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**Policy No.: SCP 2934157 28**

Previous Policy No.: 2934157-26

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**Named Insured Name and Address**

Hill City School District 51-2

PO Box 659

Hill City, SD 57745

**Agency Name and Address**

01512

(605) 642-4711

FIRST WESTERN INSURANCE SPEARFISH

P.O. BOX 580

SPEARFISH, SD 57783

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**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), 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 that is certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your policy is affected as follows:

For property located in standard fire policy states, there are state statutory exceptions covering certain fire losses if you decline coverage for "acts of terrorism" defined under the Act. If an "act of terrorism" certified under the Act results in fire, we are required to pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to covered property and is subject to any limitations of any terrorism exclusion, or inapplicability or omission of a terrorism exclusion. This notice does not serve to create coverage for any loss which would otherwise be excluded under your policy.

The portion of your premium that is attributable to coverage for direct loss or damage that is caused by an "act of terrorism" certified under the act and where fire ensues is \$ 0 and does not include any charges for the portion of losses covered by the United States Government under the Act. Note, this premium is applied to your policy regardless if you accept or decline coverage for "acts of terrorism" below.

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 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 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 Act, 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.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act for acts of terrorism as defined by the Act for a prospective premium of \$ <u>369</u> (including the fire following premiums above.)
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union Insurance Company  
Insurance Company

\_\_\_\_\_  
SCP 2934157 - 28  
Quotation/ Policy Number

Hill City School District 51-2  
SCP 2934157-28  
08/25/2017

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act, as amended, (the "Act"), is included in your policy. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events.

Under the formula, for calendar year 2014, the United States Government generally reimburses 85% through 2015; 84% beginning January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism as defined in the Act, is \$ 369 and does not include any charges for the portion of losses covered by the United States Government under the Act.

Name of Insurer: Union Insurance Company  
Policy Number: SCP 2934157 - 28

**Rating Company:** Union Insurance Company

## PREMIUM SUMMARY

**Quote No.:** SCP 2934157 - 28

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**Named Insured Name and Address**

Hill City School District 51-2  
PO Box 659  
Hill City, SD 57745

**Agency Name and Address**

01512  
(605) 642-4711  
FIRST WESTERN INSURANCE SPEARFISH  
P.O. BOX 580  
SPEARFISH, SD 57783

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The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

<b>COVERAGE INFORMATION</b>
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<b>Coverages</b>	<b>Premium</b>
Commercial Property	\$ 18,989.00
General Liability	\$ 5,163.00
Abuse or Molestation Liability	\$ 1,152.00
Commercial Auto	\$ 7,719.00
Crime	\$ 265.00
Inland Marine	\$ 989.00
Umbrella	\$ 1,187.00
<b>Total Proposed Premium</b>	<b>\$ 35,464.00</b>

# COMMERCIAL PROPERTY QUOTE PROPOSAL

Quote No.: SCP 2934157 - 28

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NAMED INSURED NAME AND ADDRESS	AGENCY NAME AND ADDRESS	01512
Hill City School District 51-2 PO Box 659 Hill City, SD 57745	(605) 642-4711 FIRST WESTERN INSURANCE SPEARFISH P.O. BOX 580 SPEARFISH, SD 57783	

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The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

PROPERTY COVERAGES	PREMIUM
Building	\$ 11,688
Business Personal Property	\$ 2,789
Business Personal Property of Others	\$ 29
Equipment Breakdown	\$ 1,161
Terrorism	\$ 280
Enhancement Endorsement	*
Optional Coverages	*
<b>Total Quote Premium</b>	<b>\$ 18,989</b>

\* See Quote details for premium breakdown.

<b>DESCRIPTION OF PREMISES AND COVERAGES PROVIDED</b>
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Description Of Property	Limit	Cause Of Loss	Coinsurance	Valuation
<b>Blanket Building, Business Personal Property and Stock</b>	25,899,525	SPECIAL	90%	See Schedule
Loc# - Bldg#: 1 - 1				
Loc# - Bldg#: 1 - 2				
Loc# - Bldg#: 2 - 1				
Loc# - Bldg#: 3 - 1				
Loc# - Bldg#: 3 - 4				
Loc# - Bldg#: 4 - 1				

<b>Location No./Building No.</b>	001/001	<b>Deductible:</b>	<b>\$2,500</b>
<b>Street Address</b>	440 MAIN ST	2 Story Masonry Non-Combustible Building	
<b>City, State and Zip Code</b>	Hill City, SD 57745	Occupied As Gym and Middle School Risk ID: 40 1342 000640	

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building	See Blanket	SPECIAL	RC	90%	\$ 5,353
Earthquake Coverage Applies	10% Deductible				
Business Personal Property	See Blanket	SPECIAL	RC	90%	\$ 1,042
Earthquake Coverage Applies	10% Deductible				
Flood Coverage End.	1,000,000				\$ 1,000

<b>Location No./Building No.</b>	001/002	<b>Deductible:</b>	<b>\$2,500</b>
<b>Street Address</b>	440 MAIN ST	2 Story Masonry Non-Combustible Building	
<b>City, State and Zip Code</b>	Hill City, SD 57745	Occupied As Personal Property of Others Risk ID: 40 1342 000640	

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Business Personal Property of Others	See Blanket	SPECIAL	RC	90%	\$ 29
Earthquake Coverage Applies	10% Deductible				

<b>Location No./Building No.</b>	002/001	<b>Deductible:</b>	<b>\$2,500</b>
<b>Street Address</b>	302 MAIN ST	1 Story Masonry Non-Combustible Building	
<b>City, State and Zip Code</b>	Hill City, SD 57745-3000	Occupied As Elementary School Risk ID: 40 1342 000700	

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building	See Blanket	SPECIAL	RC	90%	\$ 1,792
Earthquake Coverage Applies	10% Deductible				
Business Personal Property	See Blanket	SPECIAL	RC	90%	\$ 529
Earthquake Coverage Applies	10% Deductible				

