

Prepared for: Jordan Clarke Charles M. Moore CMM Insurance

Policy Effective Periods: Package # Q-201609: 10/3/2024 - 10/3/2025 Owners & Sponsors Liability # Q-201612: 10/3/2024 - 10/3/2025 Prepared on: 10/3/2024

Prepared by: Hilary Brock - Underwriting Professional 1

K&K Insurance Group, Inc. Motorsports Division P.O. Box 2338 Fort Wayne, IN 46801 Phone 800-348-1839 Fax 260-459-5118

The providing of insurance services and products requires that K&K Insurance Group, Inc. obtain and collect certain personal information. The information that K&K collects is shared only as necessary to provide the insurance services & products requested from K&K or as permitted and/or required by law. K&K's privacy policy is available on K&K's website and is provided to all of K&K's insurance customers. For questions, please contact K&K by mail addressed to: Chief Operating Officer, P.O. Box 2338, 1712 Magnavox Way, Fort Wayne, IN 46801-2338. CA Insurance License #0334819

### **TERMS & CONDITIONS**

- 1. Proposal expires 30 days from date on page 1 of this proposal or the expiration of your current policy, whichever is first.
- Acceptance of this proposal (ie: any request to bind insurance pursuant to the terms of this proposal) must be made in writing and must be received by K&K prior to the expiration of this proposal (please sign and return the premium summary "authorization to bind" page of this proposal to bind coverage).
- 3. Certificates of insurance will need to be collected by the insured from all contracted services, naming the insured as additional insured.
- 4. Coverage Minimum Premiums and/or Fully Earned Minimum Premiums see individual coverage pages attached.
- 5. Quote is subject to entire package of coverages being accepted. Any reduction in coverage will require approval and possible revaluation of rates.

#### IMPORTANT NOTICE FOR MISSOURI POLICYHOLDERS

This quote excludes coverage for epidemics or pandemics like the Coronavirus (COVID-19) as declared by the Centers for Disease Control, the World Health Organization or any other entity with the authority to declare an epidemic or pandemic.

Account billing will be: Producer/Agency Payment Terms: 100% Down

#### DUE PRIOR TO BINDING (PRECONDITIONS TO BINDING):

- 1. Must receive signed proposal to bind.
- 2. Must receive signed Terrorism Policy Disclosure form prior to binding.
- 3. Must receive W-9 for the agency (November 2017 version).
- 4. Must receive schedule of anticipated events.
- 5. Must confirm Owners & Sponsors number of events and number of vehicles in each event.
- 6. Quote is subject to acceptable MVRs for all drivers of the hauling units. MVRs will be evaluated at time of binding.

**CONTINGENCIES:** 

#### **BROKER TERMS & CONDITIONS:**

#### PREMIUM:

\*Producer shall be primarily liable to K&K for all premiums whether or not Producer collects such premiums from the insured. All premiums net of commission collected by Producer are premium trust funds and the property of K&K and the applicable insurer and shall be deposited by Producer in a separate trust account.

#### COMMISSIONS:

\*In the event return premium becomes due to the insured for any reason. Producer shall promptly pay K&K or the insured commissions previously paid or allowed on such return premium at the same rate at which commission was originally allowed to Producer.

Quote Type	Quote Number	Commission
Package	Q-201609	10.00%
Owners & Sponsors Liability	Q-201612	10.00%

#### LICENSE:

\*I represent and warrant as an insurance producer that I currently maintain, and will maintain, all individual, corporate or agency licenses or permits required in order to conduct insurance business in the state coverage for this insured is being written. I further represent and warrant that I currently maintain, and will maintain, errors and omissions insurance with a minimum limit of \$1,000,000 for myself, my officers, and employees. If requested by K&K, I will provide K&K with reasonably satisfactory evidence of all of the above mentioned items.

\*Producer is responsible for filing Surplus Lines tax and fees (if applicable).

#### AUTHORITY:

\*Producer acknowledges and agrees that Producer is not the agent of K&K, but is agent only of the insured. Except as specifically authorized in writing by K&K, Producer has no authority to issue quotes, to accept or bind risks or coverages, or to issue binders, policies, endorsements or certificates of insurance. Nor does Producer have authority to adjust or handle claims on behalf of K&K or the applicable insurer.

