ESSENTIAL EXTENSION | ! | ! \$ 75 |

PREMIUM FOR CERTIFIED ACTS OF TERRORISM \$ 40.00
 TOTAL ESTIMATED POLICY PREMIUM \$ 5039.00

- (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

AS QUOTED ON: 05/27/16 BPP



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER: D504140-01
EXP DATE: 07/01/17

GENERAL LIABILITY SCHEDULE
(CONTINUED)

LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED:

RATED LOCATIONS:

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

LOC 002 408 1ST ST SW
 PELICAN RAPIDS, MN 56572-4402

ALL OTHER LOCATIONS:

101 5TH AVE SW
PELICAN RAPIDS MN 56572

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

412 1ST ST SW
PELICAN RAPIDS MN 56572

302 SW 4TH AVENUE
PELICAN RAPIDS, MN 56572

AS QUOTED ON: 05/27/16 BPP

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K504140-01

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

QUOTATION IS VALID FROM 04/01/16 TO 05/16/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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

D I R E C T B I L L

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

I N S U R E D I S : S C H O O L

B U S I N E S S D E S C R I P T I O N : S C H O O L

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

R E T R O A C T I V E D A T E : 0 7 / 0 1 / 0 4

A V A I L A B L E S U P P L E M E N T A L E X T E N D E D R E P O R T I N G P E R I O D : (1 Y E A R S)

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

E A C H L O S S \$ 1,000,000

E A C H C L A I M A N T \$ 1,000,000

A G G R E G A T E F O R E A C H P O L I C Y T E R M \$ 2,000,000

I N S U R E D ' S D E D U C T I B L E E A C H C L A I M \$ 1,000
(INCLUDING DEFENSE EXPENSE)

TOTAL ADVANCE PREMIUM \$ 2,633.00

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: 05/27/16 BPP

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K504140-01

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

=====

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|-----------|-----------------|--------------------------------------|---------|
| CL7001 | 10-12 | LINEBACKER COVERAGE FORM | |
| CL7110 | 01-08 | NUCLEAR ENERGY LIABILITY EXCLUSION | |
| CL7128 | 10-12 | TORT LIABILITY ENDORSEMENT | |
| CL7153 | 10-12 | EXCL-FUNGI OR BACTERIA | |
| *CL7156 | 01-15 | CAP ON LOSSES CERT ACTS OF TERRORISM | |
| CL7161 | 01-10 | EXCL PUNITIVE DMGS ACTS OF TERRORISM | |
| CL7181 | 10-12 | LIMITED LAW ENFORCEMENT EXTENSION | |
| *CL7202 | 10-15 | DATA COMPROMISE & CYBER LIAB EXCL | |
| CL8317 | 10-12 | POLICYHOLDER NOTICE | |
| *CL8322 | 10-15 | ADVISORY NOTICE TO POLICYHOLDERS | |
| *IL7111 | 10-15 | MN CHANGES - CANCELLATION/NONRENEWAL | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| IL7149 | 01-08 | COMMON POLICY CONDITIONS | |
| *IL7326 | 10-15 | CALCULATION OF PREMIUM | |
| *IL7329 | 10-15 | MINNESOTA CHANGES | |
| IL8383.2A | 01-15 | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 26 |
| IL8384A | 01-08 | TERRORISM NOTICE | |

AS QUOTED ON: 05/27/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: K504140-01
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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: 05/27/16

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: K504140-01
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$26.00

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: 05/27/16

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q504140-01

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

QUOTATION IS VALID: FROM 05/27/16 TO 07/11/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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

