

**U.S. SPECIALTY INSURANCE COMPANY**  
**COMMON POLICY - DECLARATIONS**

Policy No.   
Replacement No. 

**NAMED INSURED AND ADDRESS:**

CITY OF WILLOUGHBY HILLS  
35405 CHARDON ROAD

WILLOUGHBY HILLS, OH 44094

**AGENT NAME AND ADDRESS:**

HCC PUBLIC RISK  
CUSTIS INSURANCE SERVICES, INC.  
4254 EAST LAKE ROAD

SHEFFIELD LAKE, OH 44054

**AGENT NO. 99900**

**POLICY PERIOD:** From: **10/17/2014** To: **10/17/2015**  
at 12:01 a.m. Standard Time at your mailing address shown above.

**PAYMENT PLAN: ANNUAL**

**BUSINESS DESCRIPTION: GOVERNMENTAL SUBDIVISION**

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

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART		PREMIUM
Commercial Property Coverage Part	\$	INCLUDED
Commercial General Liability Coverage Part	\$	INCLUDED
Public Officials Liability Coverage Part	\$	INCLUDED
Law Enforcement Liability Coverage Part	\$	INCLUDED
Commercial Inland Marine Coverage Part	\$	INCLUDED
Commercial Crime Coverage Part	\$	INCLUDED
Commercial Auto Coverage Part	\$	INCLUDED
Boiler & Machinery Coverage Part	\$	INCLUDED
Commercial Umbrella Coverage Part	\$	INCLUDED
TRIA Property	\$	EXCLUDED
TRIA Casualty	\$	EXCLUDED
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$</b>	
<b>3rd ANNUAL INSTALLMENT</b>		

**FORMS APPLICABLE TO ALL COVERAGE PARTS:**

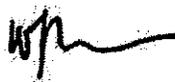
Refer to PKGIL0002 2006 Schedule of Forms and Endorsements

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

COUNTERSIGNED

10/30/2014

BY



DATE

AUTHORIZED REPRESENTATIVE

**U.S. SPECIALTY INSURANCE COMPANY**  
**BUILDING AND PERSONAL PROPERTY COVERAGE PART**  
**SUPPLEMENTAL DECLARATIONS**

This Supplemental Declarations forms a part of policy number XXXXXXXXXX

<b>DESCRIPTION OF PREMISES</b>					
PREM. #	BLDG. #	LOCATION, CONSTRUCTION AND OCCUPANCY			
ALL	ALL	Per Schedule on File			
<b>COVERAGES PROVIDED</b>					
Insurance at the described premises applies only for coverages for which a Limit of Insurance is shown.					
PREM. #	BLDG. #	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINS.
ALL	ALL	Building + Personal Property	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	Special	100
<b>OPTIONAL COVERAGES</b> Applicable only when entries are made in the schedule below.					
PREM. #	BLDG. #	Blanket Basis Per Schedule On File - As stated on application			
Per Schedule on File		Agreed Value Per Schedule On File - As stated on application			
		Replacement Cost Building Valuation Per Schedule on File - As stated on application			
<b>ADDITIONAL COVERAGES</b> Applicable only when entries are made in the schedule below.					
<b>FLOOD</b>					
LOCATION(S)	LIMIT OF INSURANCE		DEDUCTIBLE / S.I.R.*		
ALL	Any One Flood	Annual Aggregate			
	\$500,000	\$500,000	\$50,000		
<b>EARTHQUAKE</b>					
LOCATION(S)	LIMIT OF INSURANCE		DEDUCTIBLE / S.I.R.*		
ALL	Any One Earthquake	Annual Aggregate			
	\$500,000	\$500,000	\$50,000		
<b>DEDUCTIBLE / SELF-INSURED RETENTION</b> Applicable to coverages other than Flood or Earthquake.					
\$1,000					
<b>MORTGAGEHOLDERS</b>					
PREM. #	BLDG. #	MORTGAGEHOLDER NAME AND MAILING ADDRESS			
Per Schedule on File					
<b>FORMS AND ENDORSEMENTS</b> (other than applicable forms and endorsements shown elsewhere in the policy)					
Forms and endorsements applying to this Coverage Part and made a part of this Policy at time of issue: See PKGIL0002 2006					