\*PRODUCER'S WRITTEN REQUEST TO K&K TO BIND INSURANCE SHALL CONSTITUTE ACCEPTANCE BY PRODUCER ON PRODUCER'S OWN BEHALF OF THE INSURED OF ALL OF THE TERMS AND CONDITIONS IN THIS QUOTATION.\*

K&K Insurance Group, a division of Aon, is acting as a Managing General Agent (MGA) as the term is defined in Section 616.015(14) of the Florida Insurance Code. As an MGA, we are acting on behalf of the companies/carriers listed within this proposal.

### PREMIUM SUMMARY

(PREMIUM DOES NOT REFLECT OPTIONS OR CHANGES MADE TO ORIGINAL PROPOSAL)

(		
Coverage	Premium	Bind
Inland Marine	\$500	□ Yes □ No
Owners & Sponsors Liability	\$1,000	r Yes r No
*Check Coverage Pages as some premium	is may be fully e	arned.
Total Premium without Terrorism \$1,	500.00	
Total Terrorism Premium	200.00	
Total Premium with Terrorism Premium \$1,	700.00	
Admitted Taxes and Surcharges \$	150.00	
Workers Compensation Taxes	\$0.00	
Excess Taxes/Surcharges	\$0.00	
Total Premium with TRIA & Taxes/Fees \$1,	850.00	

### PRODUCER/CLIENT AUTHORIZATION TO BIND COVERAGE

After careful review of your proposal dated 10/3/2024 , we have decided to accept your proposal and would like to bind the coverages indicated above with an effective date of 10/3/2024. In addition, I understand that K&K now sends policies via email.

I agree to receive my policies at email address:

Signature

Date

I authorize K&K to send me future correspondence regarding insurance products and services: 
TYes 
No

This insurance proposal contains the premium for which you applied. Any additional types of insurance coverage desired, but not specifically quoted in the proposal, such as Property, Auto, Inland Marine and/or Excess Liability, etc. must be specifically requested by your K&K representative and a fully completed and signed application would need to be submitted to your K&K representative for evaluation. Actual coverages are detailed in the policy of insurance and are always subject to all terms, provisions, conditions, and exclusions as contained therein. You should not rely upon this generalization summary, but should consult the actual policy for a complete description and details regarding coverage.

FATCA Notice: Please go to AON.com/FATCA to obtain the appropriate W-9.

### LOCATIONS

### Location Schedule

Quote :	Q-201609	Carrier :	Markel Insurance Company
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Location #	Address	City	State	Zip Code
001	1545 Bowling Green Rd	Scottsville	KY	42164

### Quote : Q-201612 Carrier : Markel Insurance Company

Location #	Address	City	State	Zip Code
001	570 Oliver Street	Scottsville	KY	42164

#### **OWNERS & SPONSORS LIABILITY**

Company: Markel Insurance Company-Admitted

Program offers contingent liability for losses where the Facility or Sanctioning Body's Insurance limits are insufficient for possible claims in which the Owner and/or Sponsors are named.

Coverage		Limit
General Aggregate Limit	Per Event	\$5,000,000
Products/Completed Ops. Aggregate		\$5,000,000
Personal & Advertising Injury		\$1,000,000
Each Occurrence		\$1,000,000
Damage To Premises Rented To You		\$300,000
Medical Expense		Excluded
Bodily Injury to Participants		\$1,000,000
Errors & Omissions		Excluded

Owners & Sponsors Liability - Additional Coverages:

Broadened/Prime Enhancement

#### Notable Exclusions:

Including but not limited to: Pollution (with exception for building heating/cooling/dehumidifying equip. and hostile fire); Asbestos; Silica or Silica Related Dust; Nuclear; Total Lead; Fungi/Bacteria; Employment Practices; Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception; Terrorism; Punitive Damages Related to a Certified Act of Terrorism; Communicable Disease Exclusion.