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

INSURED IS: SCHOOL BUSINESS DESC: SCHOOL

* **THIS POLICY INCLUDES DEFENSE EXPENSES** *
* **WITHIN THE LIMITS OF LIABILITY** *
* **PLEASE READ CAREFULLY** *

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

| | | | |
|---|----|--------|------------------|
| DATA COMPROMISE COVERAGE - | | | |
| RESPONSE EXPENSES LIMIT | \$ | 50,000 | ANNUAL AGGREGATE |
| LEGAL REVIEW SUBLIMIT | \$ | 5,000 | |
| FORENSIC IT REVIEW SUBLIMIT | \$ | 5,000 | |
| NAMED MALWARE SUBLIMIT | \$ | 50,000 | |
| PUBLIC RELATIONS SUBLIMIT | \$ | 5,000 | |
| DEDUCTIBLE | \$ | 1,000 | |
| | | | |
| DATA COMPROMISE DEFENSE AND LIABILITY LIMIT | \$ | 50,000 | ANNUAL AGGREGATE |
| NAMED MALWARE SUBLIMIT | \$ | 50,000 | |
| DEDUCTIBLE | \$ | 1,000 | |
| | | | |
| IDENTITY RECOVERY COVERAGE - | | | |
| IDENTITY RECOVERY LIMIT | \$ | 25,000 | ANNUAL AGGREGATE |
| EXPENSE REIMBURSEMENT DEDUCTIBLE | \$ | 250 | |
| | | | |
| CYBER COVERAGE - | | | |
| COMPUTER ATTACK LIMIT | \$ | 25,000 | ANNUAL AGGREGATE |
| DATA RE-CREATION SUBLIMIT | \$ | 1,250 | |
| LOSS OF BUSINESS SUBLIMIT | \$ | 10,000 | |
| PUBLIC RELATIONS SUBLIMIT | \$ | 5,000 | |
| DEDUCTIBLE | \$ | 2,500 | |
| | | | |
| NETWORK SECURITY DEFENSE AND LIABILITY LIMIT | \$ | 25,000 | ANNUAL AGGREGATE |
| DEDUCTIBLE | \$ | 2,500 | |
| DATA COMPROMISE AND IDENTITY RECOVERY PREMIUM | | \$ | 372.00 |
| CYBER PREMIUM | | \$ | 795.00 |

TOTAL POLICY PREMIUM \$ 1,167.00

AS QUOTED ON: 05/27/16 BPP

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q504140-01

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

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ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|----------|-----------------|--------------------------------------|---------|
| *DC7001 | 10-15 | CYBERSOLUTIONS COVERAGE FORM | |
| *DC7002 | 10-15 | IDENTITY RECOVERY COVERAGE FORM | |
| *IL7111 | 10-15 | MN CHANGES - CANCELLATION/NONRENEWAL | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| *IL7149 | 01-08 | COMMON POLICY CONDITIONS | |
| *IL7326 | 10-15 | CALCULATION OF PREMIUM | |
| *IL7329 | 10-15 | MINNESOTA CHANGES | |
| | | TERRORISM COVG INCL IN MAIN COV FORM | |

AS QUOTED ON: 05/27/16



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: S504140-01

G O V E R N M E N T C R I M E Q U O T A T I O N

QUOTATION IS VALID: FROM 04/01/16 TO 05/16/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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

COVERAGE IS WRITTEN: PRIMARY

SEE ATTACHED SCHEDULE FOR DESCRIPTION OF LOCATIONS,
LIMITS, AND DEDUCTIBLES.

| C O V E R A G E S P R O V I D E D | P R E M I U M |
|---|---------------|
| ----- | ----- |
| EMPLOYEE THEFT - BLANKET (PER EMPLOYEE) | \$ 696.00 |
| FORGERY OR ALTERATION | \$ 106.00 |
| COMPUTER AND FUNDS TRANSFER FRAUD | \$ 51.00 |
| ----- | ----- |
| TOTAL POLICY PREMIUM | \$ 853.00 |
| ----- | ----- |

AS QUOTED ON: 05/27/16 (BPP)

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: S504140-01

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

G O V E R N M E N T C R I M E P O L I C Y
Q U O T E

=====

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|-----------|-----------------|--|---------|
| *CR0024 | 11-15 | GOVT. CRIME COV. FORM - DISCOVERY | |
| CR0125 | 08-13 | MINNESOTA CHANGES | |
| CR0750 | 08-08 | AMENDMENT-DELETE PROV REGARD TERROR | |
| CR2519 | 08-13 | ADD FAITHFL PERF OF DUTY COV FOR GOV PER EMPLOYEE LIMIT: \$50,000 | |
| *CR7002.6 | 11-15 | GOVT CRIME QUICK REF (DISCOVERY) | |
| *CR7010A | 11-15 | GOVERNMENT CRIME DECLARATIONS | |
| *CR7011A | 11-15 | GOVERNMENT CRIME SCHEDULE | |
| CR7105 | 10-10 | INCLUDE BOARD OF EDUCATION | |
| *CR8018 | 11-15 | ADVISORY NOTICE TO POLICYHOLDERS | |
| IL0245 | 09-08 | MN CHANGES - CANCELLATION/NONRENEWAL | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| IL7306 | 08-98 | EXC. OF CERT. COMPUTER LOSSES | |