\* Self-Insured Retention

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

**U.S. SPECIALTY INSURANCE COMPANY**

POLICY NUMBER: XXXXXXXXXX

**EQUIPMENT BREAKDOWN COVERAGE**  
EB 00 01 11 07

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## EQUIPMENT BREAKDOWN COVERAGE

This Endorsement modifies insurance provided under the following:  
**BUILDING AND PERSONAL PROPERTY COVERAGE FORM – PUBLIC ENTITY**

<b>Equipment Breakdown Schedule</b>	
<b>Equipment Breakdown Limits of Insurance:</b>	<b>\$15,671,750</b>
Spoilage	\$250,000
Expediting Expenses	\$250,000
Pollution Clean Up and Removal	\$250,000
Data and Media	\$
Other: Business Income	\$100,000
Other: Extra Expense	\$500,000
<b>Deductibles:</b>	
Direct Damage	\$1,000
Extra Expense	72 hours
Business Income	72 hours
Spoilage	Included in Direct Damage
Service Interruption – Waiting Period	24 hours
Other:	

The following is added to section A. 4. Additional Coverages in the **BUILDING AND PERSONAL PROPERTY COVERAGE FORM – PUBLIC ENTITY**:

**A. Equipment Breakdown Coverage**

1. We will pay for direct physical loss to Covered Property caused by or resulting from a "breakdown" to "covered equipment".
2. "Breakdown"
  - a. "Breakdown" means:
    - (1) Failure of pressure or vacuum equipment;
    - (2) Mechanical failure including rupture or bursting caused by centrifugal force; or
    - (3) Electrical failure including arcing;
 that causes direct physical loss or damage to "covered equipment" and necessitates its repair or replacement.
  - b. "Breakdown" does not mean:
    - (1) Cracking of any part on an internal combustion gas turbine exposed to the products of combustion;
    - (2) Damage to any structure or foundation supporting the "covered equipment" or any of its parts;
    - (3) Damage to any vacuum tube, gas tube, or brush;
    - (4) Defects, erasures, errors, limitations or viruses in "computer equipment", data, "media" and/or programs including the inability to recognize and process any date or time or provide instructions to "covered equipment". However, if a "breakdown" ensues, we will pay the ensuing loss or damage not otherwise excluded;
    - (5) Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;



**U.S. SPECIALTY INSURANCE COMPANY**

ENDORSEMENT NO. \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
	10	17	2014	X		CITY OF WILLOUGHBY HILLS	99900

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CONTRACTOR'S EQUIPMENT RENTED FROM OTHERS LESS THAN 90 DAYS**

This endorsement modifies insurance provided under the following:

**CONTRACTOR'S EQUIPMENT COVERAGE FORM**

**SCHEDULE**

<b>Limit of Insurance</b>	\$75,000	<b>any one item of equipment</b>
	\$75,000	<b>"loss" in any one occurrence</b>
<b>Deductible</b>	\$1,000	<b>the minimum deductible amount shall be \$250 if no amount is specified in this Schedule</b>
<b>Premium</b>	<b>\$ Included</b>	

The following Coverage Extension is added to the policy:

**Contractor's Equipment Rented From Others Less Than 90 Days**

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

**3. Limits Of Insurance**

The most we will pay for:

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

**4. Deductible**

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

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**



\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

10/30/2014  
DATE

**U.S. SPECIALTY INSURANCE COMPANY**

**CRIME COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number XXXXXXXXXX

**SCHEDULE OF COVERAGES, LIMITS OF INSURANCE AND DEDUCTIBLE**

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

Coverage Form(s)	Limit of Insurance	<input checked="" type="checkbox"/> Deductible <input type="checkbox"/> Self-Insured Retention
<input type="checkbox"/> A Employee Dishonesty — Blanket	\$	\$
<input type="checkbox"/> A Employee Dishonesty — Schedule		
<input checked="" type="checkbox"/> B Forgery or Alteration	\$ 100,000	\$ 500
<input checked="" type="checkbox"/> C Theft, Disappearance and Destruction		
Inside	\$ 100,000	\$ 500
Outside	\$ 100,000	\$ 500
Tax Time Limit 12/1 – 3/1	\$ 100,000	\$ 500
Optional Tax Periods: From: 01/01/1900 To: 01/01/1900	\$	\$
From: 01/01/1900 To: 01/01/1900	\$	\$
<input type="checkbox"/> D Robbery and Safe Burglary -		
Property Other Than Money	\$	\$
And Securities	\$	\$
Robbery Inside	\$	\$
Safe Burglary	\$	\$
Robbery Outside	\$	\$
<input type="checkbox"/> O Public Employee Dishonesty — Per Loss	\$	\$
<input checked="" type="checkbox"/> P Public Employee Dishonesty — Per Employee	\$ 100,000	\$ 500
<input type="checkbox"/> Q Robbery and Safe Burglary -		
Money and Securities	\$	\$
Inside	\$	\$
Outside	\$	\$
<input checked="" type="checkbox"/> F Computer Fraud	\$ 100,000	\$ 500

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

**FORMS AND ENDORSEMENTS**

Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue:  
See PKGIL0002 2006

**Premium: \$ Included**

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

**U.S. SPECIALTY INSURANCE COMPANY**

**PUBLIC ENTITY  
GENERAL LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number XXXXXXXXXX

<b>LIMITS OF INSURANCE</b>							
Each Occurrence Limit	<u>\$1,000,000</u>						
Damage to Premises Rented to You Limit	<u>\$500,000</u>	any one premises					
Medical Expense Limit	<u>\$10,000</u>	any one person					
Personal and Advertising Injury Limit	<u>\$1,000,000</u>	any one person or organization					
General Aggregate Limit (other than Products/Completed Operations)	<u>\$3,000,000</u>						
Products/Completed Operations Aggregate Limit	<u>\$3,000,000</u>						
<b>FORM OF BUSINESS</b>							
Form of business:							
<input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Public School <input type="checkbox"/> Special District <input type="checkbox"/> Other:							
<b>CLASSIFICATION AND PREMIUM</b>							
Classification	Code No.	*Premium Basis	Rate		Advance Premium		
			Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops	
Governmental Entity	44101	Included	Included	Included	Included	Included	
					Totals:	Included	Included
<b>FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)</b>							
Forms and endorsements applying to this Coverage Part and made part of this policy at time of issue: See PKGIL0002 2006							

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

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

**U.S. SPECIALTY INSURANCE COMPANY**

**STOP GAP LIABILITY COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

These Supplemental Declarations form a part of policy number XXXXXXXXXX

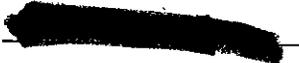
<b>FORM OF BUSINESS</b>				
<input checked="" type="checkbox"/> Municipality <input type="checkbox"/> Public School <input type="checkbox"/> Special District <input type="checkbox"/> Other:				
<b>STATE(S) OF OPERATIONS</b>				
<input type="checkbox"/> North Dakota <input checked="" type="checkbox"/> Ohio <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wyoming				
<b>LIMITS OF INSURANCE</b>				
Bodily Injury by Accident - Each Accident		\$	1,000,000	
Bodily Injury by Disease - Each Employee		\$	1,000,000	
Bodily Injury by Disease - Aggregate Limit		\$	1,000,000	
<b>RATES AND PREMIUMS</b>				
State	Payroll	*Rate	Minimum Premium	Advance Premium
ND			\$	\$
OH	INCLUDED	INCLUDED	\$ INCLUDED	\$ INCLUDED
WA			\$	\$
WV			\$	\$
WY			\$	\$
*Per \$100 of payroll			Total Advance Premium	\$ INCLUDED
<b>FORMS AND ENDORSEMENTS (other than applicable forms and endorsements shown elsewhere in the policy)</b>				
Forms and endorsements applying to this Coverage Part and made a part of this policy at time of issue:				
See PKGIL0002 2006				

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





**U.S. SPECIALTY INSURANCE COMPANY**  
**PUBLIC OFFICIALS LIABILITY COVERAGE PART —**  
**SUPPLEMENTAL DECLARATIONS**

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

ITEM 2. RETROACTIVE DATE: 07/17/2005

This insurance does not apply to **WRONGFUL ACTS** which occur before the RETROACTIVE DATE shown above.