<b>Location No./Building No.</b>	003/001	<b>Deductible:</b>	<b>\$2,500</b>
<b>Street Address</b>	201 MAJOR LAKE DR	1 Story Frame Building	

**City, State and Zip Code** Hill City, SD 57745 Occupied As Scoreboard

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Property in the Open - Materials which are Comb Earthquake Coverage Applies	See Blanket 5% Deductible	SPECIAL	RC	90%	\$ 11

**Location No./Building No.** 003/002  
**Street Address** 201 MAJOR LAKE DR  
**City, State and Zip Code** Hill City, SD 57745  
**Deductible:** 1 Story Frame Building  
 Occupied As Shed  
**\$2,500**

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building Earthquake Coverage Applies	2,000 5% Deductible	SPECIAL	ACV	90%	\$ 3

**Location No./Building No.** 003/003  
**Street Address** 201 MAJOR LAKE DR  
**City, State and Zip Code** Hill City, SD 57745  
**Deductible:** 1 Story Frame Building  
 Occupied As Shed  
**\$2,500**

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building Earthquake Coverage Applies	1,000 5% Deductible	SPECIAL	ACV	90%	\$ 2

**Location No./Building No.** 003/004  
**Street Address** 201 MAJOR LAKE DR  
**City, State and Zip Code** Hill City, SD 57745  
**Deductible:** 1 Story Frame Building  
 Occupied As Concession Stand  
**\$2,500**

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building	See Blanket	SPECIAL	RC	90%	\$ 60
Business Personal Property	See Blanket	SPECIAL	RC	90%	\$ 2

**Location No./Building No.** 004/001  
**Street Address** 488 MAIN ST  
**City, State and Zip Code** Hill City, SD 57745  
**Deductible:** 2 Story Masonry Non-Combustible Building  
 Occupied As High School and district office  
 Risk ID: 40 SD99 004330  
**\$2,500**

Coverage	Limit	Cause Of Loss	Valuation	Coinsurance	Premium
Building Earthquake Coverage Applies	See Blanket 10% Deductible	SPECIAL	RC	90%	\$ 4,467
Business Personal Property Earthquake Coverage Applies	See Blanket 10% Deductible	SPECIAL	RC	90%	\$ 1,216

KEY: ACV = Actual Cash Value AV = Agreed Value FBV = Functional Building Valuation GRC = Guaranteed Replacement Cost RC = Replacement Cost MR = Monthly Reporting

<b>POLICY LEVEL ENDORSEMENTS</b>			
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<b>Coverages</b>	<b>Deductible</b>	<b>Limit</b>	<b>Premium</b>
Equipment Breakdown			\$ 1,161
School Extended Property Enhancement Endorsement			\$ 290
Business Income - Tuition and Fees		50,000	\$ Included
Extra Expense		100,000	\$ Included
Arson Reward		Included	\$ Included
Mobile Maintenance Equipment	500	50,000	\$ Included
Non - Owned Detached Trailers		20,000	\$ Included
Waiver of Coinsurance		Included	\$ Included
Premier Choice Property Enhancement			\$150
Accounts Receivable		\$200,000	\$105
Buildings and/or Business Personal Property (Newly Acquired)		\$2,000,000	Included
Tenants Exterior Building Glass		Included in BPP Limit	Included
Broadened Premises Boundary		1000 Feet	Included
Brands and Labels	25,000 or BPP limit - lesser of		Included
Computer Equipment Including Electronic Data		\$687,311	\$666
Consequential Loss to Stock		\$50,000	Included
Debris Removal Expense (Additional Debris Removal Expense)		\$100,000	Included
Utility Services - Direct Damage		\$50,000	\$16
Discharge from Sewers, Drains, or Sumps		\$100,000	\$188
Employee Theft (Including ERISA)		\$50,000	Included
Expediting Expense		\$50,000	Included
Fire Department Service Charge		\$25,000	Included
Fire Protection Equipment Recharge		\$25,000	Included
Fine Arts at Market Value		\$50,000	\$42
Foundations, Underground Pipes, Flues or Drains		Included	Included
Forgery or Alteration		\$100,000	\$157
Leasehold Interest - Improvements and Betterments		\$25,000	Included
Laptop or Mobile Device(s) (while in transit or away from described premises)		\$5,000	Included
Loss Data Preparation Cost		\$25,000	Included
Lost Key Consequential Loss		\$25,000	Included
Money and Securities Off-Premises		\$15,000	Included
Money and Securities On-Premises		\$50,000	\$21
Money Orders and Counterfeit Money		\$25,000	Included
Newly Acquired or Constructed Property		180 Days Reporting	Included
Property Off-Premises and In Transit		\$50,000	Included
Ordinance or Law - Undamaged Portion of Building		Included in Building Limit	Included
Ordinance or Law - Demolition Cost and Increased Cost of Construction		\$500,000	\$105
Outdoor Property		\$100,000	\$105
Personal Effects And Property Of Others		\$50,000	\$42
Pollutant Clean Up And Removal		\$50,000	Included
Preservation of Property		90 Days	Included
Property in the Care, Custody, and Control of Salesperson		\$15,000	Included
Theft of Patterns, Dies, Molds And Forms		Included in BPP Limit	Included
Theft Damage to Leased Buildings		\$15,000	Included
Temporary Relocation of Property (Renovation And Remodeling)		\$50,000	Included
Reward Payment		\$25,000	Included

Business Personal Property - Seasonal Increase	25%	Included
Outdoor Signs	\$25,000	Included
Spoilage	\$25,000	Included
Theft of Stamps, Tickets Held for Sale	\$2,500	Included
Theft of Furs, Fur Garments and Garments Trimmed in Fur	\$10,000	Included
Theft of Jewelry, Watches, Semiprecious Metals	\$10,000	Included
Per Tree, Shrub Or Plant Sublimit	\$1,000	Included
Valuable Papers And Records (Other Than Electronic Data)	\$200,000	\$105
Premier Choice Property Extra		\$ 20
Utility Services - Direct Damage Overhead Transmission or Distribution Lines	25,000	\$ 30
Terrorism - other than Equipment Breakdown		\$ 263
Terrorism - Equipment Breakdown		\$ 17