## Owners & Sponsors Liability - Notes/Notable Forms/Terms & Conditions:

Products/ Completed Operations Exclusion Pyramiding of Limits Endorsement

#### Premium Reflects:

1 vehicle(s) in 1 Pro-Touring Truck Shootout event(s);

PRICING SUBJECT TO CHANGE WITH RECEIPT OF UPDATED SCHEDULE OF EVENTS. COVERAGE LIMITED TO THE ABOVE NUMBER OF EVENTS AND VEHICLES. ALL OTHER EVENTS MUST HAVE PRIOR APPROVAL OF COVERAGE.

Deductible Per Occurrence : NONE

This coverage is auditable OWNERS & SPONSORS LIABILITY PREMIUM Subtotal: POLICY MINIMUM PREMIUM:

\$1,000 \$1,000



## COMMERCIAL GENERAL LIABILITY PRIME ENHANCEMENT SUMMARY

The following coverages and extensions are added to this policy as detailed below. With respect to any coverage provided by this endorsement, if higher limits are provided on any other schedule, declarations, or endorsement attached to this policy, then the limits and coverage provided by this endorsement do not apply for that coverage.

### SCHEDULE

Extended Property Damage – Expected Or Intended Injury	Included
Non-Owned Watercraft	Increased to 51 feet long
Non-Owned Aircraft	If rented or loaned with a paid crew
Property Damage To Borrowed Equipment	\$10,000 Each Occurrence
Property Damage To Customers' Goods	\$10,000 Each Occurrence
Damage To Premises Rented To You	\$300,000 Each Occurrence, unless a higher Limit is shown on Declarations
Property Damage From Elevator Use	Included
Personal And Advertising Injury From Televised Or Videotaped Material	Included (Unless excluded)
Supplementary Payments	
Bail Bonds	Up To \$1,000
Loss Of Earnings	Up To \$500 A Day
Medical Personnel	\$100,000 Any One Person
Broadened Definition Of Insured	Included – see below Included
Duties In The Event Of Occurrence, Offense, Claim Or Suit	Included – see below Included
Unintentional Failure To Disclose All Hazards	Included – see below Included
Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation)	Included – see below Included
Liberalization	Included – see below Included
Mental Anguish Resulting From Bodily Injury	Included – see below Included
Broadened Definition Of Mobile Equipment	Included – see below Included

#### **Broadened Definition Of Insured**

Coverage for your newly acquired or formed organization will be:(1) Effective on the date of acquisition or formation; and (2) Afforded until 180 days after you acquire or form the organization or the end of the policy period, whichever is earlier.

### Duties In The Event Of Occurrence, Offense, Claim Or Suit

Your obligation to notify us as soon as practicable of an "occurrence", offense, claim, or "suit" is satisfied if you send us written notice as soon as practicable after any of your "executive officers", directors, partners, insurance managers, or legal representatives become aware of or should have become aware of such "occurrence", offense, claim, or "suit".

### **Unintentional Failure To Disclose All Hazards**

If you unintentionally fail to disclose all hazards prior to the beginning of the policy period of this Coverage Form, we will not deny coverage under this Coverage Form because of such failure.

#### Waiver Of Transfer Of Rights Of Recovery Against Others To Us (Waiver Of Subrogation)

We waive any right of recovery against any person or organization, because of payments we make under this Coverage Part, to whom the insured has waived its rights of recovery in a written contract or agreement. This waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.

#### Liberalization

If we adopt any revision that would broaden coverage under this Coverage Form without additional premium, the broadened coverage will immediately apply to this Coverage Form as of the day the revision is effective in your state.

#### Mental Anguish Resulting From Bodily Injury

Definition of "bodily injury" is replaced by the following: "Bodily injury" means: Bodily injury, sickness, or disease sustained by a person, including mental anguish or emotional distress resulting from any of these; and Death resulting from bodily injury, sickness, or disease.

#### **Broadened Definition Of Mobile Equipment**

Definition **12.** "mobile equipment", Paragraph f.(1) amended to include; This does not apply to self-propelled vehicles of less than 1,000 pounds gross vehicle weight.

This is a summary of the coverage form, It does not confirm or provide the complete coverage details. State specific versions may differ from this summary.