AS QUOTED ON: 05/27/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER: S504140-01
EXP DATE: 07/01/17

G O V E R N M E N T C R I M E S C H E D U L E

| D E S C R I P T I O N | D E D | | L I M I T | |
|--|------------------|-----|------------------|--------|
| | (PER OCCURRENCE) | | (PER OCCURRENCE) | |
| EMPLOYEE THEFT - BLANKET (PER EMPLOYEE) ===== | \$ | 500 | \$ | 50,000 |
| FORGERY OR ALTERATION ===== | \$ | 500 | \$ | 50,000 |
| COMPUTER AND FUNDS TRANSFER FRAUD ===== | \$ | 500 | \$ | 50,000 |

AS QUOTED ON: 05/27/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C504140-01

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 06/23/16 TO 05/16/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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 | \$ 50.00 |
| TOTAL INLAND MARINE PREMIUM | \$ 957.00 |

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: 04/01/2016

EMPLOYERS MUTUAL CASUALTY COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: C504140-01
 EXP DATE: 07/01/17

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 |
|------------|-------------|----------------|--------|
|------------|-------------|----------------|--------|

SCHEDULED PROPERTY FLOATER

846 SCHEDULED PROPERTY FLOATER
 DESCRIPTION OF COVERED PROPERTY:
 A/V EQUIPMENT & MISC. PROPERTY

| | | | |
|------------------------------------|--|----|--------|
| LIMITS OF INSURANCE | | | |
| COVERAGE EXTENSIONS | | \$ | 5,000 |
| ADDITIONAL DEBRIS REMOVAL EXPENSES | | | |
| SUPPLEMENTAL COVERAGES | | \$ | 10,000 |
| POLLUTANT CLEANUP AND REMOVAL | | | |
| ANY ONE ITEM | | \$ | 1,000 |
| ANY ONE OCCURRENCE | | \$ | 20,000 |

ACTUAL CASH VALUE

COINSURANCE 80%

DEDUCTIBLE \$ 500

PREMIUM \$ 50

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

| CLASS | DESCRIPTION | SPECIAL* INTEREST | LIMITS |
|-------|-------------|-------------------|--------|
|-------|-------------|-------------------|--------|

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

AS QUOTED ON: 04/01/2016

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: C504140-01
EXP DATE: 07/01/17

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

| | | |
|-------------|---------|----------------------------------|
| \$ | 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 |

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 |

AS QUOTED ON: 04/01/2016



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NO: C504140-01
EXP DATE: 07/01/17

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

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 |

| | |
|---------|--------|
| PREMIUM | \$ 907 |
|---------|--------|

AS QUOTED ON: 04/01/2016



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E504140-03

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 YQUOTATION IS VALID: FROM 06/21/16 TO 08/05/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

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 . \$ 2,534.00
PERSONAL INJURY PROT. 07 . 164.00
UNINSURED MOTORISTS 07 SEE ENDORSEMENT CA7093A . 158.00
UNDERINSURED MOTORISTS 07 SEE ENDORSEMENT CA7093A . 412.00
.
PHYSICAL DAMAGE COVERAGE
COMPREHENSIVE 07 . 668.00
COLLISION 07 . 1,356.00
.
HIRED OR BORROWED AUTO . 106.00
NON-OWNERSHIP LIABILITY EMPLOYEES: 0 - 25 . 112.00
.
PREMIUM FOR ENDORSEMENTS . \$ 32.00

ESTIMATED TOTAL POLICY PREMIUM . \$ 5,542.00

AS QUOTED ON: 06/21/16 (BPP)

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: E504140-03

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

=====

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|----------|-----------------|--|---------|
| *0405B | 08-15 | PRIVACY NOTICE | |
| *CA0001 | 10-13 | BUSINESS AUTO COVERAGE FORM | |
| | | TERRORISM COVG INCL IN MAIN COV FORM | \$ 7 |
| *CA0138 | 10-13 | MINNESOTA CHANGES | |
| *CA0218 | 10-13 | MN CHANGES - CANCELLATION/NONRENEWAL | |
| *CA2124 | 10-13 | MN UNINSURED/UNDERINSURED MOTORISTS | |
| *CA2225 | 01-15 | 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 | 11-15 | COMMERCIAL AUTO AMENDMENT SCHOOLS | |
| *CA8245 | 11-15 | 2013 POLICYHOLDER NOTICE | |
| IL0021 | 09-08 | NUCLEAR ENERGY LIAB EXCL/BROAD FORM | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| *IL8042 | 09-95 | SUMMARY OF CRIMINAL PENALITIES | |
| *IL8576 | 09-09 | MEDICARE IMPT NOTICE TO POLICYHOLDER | |