<b>OTHER COVERAGES</b>
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Location No./Building No.	Coverage	Limit	Premium
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<b>MORTGAGE HOLDER(S)</b>
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# COMMERCIAL GENERAL LIABILITY QUOTE PROPOSAL

Quote No.: SCP 2934157 - 28

<b>NAMED INSURED AND ADDRESS</b>	<b>AGENCY NAME AND ADDRESS</b>	01512
Hill City School District 51-2 PO Box 659 Hill City, SD 57745	(605) 642-4711 FIRST WESTERN INSURANCE SPEARFISH P.O. BOX 580 SPEARFISH, SD 57783	

The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

<b>GENERAL LIABILITY COVERAGES</b>	<b>PREMIUM</b>
Premises/Operations	\$ 2,785
Additional Coverages	\$ 1,524
Cyber Coverage Insurance	\$ 303
Terrorism	\$ 51
<b>Total Quote Premium</b>	<b>\$ 5,163</b>

<b>LIMITS OF INSURANCE</b>
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Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to You Limit	\$ 300,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person
Personal & Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000	
Products-Completed Operations Aggregate Limit	\$ 2,000,000	

<b>LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:</b>
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<b>Location No.</b>	001
<b>Street Address</b>	440 MAIN ST
<b>City, State and Zip Code</b>	Hill City, SD 57745
<b>Territory</b>	001
<b>Location No.</b>	002
<b>Street Address</b>	302 MAIN ST
<b>City, State and Zip Code</b>	Hill City, SD 57745-3000
<b>Territory</b>	001
<b>Location No.</b>	003
<b>Street Address</b>	201 MAJOR LAKE DR
<b>City, State and Zip Code</b>	Hill City, SD 57745
<b>Territory</b>	001
<b>Location No.</b>	004
<b>Street Address</b>	488 MAIN ST
<b>City, State and Zip Code</b>	Hill City, SD 57745
<b>Territory</b>	001
<b>Location No.</b>	005
<b>Street Address</b>	Various Locations
<b>City, State and Zip Code</b>	, SD
<b>Territory</b>	001

<b>CLASSIFICATION &amp; PREMIUM</b>
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The Premium & Classifications are subject to change by audit. Audit period: WAIVED

Classification	Code No.	Premium Base	Prem/ Ops Rate	Prod/ Comp Ops Rate	Prem/ Ops Premium	Prod/ Comp Ops Premium	Other
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**South Dakota**

**Location No. 001**

Schools - public - elementary kindergarten or junior high - Products-completed operations are subject to the General Aggregate Limit	47471	350.00 Other	4.167		\$1,458		
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Health or Exercise Clubs - Products-completed operations are subject to the General Aggregate Limit	44311	\$ 8,200 Gross Sales	7.449	\$61
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**Location No. 003**

Grandstands or Bleachers (Not-For-Profit only) - Products-completed operations are subject to the General Aggregate Limit	44194	1.00 Other	409.227	\$409
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**Location No. 004**

Schools - public - high - Products-completed operations are subject to the General Aggregate Limit	47473	157.00 Other	5.448	\$855
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**Location No. 005**

Vacant Land (Not - For - Profit only) - Products-completed operations are subject to the General Aggregate Limit	49452	1.00 Each Acre	1.633	\$2
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<b>ADDITIONAL COVERAGES</b>
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Location	Coverage	Deductible	Limits	Premium
All	CG2028 AI-Lessor of Leased Equip			\$ 82
All	Cyber Coverage Aggregate	\$1,000	\$50,000	\$ 303
	Privacy Breach Expense		\$25,000	Included
	Regulatory Proceeding Claims Expense		\$25,000	Included
	Third Party Cyber Liability		Not Covered	
All	Liability Enhancement			\$ 284
All	Limited Pollution	\$500	\$500,000/ \$1,000,000	\$ 600
All	Manual Charge		\$100,000	\$ 500
All	Violent Event Response			\$ 558
	Violent Events Aggregate		\$1,000,000	
	Violent Events Occurrence		\$1,000,000	
	Premium for Terrorism			\$ 51
			<b>Estimated Total Premium</b>	<b>\$ 5,163</b>

# ABUSE OR MOLESTATION LIABILITY QUOTE PROPOSAL

THIS INSURANCE PROVIDES CLAIMS-MADE AND REPORTED COVERAGE.  
PLEASE READ THE POLICY CAREFULLY.

Quote No.: SCP 2934157 - 28

NAMED INSURED AND ADDRESS	AGENCY NAME AND ADDRESS	01512
Hill City School District 51-2 PO Box 659 Hill City, SD 57745	(605) 642-4711 FIRST WESTERN INSURANCE SPEARFISH P.O. BOX 580 SPEARFISH, SD 57783	

The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

Coverages	Premium
Abuse or Molestation Liability	\$1,141
Terrorism	\$11
<b>Total Quote Premium</b>	<b>\$1,152</b>

## Limits of Insurance

Each Claim Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000

## Retroactive Date

This insurance does not apply to abuse or misconduct incidents which occur before the retroactive date shown below.

Retroactive Date: 08/25/1999

(Enter date or "None" if there is no retroactive date. If left blank, the entry will be deemed the same as the Policy Period "From" date stated above.)