ITEM 3. LIMIT OF LIABILITY

ANNUAL AGGREGATE LIMIT \$1,000,000

EACH CLAIM LIMIT \$1,000,000

ITEM 4. DEDUCTIBLE \$5,000

ITEM 5. PREMIUM Included

ITEM 6. DESIGNEE OF NAMED INSURED TO REPORT CLAIMS AND RECEIVE NOTICES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ITEM 7. NOTICE OF CLAIM SHALL BE GIVEN TO:  
HCC Public Risk Claim Service  
1700 Opdyke Court  
Auburn Hills, MI 48326

ITEM 8. FORM NUMBERS OF COVERAGE FORMS AND ENDORSEMENTS THAT ARE PART OF THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE (other than applicable forms and endorsements shown elsewhere in the policy):  
  
Refer to PKGIL0002 2006

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

**COMMON POLICY CONDITIONS**

THE COMMON POLICY CONDITIONS DO NOT APPLY TO THIS COVERAGE PART.

**USAGE OF TERMS**

WHEN WE USE THE WORD **DECLARATIONS** IN THIS COVERAGE PART, WE MEAN THIS DECLARATIONS OR THE **COMMON POLICY DECLARATIONS**.

**U.S. SPECIALTY INSURANCE COMPANY**

ENDORSEMENT NO. \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
[REDACTED]	10	17	2014	X		City of Willoughby Hills	99900

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NON-MONETARY SUIT DEFENSE COSTS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**PUBLIC OFFICIALS LIABILITY COVERAGE FORM**

As respects to any **SUIT** against the **INSURED** seeking non-monetary relief by reason of a **WRONGFUL ACT**, and which are otherwise covered by this policy, **WE** shall indemnify the **INSURED** for reasonable costs and fees incurred in the defense of such **SUITS** subject to the following conditions:

1. **SUIT** is first filed against the **INSURED** during the **POLICY PERIOD** and written report of the **SUIT** is received by **US** during the **POLICY PERIOD** or within sixty (60) days thereof.
2. **OUR** limit of liability for such costs and fees shall not exceed \$10,000 per **SUIT** and \$50,000 in the aggregate for the **POLICY PERIOD**.
3. Payments under this endorsement shall be in addition to **OUR** limit of liability as stated in the Declarations and **SECTION V — LIMITS OF LIABILITY**.
4. **WE** shall have no duty to investigate or defend any such **SUITS**.

**WE** shall have the right, at **OUR** option and expense, to investigate, take over the defense, or associate in the defense of any such **SUIT**.

For the purposes of this endorsement only, **SUIT** means an adjudicatory proceeding in a court of law.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**



\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

October 30, 2014

\_\_\_\_\_  
DATE

**U.S. SPECIALTY INSURANCE COMPANY**

**BUSINESS AUTO COVERAGE FORM DECLARATIONS**

**ITEM ONE**

NAMED INSURED CITY OF WILLOUGHBY HILLS POLICY NO. [REDACTED]

FORM OF BUSINESS:

- MUNICIPALITY  PUBLIC SCHOOL  
 SPECIAL DISTRICT  OTHER \_\_\_\_\_

**ITEM TWO**

**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$1,000,000	INCLUDED
PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$ NIL Ded.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.P.I ENDORSEMENT MINUS \$ NIL Ded.	
AUTO MEDICAL PAYMENTS	2	\$5,000	INCLUDED
UNINSURED MOTORISTS		\$	EXCLUDED
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	EXCLUDED
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$1,000 Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos".	INCLUDED
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE COLLISION COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$1,000 Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos".	INCLUDED
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ _____ for each disablement of a private passenger "auto"	
		PREMIUM FOR ENDORSEMENTS	INCLUDED
		ESTIMATED TOTAL PREMIUM	INCLUDED

**ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:**

Refer to Form PKGIL0002 2006

# U.S. SPECIALTY INSURANCE COMPANY

## BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)

### ITEM THREE

#### SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION Year Model, Trade Name PER SCHEDULE ON FILE	VEHICLE IDENTIFICATION NUMBER (VIN)	TERRITORY

### ITEM FOUR

#### SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.

LIABILITY COVERAGE—RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is primary)	PREMIUM
OHIO	INCLUDED	INCLUDED	INCLUDED	INCLUDED
			TOTAL PREMIUM	\$ INCLUDED