AS QUOTED ON: 06/21/16

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
EXP DATE: 07/01/17

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 | "BODILY INJURY" EACH PERSON EACH "ACCIDENT" | "BODILY INJURY" EACH "ACCIDENT" | "PROPERTY DAMAGE" EACH "ACCIDENT" |
|----|---|---|------------------------------------|--------------------------------------|
| ST | SINGLE LIMIT | | | |
| MN | | | \$ 1,000,000 | |

UNDERINSURED MOTORISTS LIMIT OF INSURANCE

(WHEN UNDERINSURED MOTORISTS IS A SEPARATE COVERAGE)

| | "BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED | "BODILY INJURY" EACH PERSON EACH "ACCIDENT" | "BODILY INJURY" EACH "ACCIDENT" | "PROPERTY DAMAGE" EACH "ACCIDENT" |
|----|---|---|------------------------------------|--------------------------------------|
| ST | SINGLE LIMIT | | | |
| MN | | | \$ 1,000,000 | |

AS QUOTED ON: 06/21/16 (BPP)

EMPLOYERS MUTUAL CASUALTY COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
 EXP DATE: 07/01/17

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. | | | | | | | | |
| COST NEW: | 3000 | AGE: X | RADIUS: | LOCAL | USE: COMMERCIAL | | | | | | |
| SERV OR UTILITY | TRLR | CLASS: 69499 | | | | | | | | | |
| | COVERED AUTOS LIABILITY | | | | | | | | .\$ | 0.00 | |
| | PIP | | | | | | | | | 0.00 | |
| | COMPREHENSIVE | ACV | 1000 DED | | | | | | | | 6.00 |
| | COLLISION | ACV | 1000 DED | | | | | | | | 6.00 |
| | TOTAL VEHICLE PREMIUM | | | | | | | .\$ | 12.00 | | |
| ----- | | | | | | | | | | | |
| VEH NO | 2 | TERR: 112 | (9 MOS RATING) | | | | | | | | |
| 2007 FORD VAN | ID NO | 2FMA516778A08315. | | | | | | | | | |
| COST NEW: | 25000 | AGE: E | RADIUS: | LOCAL | USE: NA | | | | | | |
| SCHOOL BUS-PUBLIC | CLASS: 6181 | | | | | | | | | | |
| | COVERED AUTOS LIABILITY | | | | | | | | .\$ | 158.00 | |
| | PIP | | | | | | | | | 24.00 | |
| | UNINSURED MOTORISTS | | | | | | | | | INCLUDED | |
| | UNDERINSURED MOTORISTS | | | | | | | | | INCLUDED | |
| | COMPREHENSIVE | ACV | 1000 DED | | | | | | | | 20.00 |
| | COLLISION | ACV | 1000 DED | | | | | | | | 24.00 |
| | TOTAL VEHICLE PREMIUM | | | | | | | .\$ | 283.00 | | |
| ----- | | | | | | | | | | | |
| VEH NO | 3 | TERR: 112 | | | | | | | | | |
| 1999 UTILITY | TRAILER | ID NO | 5KTSC1415XF011635. | | | | | | | | |
| COST NEW: | 6000 | AGE: X | RADIUS: | LOCAL | USE: COMMERCIAL | | | | | | |
| SERV OR UTILITY | TRLR | CLASS: 69499 | | | | | | | | | |
| | COVERED AUTOS LIABILITY | | | | | | | | .\$ | 0.00 | |
| | PIP | | | | | | | | | 0.00 | |
| | COMPREHENSIVE | ACV | 1000 DED | | | | | | | | 8.00 |
| | COLLISION | ACV | 1000 DED | | | | | | | | 7.00 |
| | TOTAL VEHICLE PREMIUM | | | | | | | .\$ | 15.00 | | |
| ----- | | | | | | | | | | | |
| VEH NO | 4 | TERR: 112 | | | | | | | | | |
| 2007 UTILITY | TRAILER | ID NO | 4P5D102871103381. | | | | | | | | |
| COST NEW: | 10000 | AGE: E | RADIUS: | LOCAL | USE: COMMERCIAL | | | | | | |
| SERV OR UTILITY | TRLR | CLASS: 69499 | | | | | | | | | |
| | COVERED AUTOS LIABILITY | | | | | | | | .\$ | 0.00 | |
| | PIP | | | | | | | | | 0.00 | |
| | COMPREHENSIVE | ACV | 1000 DED | | | | | | | | 16.00 |
| | COLLISION | ACV | 1000 DED | | | | | | | | 20.00 |
| | TOTAL VEHICLE PREMIUM | | | | | | | .\$ | 36.00 | | |