**Schedule of Coverages and Covered Autos**

<b>Coverages &amp; Limits</b>	<b>Limits</b>	<b>Covered Autos</b>	<b>Premium</b>
<b>Liability</b>	\$1,000,000	7, 8, 9	\$ 3,280
<b>Personal Injury Protection (Or Equivalent No-Fault Coverage)</b> See Schedule for Deductible	See Endorsement		\$
<b>Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)</b>	See Schedule		\$
<b>Property Protection Insurance (Michigan Only)</b> Deductible =	See Schedule		\$
<b>Extraordinary Medical Benefits</b>	See Schedule		\$
<b>Auto Medical Payments</b>	\$2,000	7	\$ 91
<b>Medical Expense And income Loss Benefits (Virginia Only)</b>	See Schedule		\$
<b>Uninsured Motorists</b>	\$1,000,000	6	\$ 64
<b>Underinsured Motorists (When not Included In Uninsured Motorists Coverage)</b>	\$1,000,000	6	\$ 316
<b>Supplementary Uninsured Motorists</b> The maximum amount payable under SUM Coverage shall be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident as specified in the SUM endorsement.			\$
<b>Physical Damage Comprehensive Coverage</b> Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ See <i>Schedule</i> Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	See Schedule	7	\$ 2,427
<b>Physical Damage Specified Causes Of Loss Coverage</b> Actual Cash Value Or Cost Of Repair, Whichever Is Less. For Loss Caused By Mischief Or Vandalism. See Hired Or Borrowed Autos for Additional Information	See Schedule		\$
<b>Physical Damage Collision Coverage</b> Actual Cash Value Or Cost Of Repair, Whichever Is Less. See Hired Or Borrowed Autos Section for Additional Information	See Schedule	7	\$ 1,390
<b>Physical Damage Towing and Labor</b> See Schedule For Each Disablement of a Private Passenger Auto.	See Schedule		\$
	<b>Premium For Additional Coverages</b>		\$ 151
	<b>Estimated Total Premium*</b>		\$ 7,719
*This Policy May Be Subject to Final Audit.			

**Schedule of Covered Autos You Own**

Veh No.	DESCRIPTION			Original Cost New	Stated Amount
	Year	Model	VIN Number		
1	2002	HWMC 7X18 FLAT TRAILER	4FHFS182X2D003859	\$ 2,000	\$
2	2003	PONTIAC MONTANA VAN	1GMDV03E93D257905	\$ 32,000	\$
3	2009	CHEVROLET SUBURBAN	1GNFK16349R253009	\$ 41,910	\$
4	2004	CHEVROLET K2500HD SI	1GCHK24U84E111247	\$ 26,475	\$
5	2010	DODGE GRAND CARA	2D4RN4DE2AR331243	\$ 24,000	\$

Veh No.	CLASSIFICATION				TERRITORY (Principal Garage Location)			
	Code	Radius (Miles)	Use	Size (GVW)				
1	68499	0-75	N/A		Hill City	SD	Terr	109
2	7398				Hill City	SD	Terr	109
3	7398				Hill City	SD	Terr	109
4	01499	0-75	Service	10,000 lbs	Hill City	SD	Terr	109
5	7398				Hill City	SD	Terr	109

Coverages										
Veh No.	CSL Limit*	Personal Injury Protection		Extra Med Limit*	Med Pay Limit	PPI (MI only)	Med Exp & Income Loss	Uninsured (UM) Limit*	Underinsured (UIM) Limit*	SUM Limit*
		Ded	Addl							
1	1,000				2,000					
2	1,000				2,000			1,000	1,000	
3	1,000				2,000			1,000	1,000	
4	1,000				2,000			1,000	1,000	
5	1,000				2,000			1,000	1,000	

\*Limits Shown Are In Thousands

PREMIUMS											
Veh No.	CSL	Basic PIP	Addl PIP	PPI (MI only)	MCCA	Extra Med	Med Pay	Med Exp & Inc	UM	UIM	SUM
1	\$ 37	\$	\$	\$	\$	\$	\$ 1	\$	\$	\$	\$
2	\$ 436	\$	\$	\$	\$	\$	\$ 12	\$	\$ 13	\$ 55	\$
3	\$ 436	\$	\$	\$	\$	\$	\$ 12	\$	\$ 13	\$ 55	\$
4	\$ 356	\$	\$	\$	\$	\$	\$ 14	\$	\$ 4	\$ 32	\$
5	\$ 436	\$	\$	\$	\$	\$	\$ 12	\$	\$ 13	\$ 55	\$

Veh No.	PHYSICAL DAMAGE COVERAGE				PHYSICAL DAMAGE PREMIUMS				Total Premium
	Deductibles			Towing & Labor Limit	Comp	Specified Causes of Loss	Coll	Towing & Labor	
	Comp	Specified Causes of Loss	Coll						
1	500		500		\$ 30	\$	\$ 15	\$	\$ 83
2	500		500		\$ 227	\$	\$ 99	\$	\$ 842
3	500		500		\$ 420	\$	\$ 176	\$	\$ 1,112
4	500		500		\$ 158	\$	\$ 112	\$	\$ 676
5	500		500		\$ 339	\$	\$ 162	\$	\$ 1,017

**Schedule of Covered Autos You Own (Continued)**

Veh No.	DESCRIPTION			Original Cost New	Stated Amount
	Year	Model	VIN Number		
6	2007	CHEVROLET K1500 SUBU	1GNFK16307J326260	\$ 40,000	\$
7	2016	CHEVROLET SUBURBAN K1500	1GNSKKEC1GR213571	\$ 51,250	\$
8	2017	RAM 3500 ST	3C63R3AJ7HG631743	\$ 39,645	\$
				\$	\$
				\$	\$

Veh No.	CLASSIFICATION				TERRITORY (Principal Garage Location)			
	Code	Radius (Miles)	Use	Size (GVW)				
6	01499	0-75	Service	10,000 lbs	Hill City	SD	Terr	109
7	7398				Hill City	SD	Terr	109
8	01499	0-75	Service	10,000 lbs	Hill City	SD	Terr	109