#### **COMMERCIAL INLAND MARINE**

Company: Markel Insurance Company

#### **OFF TRACK & STORAGE COVERAGE**

Item	Limit	Valuation	Deductible
Competition Vehicles	\$15,000	Agreed Value	\$2,500
Engines	\$700	Agreed Value	\$2,500
Trailers	\$7,000	Agreed Value	\$2,500
Total Limits:	\$22,700		

## Off Track & Storage - Additional Coverages:

Arson and Crime Reward Payments - limit of \$25,000 (no deductible applies to this coverage); Debris Removal - limit of \$10,000; Expediting and Rental Expense - limit of \$10,000; Fire Department Service Charge and Extinguishing Expense - limit of \$25,000; Loss Adjustment Expense - limit of \$5,000; Pollutant Clean Up Removal - limit of \$250,000; Recharge of Fire Protection Equipment - limit of \$10,000; Valuable Papers and Records (including Data Restoration) - limit of \$50,000; Newly Acquired Property for up to 30 days - 25% or \$250,000 maximum limit; Employee Tools - limit of \$5,000, with a maximum per item of \$1,000; Trophies - limit of \$10,000

#### Off Track & Storage - Notable Exclusions:

Physical damage coverage for competition vehicle or show vehicle while being operated under its own power (except while being loaded or unloaded from trailers or during incidental movement) Governmental Action, Nuclear Hazard, War and Military Action, Flood, Earth Movement.

Off Track & Storage - Notes/Notable Forms/Terms & Conditions: Agreed Amount Valuation (without coinsurance) for scheduled items	
Coverage territory includes anywhere in the world	
Wind/hail deductible applies: 2% or \$5,000, whichever is greater.	
Off Track & Storage PREMIUM Subtotal:	\$330
Inland Marine Grand Total	\$500
Inland Marine MINIMUM PREMIUM:	\$500

	Company : Markel	Insurance Compa	any-Admitte
Identification	Value	Deductible	
8408	\$15,000	\$2,500	
8408	\$700	\$2,500	
	\$7,000	\$2,500	
	8408	Identification         Value           8408         \$15,000           8408         \$700	8408 \$15,000 \$2,500

Total \$22,700



### POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

10/03/2024 Allen Co Board of Education 570 Oliver Street Scottsville,KY,42164

Re: Q-201612

We are required to provide you this notice pursuant to federal legislation concerning terrorism insurance

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1,2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Nothing in this notice affects or modifies your coverage except and only to the extent specifically required by the Act. You should also know that under federal law you are NOT required to purchase terrorism coverage. **SELECTION OR REJECTION OF CERTIFIED ACTS OF TERRORISM INSURANCE COVERAGE** 

### WHAT YOU NEED TO DO NOW:

IF YOU WISH TO PURCHASE CERTIFIED ACTS OF TERRORISM COVERAGE, YOU MAY DO SO BY CHECKING THE DESIRED COVERAGE PARTS UNDER THE ACCEPT COLUMN BELOW. IF YOU CHOOSE TO DECLINE CERTIFIED ACTS OF TERRORISM COVERAGE, CHECK THE REJECT OPTION NEXT TO THE APPROPRIATE COVERAGE PART.

I hereby elect to purchase the Certified Acts of Terrorism Coverage required to be offered under the Act for the following coverage part(s) and associated premium. Please indicate the coverage part(s) for which you accept or reject Certified Acts of Terrorism Coverage. If applicable in your state, an additional tax or fee may be applied. If you have a location in a state that requires fire coverage be provided, regardless of cause, a mandatory charge for terrorism has been included in the coverage part(s) premium shown below and may not be rejected.

COVERAGE SE	LECTION		
ACCEPT	REJECT	Coverage Part(s)	Premium
Mandatory	May not reject	Commercial Property(Mandatory)	
		Commercial Property (Optional)	
		Commercial General Liability	100.00
Included	Included	Commercial Crime	
		Commercial Inland Marine	100.00
		Commercial Excess Liability	
		Total	200.00
coverage is not purd In order to purchase the underlying Liabi	chased.	terrorism losses will be applied to the coverage parts in whic Excess and/or Umbrella, the Terrorism Coverage must also b oposal terms	

Please sign and return this form, with your request for coverage.