AS QUOTED ON: 06/21/16 (BPP)

EMPLOYERS MUTUAL CASUALTY COMPANY
 PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
 EXP DATE: 07/01/17

VEH NO 5 TERR: 112
 2010 GMC YUKON ID NO 1GDUDHE31AR108819.
 COST NEW: 44330 AGE: B RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 365.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 110.00
 COLLISION ACV 1000 DED . 268.00
 TOTAL VEHICLE PREMIUM \$. 838.00

VEH NO 6 TERR: 112
 2011 DODGE GRAND CARAVAN ID NO 2D4RN3DG7BR796193.
 COST NEW: 25995 AGE: A RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 365.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 91.00
 COLLISION ACV 1000 DED . 197.00
 TOTAL VEHICLE PREMIUM \$. 748.00

VEH NO 7 TERR: 112
 2011 FORD F250 ID NO 1FTSX2B67CEA41301.
 COST NEW: 29000 AGE: A RADIUS: LOCAL USE: COMMERCIAL
 LIGHT TRUCK CLASS: 03499
 COVERED AUTOS LIABILITY \$. 365.00
 PIP . 19.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 91.00
 COLLISION ACV 1000 DED . 197.00
 TOTAL VEHICLE PREMIUM \$. 748.00

VEH NO 8 TERR: 112 (9 MOS RATING)
 2013 GMC YUKON ID NO 1GKS2JE72DR168193.
 COST NEW: 55355 AGE: 4 RADIUS: LOCAL USE: NA
 SCHOOL BUS-PUBLIC CLASS: 6181
 COVERED AUTOS LIABILITY \$. 158.00
 PIP . 24.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 1000 DED . 41.00
 COLLISION ACV 1000 DED . 77.00
 TOTAL VEHICLE PREMIUM \$. 357.00

AS QUOTED ON: 06/21/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
EXP DATE: 07/01/17

VEH NO 9 TERR: 112
2007 FORD EXPLORER ID NO 1FMZU77E11UC03233.
COST NEW: 28325 AGE: E RADIUS: LOCAL USE: COMMERCIAL
LIGHT TRUCK CLASS: 03499
COVERED AUTOS LIABILITY \$. 365.00
PIP . 19.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 80.00
COLLISION ACV 1000 DED . 135.00
TOTAL VEHICLE PREMIUM \$. 675.00

VEH NO 10 TERR: 112
2013 DODGE GRAND CARAVAN ID NO 2C4RDGBGDR814218
COST NEW: 28000 AGE: 4 RADIUS: LOCAL USE: COMMERCIAL
LIGHT TRUCK CLASS: 03499
COVERED AUTOS LIABILITY \$. 365.00
PIP . 19.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 108.00
COLLISION ACV 1000 DED . 234.00
TOTAL VEHICLE PREMIUM \$. 802.00

VEH NO 11 TERR: 112
2014 DODGE CARAVAN ID NO 2C4RDBG9ER433277
COST NEW: 20000 AGE: 3 RADIUS: LOCAL USE: COMMERCIAL
LIGHT TRUCK CLASS: 03499
COVERED AUTOS LIABILITY \$. 365.00
PIP . 19.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 1000 DED . 85.00
COLLISION ACV 1000 DED . 176.00
TOTAL VEHICLE PREMIUM \$. 721.00

VEH NO 12 TERR: 112
2010 AMERICANS BEST CARGO TRAILER ID NO
COST NEW: 4008 AGE: B RADIUS: LOCAL USE: COMMERCIAL
TRAILER CLASS: 68499
COVERED AUTOS LIABILITY \$. 28.00
PIP . 2.00
COMPREHENSIVE ACV 1000 DED . 12.00
COLLISION ACV 1000 DED . 15.00
TOTAL VEHICLE PREMIUM \$. 57.00