Coverages										
Veh No.	CSL Limit*	Personal Injury Protection		Extra Med Limit*	Med Pay Limit	PPI (MI only)	Med Exp & Income Loss	Uninsured (UM) Limit*	Underinsured (UIM) Limit*	SUM Limit*
		Ded	Addl							
6	1,000				2,000			1,000	1,000	
7	1,000				2,000			1,000	1,000	
8	1,000				2,000			1,000	1,000	

\*Limits Shown Are In Thousands

PREMIUMS											
Veh No.	CSL	Basic PIP	Addl PIP	PPI (MI only)	MCCA	Extra Med	Med Pay	Med Exp & Inc	UM	UIM	SUM
6	\$ 356	\$	\$	\$	\$	\$	\$ 14	\$	\$ 4	\$ 32	\$
7	\$ 436	\$	\$	\$	\$	\$	\$ 12	\$	\$ 13	\$ 55	\$
8	\$ 356	\$	\$	\$	\$	\$	\$ 14	\$	\$ 4	\$ 32	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Veh No.	PHYSICAL DAMAGE COVERAGE				PHYSICAL DAMAGE PREMIUMS				Total Premium
	Deductibles			Towing & Labor Limit	Comp	Specified Causes of Loss	Coll	Towing & Labor	
	Comp	Specified Causes of Loss	Coll						
6	500		500		\$ 239	\$	\$ 174	\$	\$ 819
7	500		500		\$ 646	\$	\$ 305	\$	\$ 1,467
8	500		500		\$ 368	\$	\$ 347	\$	\$ 1,121
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$

**Schedule of Covered Autos You Own (Continued)**

**SCHEDULE OF LOSS PAYEES**

**Veh No.      Except for Towing, All Physical Damage Loss Is Payable To You And The Loss Payee  
Named Below As Interests May Appear At The Time Of The Loss**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

<b>Liability Coverage - Cost of Hire Rating Basis For Autos Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)</b>			
<b>Liability Coverage</b>	<b>Estimated Cost Of Hire For All States</b>		<b>Premium</b>
<b>Primary Coverage</b>	If Any		
<b>Excess Coverage</b>	If Any		
<b>Total Premiums:</b>			
<p>For "autos" used in your motor carrier operations, cost of hire means:</p> <ul style="list-style-type: none"> <li>(a) The total dollar amount of costs you incurred for the hire of automobiles (includes "trailers" and semitrailers), and if not included therein;</li> <li>(b) The total remuneration of all operators and drivers' helpers, of hired automobiles whether with a driver by lessor or an "employee" of the lessee, or any other third party; and</li> <li>(c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the "insured", paid to the lessor or owner, or paid to others.</li> </ul>			
<b>Liability Coverage - Cost of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)</b>			
<b>Liability Coverage</b>	<b>State</b>	<b>Estimated Cost Of Hire For Each State</b>	<b>Premium</b>
<b>Primary Coverage</b>	SD	If Any	\$121
<b>Excess Coverage</b>	SD		
<b>Total Premiums:</b>			\$121
<p>For "auto" <b>NOT</b> 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.</p>			

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Continued)**

<b>Cost of Hire Rating Basis For Mobile Equipment or Farm Equipment - Other than Physical Damage Coverages</b>					
<b>Coverage</b>	<b>State</b>	<b>Estimated Annual Cost of Hire For Each State</b>		<b>Premium</b>	
		<b>Mobile Equipment</b>	<b>Farm Equipment</b>	<b>Mobile Equipment</b>	<b>Farm Equipment</b>
Liability - Primary					
Liability - Excess					
Personal Injury Protection					
Extraordinary Medical Benefits					
Auto Medical Payments					
Medical Expense Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					

<b>Total Premiums:</b>	
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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.

<b>Rental Period Rating Basis - For Mobile Or Farm Equipment</b>					
<b>Coverage</b>	<b>Town and State Where the Job Site is Located</b>	<b>Estimated Number of Days Equipment Will Be Rented</b>		<b>Premium</b>	
		<b>Mobile Equipment</b>	<b>Farm Equipment</b>	<b>Mobile Equipment</b>	<b>Farm Equipment</b>
Liability - Primary Coverage					
Liability - Excess Coverage					
Personal Injury Protection					
Medical Expenses Benefits (Virginia Only)					
Income Loss Benefits (Virginia Only)					
Auto Medical Payments					
<b>Total Premiums:</b>					

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Continued)**

**Physical Damage Coverage**

<b>Physical Damage Coverages - Cost of Hire Rating Basis For All Autos (Other Than Mobile or Farm Equipment)</b>				
<b>Coverage</b>	<b>State</b>	<b>Limit of Insurance</b>	<b>Estimated Annual Cost of Hire For Each State (Excluding Autos Hired with a Driver)</b>	<b>Premium</b>
<b>Comprehensive</b>		<b>Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused by Fire or Lightning</b>		
<b>Specified Causes of Loss</b>		<b>Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused by Mischief or Vandalism</b>		
<b>Collision</b>		<b>Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto</b>		
<b>Total Premiums:</b>				<b>\$</b>
<p>For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.</p>				

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Continued)

Physical Damage Coverage

Cost of Hire Rating Basis For Mobile or Farm Equipment - Physical Damage Coverages						
Coverage	State	Limit of Insurance	Estimated Annual Cost of Hire For Each State (Excluding Autos Hired with a Driver)		Premium	
			Mobile Equipment	Farm Equipment	Mobile Equipment	Farm Equipment
Comprehensive		Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused by Fire or Lightning				
Specified Causes of Loss		Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused by Mischief or Vandalism				
Collision		Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto				

Schedule For Non-Ownership Liability

State	Named Insured's Business	Rating Basis	Number	Premium
SD	Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees	80	\$ 310
		Number Of Partners		\$
	Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Social Service Agencies	Number Of Employees		\$
		Number Of Volunteers		\$
<b>Total Premiums:</b>				\$ 310

**ADDITIONAL COVERAGES**

**Product Wide Coverages**

<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>
School Auto Enhancement Endr			\$ 151
Product Balance to Minimum Premium			\$