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$50,000 WHICHEVER IS LESS MINUS \$1,000 Ded. FOR EACH COVERED AUTO.	INCLUDED	INCLUDED	INCLUDED
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO.			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$50,000 WHICHEVER IS LESS MINUS \$1,000 Ded. FOR EACH COVERED AUTO.	INCLUDED	INCLUDED	INCLUDED
			TOTAL PREMIUM	\$ INCLUDED

### ITEM FIVE

#### SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
Total Premium			\$ INCLUDED

**U.S. SPECIALTY INSURANCE COMPANY**

ENDORSEMENT NO. \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		
	10	17	2014	X		CITY OF WILLOUGHBY HILLS	99900

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**IMPOUNDED AUTO ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

**SCHEDULE**

Location No.	Coverages	Limit of Insurance for Each Location			
			MINUS		
1	Comprehensive	\$30,000	\$500		DEDUCTIBLE FOR EACH IMPOUNDED "AUTO" FOR "LOSS" CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR
	Specified Causes of Loss	\$ N/A	\$ N/A		DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Collision	\$30,000	\$500		MAXIMUM DEDUCTIBLE FOR ALL SUCH "LOSS" IN ANY ONE EVENT.
2	Comprehensive	\$	\$500		DEDUCTIBLE FOR EACH IMPOUNDED "AUTO" FOR "LOSS" CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR
	Specified Causes of Loss	\$ N/A	\$ N/A		DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Collision	\$	\$500		MAXIMUM DEDUCTIBLE FOR ALL SUCH "LOSS" IN ANY ONE EVENT.
3	Comprehensive				DEDUCTIBLE FOR EACH IMPOUNDED "AUTO" FOR "LOSS" CAUSED BY THEFT OR MISCHIEF OR VANDALISM; OR
	Specified Causes of Loss				DEDUCTIBLE FOR ALL PERILS SUBJECT TO
	Collision				MAXIMUM DEDUCTIBLE FOR ALL SUCH "LOSS" IN ANY ONE EVENT.

**Locations Where You Store Impounded Autos**

Location No.	Address
1	35405 CHARDON ROAD, REAR
2	
3	

**Premium For All Locations**

Comprehensive	\$	Included
Specified Causes of Loss	\$	N/A
Collision	\$	Included

U.S. SPECIALTY INSURANCE COMPANY

COMMERCIAL UMBRELLA COVERAGE FORM  
SUPPLEMENTAL DECLARATIONS

These Supplemental Declarations form a part of policy number 

DATE ISSUED:

ITEM 1. NAMED INSURED & ADDRESS  
CITY OF WILLOUGHBY HILLS  
35405 CHARDON ROAD

WILLOUGHBY HILLS, OH 44094

ITEM 2. POLICY PERIOD: POLICY COVERS FROM 10/17/2014 TO 10/17/2015  
12:01 A.M. STANDARD TIME AT THE NAMED INSURED'S ADDRESS STATED ABOVE.

ITEM 3. LIMITS OF INSURANCE--AS IN INSURING AGREEMENT III (THE LIMITS OF INSURANCE ARE THE AMOUNTS SHOWN BELOW)

- (a) EACH OCCURRENCE LIMIT: \$10,000,000
- (b) GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS/COMPLETED OPERATIONS): \$10,000,000
- (c) PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT: \$ INCLUDED
- (d) EMPLOYERS LIABILITY AGGREGATE LIMIT-DISEASE: \$
- (e) AGGREGATE LIMIT WHERE APPLICABLE: \$10,000,000

ITEM 4. SELF-INSURED RETENTION: \$10,000

ITEM 5. FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM AND MADE A PART OF THIS POLICY AT TIME OF ISSUE:

Refer to: PKGIL0002 2006

ITEM 6. PREMIUM IS PAYABLE:

IN ADVANCE:	\$	INCLUDED
PER FLAT CHARGE:	\$	INCLUDED
ADJUSTABLE AT A RATE OF:	\$	N/A
ANNUAL EXPOSURE IS ESTIMATED AT:	\$	N/A
ANNUAL MINIMUM PREMIUM:	\$	INCLUDED

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