AS QUOTED ON: 06/21/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER E504140-03
EFF DATE: 07/01/16 EXP DATE: 07/01/17

PREMIUM SUMMARY

| | | |
|-------------------------|-----|----------|
| COVERED AUTOS LIABILITY | .\$ | 2,534.00 |
| PIP | . | 164.00 |
| UNINSURED MOTORISTS | . | 158.00 |
| UNDERINSURED MOTORISTS | . | 412.00 |
| COMPREHENSIVE | . | 668.00 |
| COLLISION | . | 1,356.00 |
| | . | ----- |
| TOTAL | .\$ | 5,292.00 |

AS QUOTED ON: 06/21/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
EXP DATE: 07/01/17

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) | | | | | PREMIUM |
|--|------------------------|--------|----------|----|-----------|
| STATE | ESTIMATED COST OF HIRE | | RATE | | |
| EXCESS | MN | IF ANY | 1.37280/ | \$ | 106.00 |
| 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 | | | | | \$ 106.00 |

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

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

AS QUOTED ON: 06/21/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

QUOTE NUMBER E504140-03
EXP DATE: 07/01/17

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS | CLASS | PREMIUM |
|------------------|-------|----------|
| SCHOOL AMENDMENT | 8050 | \$ 25.00 |

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AS QUOTED ON: 06/21/16 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: H504140-05

Q U O T A T I O N
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

QUOTATION IS VALID: FROM 06/13/16 TO 07/28/16
PROPOSED POLICY PERIOD: FROM 07/01/16 TO 07/01/17

| 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 |

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

DIRECT BILL
INSURED IS: SCHOOL
BUS DESC: SCHOOL
INTRASTATE ID: 003353022
FED. EMPLOYER'S ID: 416002903
MN UNEMPLOYMENT ACCOUNT NUMBER: 079740820000
SIC CODE: 8211

THE PROPOSED POLICY PROVIDES WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
COVERAGE AS REQUIRED BY GOVERNING LAWS FOR THE FOLLOWING STATES: MN

EMPLOYERS' LIABILITY 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 |

| | | |
|--|-----|------------|
| SEE CLASSIFICATION OF OPERATIONS SCHEDULE ATTACHED | . | |
| PREMIUM SUBTOTAL - SEE SCHEDULE ATTACHED | .\$ | 69,047.00 |
| MINNESOTA SPECIAL COMPENSATION FUND SURCHARGE | .\$ | 2,444.00 |
| ADJUSTMENT FOR DEBIT/CREDIT SCHEDULE MODIFICATION | .\$ | -27,150.00 |
| LESS: ESTIMATED PREMIUM DISCOUNT | .\$ | -1,567.00 |
| EXPENSE CONSTANT | .\$ | 180.00 |
| MINIMUM PREMIUM \$ 790 | | |
| ESTIMATED POLICY PREMIUM | .\$ | 42,954.00 |
| MINNESOTA | . | |
| TOTAL ESTIMATED POLICY PREMIUM | .\$ | 42,954.00 |

INTERIM ADJUSTMENTS WILL BE MADE: ANNUALLY

ISSUED FROM: EMC INSURANCE CO, PO BOX 1252, MINNEAPOLIS, MN 55440

AS QUOTED ON: 06/13/16 (BPP)