**Vehicle Coverages**

<b>Veh#</b>	<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>	<b>Premium</b>
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# GOVERNMENT CRIME COVERAGE PART QUOTE PROPOSAL

Quote No.: SCP 2934157 - 28

<b>NAMED INSURED AND ADDRESS</b> Hill City School District 51-2 PO Box 659 Hill City, SD 57745	<b>AGENCY NAME AND ADDRESS</b> 01512 (605) 642-4711 FIRST WESTERN INSURANCE SPEARFISH P.O. BOX 580 SPEARFISH, SD 57783
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The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

<b>TOTAL QUOTE PREMIUM</b>	<b>\$ 265</b>
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**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE**

INSURING AGREEMENTS	LIMIT OF INSURANCE Per Occurrence	DEDUCTIBLE AMOUNT Per Occurrence
1. Employee Theft Per Loss Coverage	\$ 200,000	\$ 1,000
2. Employee Theft Per Employee Coverage	Not Covered	
3. Forgery Or Alteration	Not Covered	
4. Inside The Premises - Theft of Money And Securities.	Not Covered	
5. Inside The Premises - Robbery Or Safe Burglary Of Other Property.	Not Covered	
6. Outside The Premises	Not Covered	
7. Computer Fraud	Not Covered	
8. Funds Transfer Fraud	Not Covered	
9. Money Orders And Counterfeit Money	Not Covered	
10. Inside The Premises - Theft of Other Property	Not Covered	

**If Added by Endorsement, Insuring Agreement(s):**

If Not Covered is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

# COMMERCIAL EXCESS LIABILITY QUOTE PROPOSAL

Quote No.: SCP 2934157 - 28

<b>Named Insured Name and Address</b> Hill City School District 51-2 PO Box 659 Hill City, SD 57745	<b>Agency Name and Address</b> 01512 (605) 642-4711 FIRST WESTERN INSURANCE SPEARFISH P.O. BOX 580 SPEARFISH, SD 57783
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The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

UMBRELLA OR EXCESS LIABILITY COVERAGES	PREMIUM
Commercial Excess Liability Coverage	\$ 1,175
Terrorism	\$ 12
<b>Total Quote Premium</b>	<b>\$ 1,187</b>

<b>TOTAL QUOTE PREMIUM</b>	<b>\$ 1,187</b>
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<b>LIMITS OF INSURANCE</b>
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Each Occurrence Limit.....	\$ 2,000,000	
Personal & Advertising Injury Limit.....	\$ 2,000,000	Any One Person or Organization
Aggregate Limit.....	\$ 2,000,000	
(Except "covered autos" and products-completed operations)		
Products-Completed Operations Aggregate Limit.....	\$ 2,000,000	

**1. SELF-INSURED RETENTION: \$ NONE**

**2. SCHEDULE OF UNDERLYING INSURANCE**

**Commercial General Liability**

Company: Union Insurance Company

Policy Number: 2934157

Policy Period: 08/25/2017 - 08/25/2018

Limits of Insurance:

Each Occurrence	\$ 1,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
General Aggregate	\$ 2,000,000
Products Completed Operations Aggregate	\$ 2,000,000

**Commercial Auto Liability**

Company: Union Insurance Company

Policy Number: 2934157

Policy Period: 08/25/2017 - 08/25/2018

Limits of Insurance:

Each Accident	\$ 1,000,000
Hired Auto	\$ 1,000,000
Non-Owned Auto	\$ 1,000,000

# COMMERCIAL INLAND MARINE QUOTE PROPOSAL

Quote No.: SCP 2934157-28

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**Named Insured Name and Address**

Hill City School District 51-2  
PO Box 659  
Hill City, SD 57745

**Agency Name and Address** 01512

(605) 642-4711  
FIRST WESTERN INSURANCE SPEARFISH  
P.O. BOX 580  
SPEARFISH, SD 57783

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The Proposed Policy Period is from 08/25/2017 to 08/25/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

<b>TOTAL QUOTE PREMIUM</b>	<b>\$989</b>
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Coverage Parts That Apply to This Policy:

Coverage Part Premium

Commercial Articles	\$274
Contractor's Equipment	\$467
Scheduled Property Floater	\$244

TOTAL INLAND MARINE PREMIUM

\$989

Rating Company: Union Insurance Company

Proposed Policy Period: **08/25/2017** to **08/25/2018** 12:01 a.m. Standard Time

**Quote No.: SCP 2934157 - 28**

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**Named Insured Name and Address**  
Hill City School District 51-2  
PO Box 659  
Hill City, SD 57745

**Agency Name and Address** 01512  
(605) 642-4711  
FIRST WESTERN INSURANCE SPEARFISH  
P.O. BOX 580  
SPEARFISH, SD 57783

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## SCHEDULE OF FORMS AND ENDORSEMENTS

The following Declarations, Coverage Forms, Conditions, and Endorsements are applicable to:

### Commercial Common Forms

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B IL DS 00	09-2007	Commercial Lines Policy Common Policy Declarations
ALL	CL IL FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CL IL SP 06	01-2015	Signature Page - UIC
ALL	CL LOC	09-2008	Location Schedule
ALL	IL 00 17	11-1998	Common Policy Conditions
ALL	PROPOSAL	01-1900	Package Quote Proposal

### Commercial Auto Coverage Part

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	CW 33 40	05-2013	South Dakota Governmental Liability Amendatory Endorsement
ALL	IL 00 03	09-2008	Calculation of Premium
ALL	IL 00 21	09-2008	Nuclear Energy Liability Exclusion Endorsement - Broad Form
ALL	IL 01 84	09-2007	South Dakota Changes - Appraisal
ALL	IL 02 32	09-2008	South Dakota - Cancellation & Nonrenewal