Policyholder/Applicant's Signature	Print Name	Date
Named Insured(As shown on po	icy)	
Allen Co Board of Education		
Policy Number	Effective Date	
Q-201612		



### POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

10/03/2024 Allen Co Board of Education 570 Oliver Street Scottsville,KY,42164

Re: Q-201609

We are required to provide you this notice pursuant to federal legislation concerning terrorism insurance

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1,2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Nothing in this notice affects or modifies your coverage except and only to the extent specifically required by the Act. You should also know that under federal law you are NOT required to purchase terrorism coverage. **SELECTION OR REJECTION OF CERTIFIED ACTS OF TERRORISM INSURANCE COVERAGE** 

### WHAT YOU NEED TO DO NOW:

IF YOU WISH TO PURCHASE CERTIFIED ACTS OF TERRORISM COVERAGE, YOU MAY DO SO BY CHECKING THE DESIRED COVERAGE PARTS UNDER THE ACCEPT COLUMN BELOW. IF YOU CHOOSE TO DECLINE CERTIFIED ACTS OF TERRORISM COVERAGE, CHECK THE REJECT OPTION NEXT TO THE APPROPRIATE COVERAGE PART.

I hereby elect to purchase the Certified Acts of Terrorism Coverage required to be offered under the Act for the following coverage part(s) and associated premium. Please indicate the coverage part(s) for which you accept or reject Certified Acts of Terrorism Coverage. If applicable in your state, an additional tax or fee may be applied. If you have a location in a state that requires fire coverage be provided, regardless of cause, a mandatory charge for terrorism has been included in the coverage part(s) premium shown below and may not be rejected.

Mandatory       May not reject       Commercial Property (Mandatory)         □       □       Commercial Property (Optional)         □       □       Commercial General Liability         Included       Included       Commercial Crime         □       □       Commercial Inland Marine       100.00         □       □       Commercial Excess Liability       100.00         □       □       Commercial Excess Liability       □         □       □       Commercial Excess Liability       □         □       □       Commercial Excess Liability       □         □       □       Total 200.00       □         I understand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.       In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased	COVERAGE SE	LECTION		
Commercial Property (Optional)         Commercial General Liability         Included         Included         Included         Commercial Crime         Commercial Inland Marine         Included         Commercial Excess Liability         Included         Included         Commercial Inland Marine         Included         Commercial Excess Liability         Included         Included         Included         Included         Commercial Inland Marine         Included         Included         Included         Included         Included         Commercial Excess Liability         Included         Inderstand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.         In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased	ACCEPT	REJECT	Coverage Part(s)	Premium
Included       Included       Commercial General Liability       100.00         Included       Included       Commercial Crime       Included         Image: Im	Mandatory	May not reject	Commercial Property(Mandatory)	
Included       Included       Commercial Crime         □       □       Commercial Inland Marine       100.00         □       □       Commercial Excess Liability       □         □       □       Commercial Excess Liability       □         □       □       Total 200.00       1         I understand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.       In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased			Commercial Property (Optional)	
Image: Construction of the construc			Commercial General Liability	100.00
Commercial Excess Liability         Total       200.00         I understand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.         In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased	Included	Included	Commercial Crime	
Total         200.00           I understand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.         In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased			Commercial Inland Marine	100.00
I understand that an exclusion of certified acts of terrorism losses will be applied to the coverage parts in which terrorism coverage is not purchased.			Commercial Excess Liability	
coverage is not purchased. In order to purchase Terrorism Coverage on the Excess and/or Umbrella, the Terrorism Coverage must also be purchased			Total	200.00
Optional terrorism premiums are in addition to proposal terms	coverage is not purd In order to purchase the underlying Liabi	chased. e Terrorism Coverage on the I lity Coverage, if applicable.	Excess and/or Umbrella, the Terrorism Coverage must also b	

Please sign and return this form, with your request for coverage.

Policyholder/Applicant's Signature	Print Name	Date
Named Insured(As shown on policy	<b>y</b> )	
Allen Co Board of Education		
Policy Number Eff	er Effective Date	
Q-201609		