EMCASCO INSURANCE COMPANY

QUOTE NUMBER: H504140-05

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

W O R K E R S C O M P E N S A T I O N P O L I C Y
Q U O T E

=====

ENDORSEMENT SCHEDULE

| FORM | EDITION DATE | DESCRIPTION/ADDITIONAL INFORMATION | PREMIUM |
|------------|-----------------|--------------------------------------|---------|
| *0405B | 08-15 | PRIVACY NOTICE | |
| *1012E | 11-15 | MINNESOTA LOSS PREVENTION NOTICE | |
| *IL7004 | 03-16 | MUTUAL POLICY PROVISIONS | |
| *IL7131A | 04-01 | COMM'L POLICY ENDORSEMENT SCHEDULE | |
| IL8383.2A | 01-15 | DISCL PURSUANT TERRSM RISK INS. ACT | \$ 1171 |
| *IL8576 | 09-09 | MEDICARE IMPT NOTICE TO POLICYHOLDER | |
| WC000000C | 01-15 | WC AND EMPLOYERS LIABILITY INSURANCE | |
| WC000403 | 04-84 | EXPERIENCE RATING MOD FACTOR ENDST | |
| *WC000406A | 07-95 | PREMIUM DISCOUNT ENDORSEMENT | |
| WC000414 | 07-90 | NOTIFICATION OF CHANGE IN OWNERSHIP | |
| WC000419 | 01-01 | PREMIUM DUE DATE ENDORSEMENT | |
| WC000422B | 01-15 | TERRORISM REAUTHORIZATION ACT END. | |
| WC220000A | 11-03 | MINNESOTA AMENDATORY ENDORSEMENT | |
| WC220601D | 08-06 | MN CANCELLATION & NONRENEWAL END. | |
| *WC7003A | 09-86 | WORKERS COMPENSATION SCHEDULE | |
| WC7005 | 07-11 | WC QUICK REFERENCE | |
| *WC7647C | 04-12 | MN-WC NOTICE TO EMPLOYEES | |
| WC8130 | 10-14 | IMPORTANT NOTICE | |
| *WC8457N | 04-12 | MN-WC NOTICE TO EMPLOYEES | |

AS QUOTED ON: 06/13/16

EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: H504140-05
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$1171.00

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: 06/13/16



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548
INTRASTATE ID: 003353022

QUOTE NUMBER: H504140-05
EFF DATE: 07/01/16 EXP DATE: 07/01/17

M I N N E S O T A

STATE EMPL ID.: INTRASTATE ID.: MINN. ID.: 003353022

(001) 310 S BROADWAY

PELICAN RAPIDS, MN. 56572-4533

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 67

FULL TIME: 52 PART TIME: 15 SIC: 8211

(002) 1 VIKING DR

PELICAN RAPIDS, MN. 56572-7416

NUMBER OF EMPLOYEES:

MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 67

FULL TIME: 52 PART TIME: 15 SIC: 8211

| CLASSIFICATION PHRASEOLOGY | .CODE . . NO. . | ESTIMATED ANNUAL . REMUNERATION. | RATES PER \$100 REMNERATION | ESTIMATED ANNUAL PREMIUM |
|--|--------------------|--|-----------------------------------|--------------------------------|
| SCHOOL: PROFESSIONAL EMPLOYEES & C. | 8868 . | 5,442,797. | 0.63 . | \$ 34,290.00 |
| SCHOOL: ALL OTHER EMPLOYEES | .9101 . | 412,285. | 5.04 . | \$ 20,779.00 |
| BUS CO: ALL OTHER EMPLOYEES & D | .7382 . | 2,237. | 5.59 . | \$ 125.00 |
| EMPLOYERS LIABILITY | .9807 . | . | .\$ | 442.00 |
| PREMIUM FOR INCR LIMITS PART TWO. | . | . | . | . |
| ----- | | | | |
| SUBJECT PREMIUM | | | .\$ | 55,636.00 |
| ----- | | | | |
| MODIFIED PREMIUM - EXP. MOD. APPLIED (1.220) | | | .\$ | 67,876.00 |
| ----- | | | | |
| MINNESOTA SPECIAL COMPENSATION FUND SURCHARGE (0174) | | | .\$ | 2,444.00 |
| SCHEDULE MODIFICATION CREDIT 9887 | | | .\$ | -27,150.00 |
| ----- | | | | |
| STATE TOTAL ESTIMATED STANDARD PREMIUM | | | .\$ | 43,170.00 |
| CLASS CODE - 0064 ESTIMATED PREMIUM DISCOUNT | | | .\$ | -1,567.00 |
| Terrorism - Code 9740 (RATE .02) | | | .\$ | 1,171.00 |
| ----- | | | | |
| STATE TOTAL PREMIUM | | | .\$ | 42,774.00 |
| ----- | | | | |
| ESTIMATED POLICY PREMIUM | | | .\$ | 42,774.00 |
| EXPENSE CONSTANT | | | .\$ | 180.00 |
| ----- | | | | |
| TOTAL ESTIMATED POLICY PREMIUM | | | .\$ | 42,954.00 |

ISSUED FROM: MINNEAPOLIS, MN

AS QUOTED ON: 06/13/16 (BPP)



EMCASCO INSURANCE COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: H504140-05
EFF DATE: 07/01/16 EXP DATE: 07/01/17