### Commercial General Liability Coverage Part

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	CL IL 00 25	12-2016	Common Policy Conditions
ALL	CL IL 01 21	01-2015	Cyber Coverage Insurance
ALL	CL IL 01 68	12-2016	South Dakota Changes - Cancellation And Nonrenewal
ALL	CL IL 01 71	12-2016	South Dakota Changes
ALL	CW 30 28	12-2016	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside the United States
ALL	CW 30 58	12-2016	Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses From Certified Acts of Terrorism
ALL	CW 30 59	12-2016	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
ALL	CW 33 40	05-2013	South Dakota Governmental Liability Amendatory Endorsement
ALL	CW 35 50	12-2015	South Dakota Changes
ALL	IL 00 03	09-2008	Calculation of Premium
ALL	IL 00 21	09-2008	Nuclear Energy Liability Exclusion Endorsement - Broad Form
ALL	IL 02 32	09-2008	South Dakota - Cancellation & Nonrenewal

ALL IL 09 85 01-2015 Disclosure Pursuant to Terrorism Risk Insurance Act

**Inland Marine Coverage Part**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	CL 01 00	03-1999	Common Policy Conditions
ALL	CL 02 91	02-2002	Amendatory Endorsement - South Dakota
ALL	CL 06 00	01-2015	Certified Terrorism Loss
ALL	CL 06 05	01-2015	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses
ALL	IL 00 03	09-2008	Calculation of Premium
ALL	IL 01 84	09-2007	South Dakota Changes - Appraisal
ALL	IL 09 52	01-2015	Cap on Losses From Certified Acts Of Terrorism
ALL	IL 09 85	01-2015	Disclosure Pursuant to Terrorism Risk Insurance Act

**Commercial Property Coverage Part**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	IL 00 03	09-2008	Calculation of Premium
ALL	IL 01 84	09-2007	South Dakota Changes - Appraisal
ALL	IL 09 52	01-2015	Cap on Losses From Certified Acts Of Terrorism
ALL	IL 09 85	01-2015	Disclosure Pursuant to Terrorism Risk Insurance Act
ALL	UW 00 31	12-2004	Coinsurance Penalty Policy Stuffer

**Commercial Crime and Fidelity Coverage Part**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	IL 00 03	09-2008	Calculation of Premium

**Commercial Umbrella Coverage Part**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	CW 33 40	05-2013	South Dakota Governmental Liability Amendatory Endorsement
ALL	IL 09 85	01-2015	Disclosure Pursuant to Terrorism Risk Insurance Act

**Abuse or Molestation Liability Coverage Part**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	B AM DS 01	12-2016	Abuse Or Molestation Liability Declarations
ALL	CL AM FS 01	12-2016	Schedule of Forms and Endorsements
ALL	CL AM 00 01	12-2016	Abuse Or Molestation Liability Coverage Part
ALL	CL AM 99 01	12-2016	Exclusion-Corporal Punishment

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

## Commercial Property Forms

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B CP DS 01	10-2000	Commercial Property Declarations
ALL	CL CP FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CL CP 04 97 DS	10-2014	School Extended Property Enhancement Endorsement Schedule
ALL	CL CP 00 04	01-2015	Equipment Breakdown Coverage Endorsement
ALL	CL CP 00 32	09-2015	Premier Choice Property Enhancement
ALL	CL CP 00 33 DS	09-2015	Premier Choice Property Enhancement Schedule
ALL	CL CP 04 97	10-2014	School Extended Property Enhancement Endorsement
ALL	CL CP 05 12	12-2015	Utility Services - Direct Damage Overhead Transmission or Distribution Lines
ALL	CL CP 05 14	12-2015	Premier Choice Property Extra
ALL	CP 00 10	10-2012	Building and Personal Property Coverage Form
ALL	CP 00 90	07-1988	Commercial Property Conditions
ALL	CP 01 19	10-2011	South Dakota Changes
ALL	CP 04 12	10-2012	South Dakota Protective Safeguards
ALL	CP 10 30	10-2012	Causes Of Loss - Special Form
ALL	CP 10 36	10-2012	Limitations on Coverage For Roof Surfacing
ALL	CP 10 40	10-2012	Earthquake And Volcanic Eruption Endorsement
ALL	CP 10 65	10-2012	Flood Coverage Endorsement
ALL	CP 12 18	10-2012	Loss Payable Provisions
ALL	CP DS 65	10-2012	Commercial Flood Coverage Schedule
ALL	CW 26 36	08-2007	Statement Of Values

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

## Commercial General Liability

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B CG DS 01	10-2001	Commercial General Liability Declarations
ALL	CL CG FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CG 00 01	04-2013	Commercial General Liability Coverage Form
ALL	CG 01 44	10-2011	South Dakota Changes
ALL	CG 20 28	04-2013	Additional Insured - Lessor Of Leased Equipment
ALL	CG 21 01	11-1985	Exclusion - Athletic Or Sports Participants
ALL	CG 21 06	05-2014	Exclusion - Access or Disclosure of Confidential Or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
ALL	CG 21 09	06-2015	Exclusion - Unmanned Aircraft
ALL	CG 21 46	07-1998	Abuse Or Molestation Exclusion
ALL	CG 21 47	12-2007	Employment Related Practices Exclusion
ALL	CG 21 50	04-2013	Amendment Of Liquor Liability Exclusion
ALL	CG 21 67	12-2004	Fungi Or Bacteria Exclusion
ALL	CG 21 71	01-2015	Exclusion of Other Acts of Terrorism Committed Outside The United States; Cap on Losses From Certified Acts of Terrorism
ALL	CG 21 76	01-2015	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
ALL	CG 21 96	03-2005	Silica Or Silica - Related Dust Exclusion
ALL	CG 22 76	04-2013	Professional Liability Exclusion - Health Or Exercise Clubs Or Commercially Operated Health Or Exercise Facilities
ALL	CG 29 14	08-1999	South Dakota Changes - Extended Reporting Period Option
ALL	CL CG 21 08	11-2010	Asbestos Exclusion
ALL	CL CG 24 01	09-2016	Bodily Injury Redefined
ALL	CW 33 04	01-2016	School Liability Enhancement Endorsement
ALL	CW 33 43	01-2008	School Limited Pollution Coverage
ALL	CW 33 60	07-2008	Schools - Violent Event Response Coverage
ALL	CW 33 61	07-2008	School - Student Medical Payments Limitation

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

## Commercial Auto

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B CA DS 03	06-2015	Business Auto Declarations
ALL	CL CA FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CA 00 01	10-2013	Business Auto Coverage Form
ALL	CA 01 23	10-2013	South Dakota Changes
ALL	CA 21 41	02-2014	South Dakota Uninsured And Underinsured Motorists Coverage
ALL	CA 23 45	11-2016	Public Or Livery Passenger Conveyance And On-Demand Delivery Services Exclusion
ALL	CA 23 84	10-2013	Exclusion Of Terrorism
ALL	CA 23 94	10-2013	Silica Or Silica-Related Dust Exclusion For Covered Autos Exposure
ALL	CA 99 03	10-2013	Auto Medical Payments Coverage
ALL	CL CA 01 08	02-2015	Asbestos Exclusion
ALL	CW 33 03	02-2015	School Automobile Enhancement Endorsement
ALL	CW 35 32 SD	03-2013	South Dakota Selection of Uninsured and Underinsured Motorist Coverages

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

### Crime

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B CR DS 04	08-2007	Government Crime Policy Declarations
ALL	CL CR FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CR 00 25	05-2006	Government Crime Coverage - Loss Sustained
ALL	CR 02 08	10-2011	South Dakota Changes
ALL	CR 07 51	08-2008	Replace Terrorism Provisions
ALL	CR 25 13	08-2007	Include Students as Employees
ALL	CR 25 19	05-2006	Add Faithful Performance of Duty Coverages - Government Employees

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

### All Commercial Inland Marine Coverages

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	B CM DS 02	09-2000	Commercial Inland Marine Declarations
ALL	CL CM FS 01	09-2008	Schedule of Forms and Endorsements
ALL	CM 00 01	09-2004	Commercial Inland Marine Conditions
ALL	CM 02 07	10-2011	South Dakota Changes
ALL	IM 20 85	09-2012	Amendatory Endorsement - South Dakota

### Coverages

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	CM 00 20	01-2013	Commercial Articles Coverage Form

### Commercial Articles Coverages

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	CM DS 05	09-2000	Commercial Articles
ALL	CM 20 02	11-1985	List Of Property On File

### Contractors Coverages

<u>State*</u>	<u>Number</u>	<u>Edition</u>	<u>Description</u>
ALL	IM 70 06	01-2012	Schedule of Coverages - Contractors' Equipment Scheduled Equipment Form
ALL	IM 70 01	04-2004	Contractors' Equipment Coverage - Scheduled Equipment Form
ALL	IM 70 30	01-2012	Equipment Schedule - Contractors' Equipment
ALL	IM 70 36	07-2011	Equipment Leased or Rented From Others Schedule

ALL IM 70 12 07-2011 Equipment Leased or Rented From Others Endorsement

### **Miscellaneous Floaters Coverages**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	IM 75 06	01-2012	Schedule of Coverages - Scheduled Property Floater
ALL	IM 75 00	10-2009	Scheduled Property Floater

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

### **Commercial Umbrella**

<b><u>State*</u></b>	<b><u>Number</u></b>	<b><u>Edition</u></b>	<b><u>Description</u></b>
ALL	B CX DS 01	09-2016	Commercial Excess Liability Declarations
ALL	CL CX FS 01	05-2013	Schedule of Forms and Endorsements
ALL	CW 35 13	02-2011	Exclusion Punitive Damages
ALL	CX 00 01	04-2013	Commercial Excess Liability Coverage Form
ALL	CX 01 24	10-2011	South Dakota Changes
ALL	CX 02 05	09-2008	South Dakota Changes - Cancellation and Nonrenewal
ALL	CX 21 01	09-2008	Nuclear Energy Exclusion
ALL	CX 21 13	04-2013	Exclusion - Fungi or Bacteria
ALL	CX 21 16	04-2013	Exclusion - Silica or Silica-Related Dust
ALL	CX 21 17	04-2013	Exclusion - Communicable Disease
ALL	CX 21 31	01-2015	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism
ALL	CX 21 36	01-2015	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
ALL	CX 21 43	05-2014	Exclusion - Access or Disclosure of Confidential or Personal Information
ALL	CX 21 47	11-2016	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion
ALL	CX 21 56	09-2008	Auto Coverage - Exclusion Of Terrorism
ALL	CX 21 71	06-2015	Exclusion - Unmanned Aircraft
ALL	CX 24 01	09-2008	Products-Completed Operations Aggregate Limit of Insurance

*\*When the word "ALL" appears in the state column, the form applies to all states on the quote.*

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

**SOUTH DAKOTA SELECTION OF UNINSURED AND  
UNDERINSURED MOTORIST COVERAGE**

South Dakota law requires you to purchase Uninsured and Underinsured Motorist coverage limits equal to the policy's bodily injury limit up to \$300,000 CSL, per accident.

When policy bodily injury limits exceed \$300,000 CSL, per accident, the insured may request higher limits of Uninsured and Underinsured Motorist coverage.

In accordance with the above-mentioned law, the insured's policy bodily injury limit is greater than \$300,000 CSL, per accident and the undersigned insured (and each one of them) requests higher Uninsured and Underinsured Motorist limits of \$\_\_\_\_\_ CSL.

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

**Policy No.: SCP 2934157 28**

Previous Policy No.: 2934157-26

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**Named Insured Name and Address**

Hill City School District 51-2

PO Box 659

Hill City, SD 57745

**Agency Name and Address**

01512

(605) 642-4711

FIRST WESTERN INSURANCE SPEARFISH

P.O. BOX 580

SPEARFISH, SD 57783

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