WC000406A

P R E M I U M D I S C O U N T E N D O R S E M E N T

THE PREMIUM FOR THIS POLICY AND THE POLICIES, IF ANY, LISTED IN ITEM 3 OF THE SCHEDULE MAY BE ELIGIBLE FOR A DISCOUNT. THIS ENDORSEMENT SHOWS YOUR ESTIMATED DISCOUNT IN ITEMS 1 OR 2 OF THE SCHEDULE. THE FINAL CALCULATION OF PREMIUM DISCOUNT WILL BE DETERMINED BY OUR MANUALS AND YOUR PREMIUM BASIS AS DETERMINED BY AUDIT. PREMIUM SUBJECT TO RETROSPECTIVE RATING IS NOT SUBJECT TO PREMIUM DISCOUNT.

S C H E D U L E

| | | ESTIMATED ELIGIBLE PREMIUM | | | BALANCE |
|-----------|--|----------------------------|------------|--------------|---------|
| | | FIRST | NEXT | NEXT | |
| MINNESOTA | | \$ 10,000 | \$ 190,000 | \$ 1,550,000 | |
| | | 0.0% | 5.1% | 6.5% | 7.5% |

2. AVERAGE PERCENTAGE DISCOUNT:

3. OTHER POLICIES:

4. IF THERE ARE NO ENTRIES IN ITEMS 1, 2 AND 3 OF THE SCHEDULE, SEE THE PREMIUM DISCOUNT ENDORSEMENT ATTACHED TO YOUR POLICY NUMBER:

ISSUED FROM: MINNEAPOLIS, MN

AS QUOTED ON: 06/13/16 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: J504140-04

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 06/21/16 to 08/05/16
Proposed Policy Period: From 07/01/16 to 07/01/17
(Quote may be subject to change)

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

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 \$ 2,895.00

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

AS QUOTED ON: 06/21/16 BPP

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J504140-04

PELICAN RAPIDS ISD 548

EFF DATE: 07/01/16

EXP DATE: 07/01/17

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

=====

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 | |
| *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 | 07-14 | COMMERCIAL UMBRELLA AMENDMENT OF COV | |
| CU7290.1 | 10-14 | EXCESS WRONG ACT (LBKR) CLAIMS MADE | |
| | | 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 | \$ 28 |
| IL8384A | 01-08 | TERRORISM NOTICE | |

AS QUOTED ON: 06/21/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: J504140-04
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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: 06/21/16

EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

QUOTE NUMBER: J504140-04
EFF DATE: 07/01/16 EXP DATE: 07/01/17

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) \$28.00

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: 06/21/16



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

Quote Number: J504140-04
Eff Date: 07/01/16 Exp Date: 07/01/17

***** 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 *****

R E T A I N E D L I M I T

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial Auto Liability

Company: Employers Mutual Casualty Company
Policy Number: E504140 Policy Period: 07/01/16 to 07/01/17

Minimum Applicable Limits

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

Commercial General Liability

Company: EMCASCO Insurance Company
Policy Number: D504140 Policy Period: 07/01/16 to 07/01/17

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: Employers Mutual Casualty Company
Policy Number: H504140 Policy Period: 07/01/16 to 07/01/17

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: 06/21/16 BPP



EMPLOYERS MUTUAL CASUALTY COMPANY
PELICAN RAPIDS ISD 548

Quote Number: J504140-04
Eff Date: 07/01/16 Exp Date: 07/01/17

Public Officials and Employment Practices Liability (Claims Made)

Company: Employers Mutual Casualty Company
Policy Number: K504140 Policy Period: 07/01/16 to 07/01/17

Minimum Applicable Limits

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

AS QUOTED ON: 06/21/16 BPP

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

Terrorism Risk Insurance Act Schedule

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

| | | |
|---------------------------------------|----|----------|
| Commercial Property (A-06) | \$ | 827.00 |
| Commercial Property (B-02) | \$ | 314.00 |
| General Liability (Occurrence) (D-01) | \$ | 40.00 |
| Linebacker - Claims Made (K-01) | \$ | 26.00 |
| Business Auto (E-03) | \$ | 7.00 |
| Workers Compensation (H-05) | \$ | 1,171.00 |
| Commercial Umbrella (J-04) | \$ | 28.00 |

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

CyberSolutions (Q-01)
Govt Crime/Fidelity ISO Package (S-01)
Commercial Inland Marine (C-01)