



NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)
PO Box 3539
Santa Rosa, CA 95404
Phone: (707) 964-1271
Fax: (707) 964-0108

To: Mendocino County Tourism Commission, Inc. DBA: VISIT MENDOCINO COUNTY

*** BINDER ***
04/12/2017

Renewal Of: NEW

From: Michael Hall
mhall@nwinsure.com/707 962 7404

Insured: **Mendocino County Tourism Commission, Inc.**
DBA: VISIT MENDOCINO COUNTY

NOTE: This policy will be billed by the Company. Do not bill or collect the down payment.
Next year's renewal is set up to be Direct Billed.

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

POLICY INFORMATION

NON-PROFIT PACKAGE POLICY	
Policy Number:	NBP1555246
Policy Period:	04/10/2017 to 04/10/2018
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X
COVERAGE PART	PREMIUM
Businessowners Liability	\$450.00
Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Hired and Non-owned Auto Each Occurrence	Included
Hired and Non-owned Auto Aggregate	Included
General Aggregate	\$2,000,000
Businessowners Property	\$366.00
Total Property Limit	\$210,000
Largest Property Risk	\$155,000
Professional Liability	\$1,901.00
Directors and Officers Liability Each Claim Limit	\$1,000,000
Directors and Officers Liability In The Aggregate Limit	\$1,000,000
Directors and Officers Liability Retention	\$0
Employment Practices Liability Each Claim Limit	\$1,000,000
Employment Practices Liability In The Aggregate Limit	\$1,000,000
Employment Practices Liability Retention	\$5,000
Fiduciary Liability Each Claim Limit	\$1,000,000
POLICY PREMIUM (This premium may be subject to adjustment.)	\$2,717.00

COVERED LOCATION(S)

1 - 345 N. Franklin Street, Fort Bragg, CA 95437

2 - 390 W. Standley Street, Ukiah, CA 95482

APPLICABLE FORMS & ENDORSEMENTS

The following forms apply to the policy

BP 15 05 05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP0003 01/10	Businessowners Coverage Form
BP0155 09/12	California Changes	BP0417 01/10	Employment-Related Practices Exclusion
BP0419 01/06	Amendment - Liquor Liability Exclusion - Exception For Scheduled Activities	BP-103 01/15	Exclusion Of War, Military Action And Terrorism (Coverage For Certain Fire Losses)
BP-11 05/04	Exclusion - Fiduciary Liability And Financial Services	BP-115 07/08	Protective Devices Or Services Provisions
BP-118 08/08	California Changes	BP-124 07/08	Event Limitation Endorsement
BP-14 11/10	Theft Exclusion	BP-15 07/04	Business Income And Extra Expense Limit
BP-152 01/13	Separation of Insureds Clarification Endorsement	BP-168 11/11	Exclusion - Injury To Performers Or Entertainers
BP-17 11/08	Hired Auto And Non-Owned Auto Liability	BP-179 10/12	Amendment of Liquor Liability Exclusion
BP-193 08/14	Limits Of Insurance Under Multiple Coverage Parts	BP-40 03/11	Molestation Or Abuse Exclusion
BP-47 11/10	"Equipment Breakdown" Enhancement Endorsement	BP-48 05/16	Exclusion Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
BP-49 01/13	Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead	BP-58 05/07	Animal Exclusion
BP-59 02/13	Exclusion - Athletic Activity Or Sport Participants	BP-60 05/07	Exclusion For Bleacher Collapse
BP-65 05/07	Exclusion For Mechanical Rides	BP-88 04/06	Expanded Definition Of Bodily Injury
BP-90 11/10	Amended Definition	BP-95 05/07	Exclusion For Climbing, Rebounding And Interactive Games And Devices
BP-96 05/07	Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices	BP-97 05/07	Exclusion For Event Vendor/Exhibitor & Contractor
DO-100 04/07	Coverage Part A. Non Profit Directors and Officers Liability	DO-101 04/07	Coverage Part B. Employment Practices Liability
DO-211 01/94	Insurance Program Exclusion Endorsement	DO-256 06/08	Fiduciary Liability Coverage Endorsement
DO-283 01/14	Data & Security+ Endorsement	DO-291 01/11	Excess Benefit Transaction Excise Tax Endorsement
DO-293 06/13	Amended Lifetime Occurrence Reporting Provision Endorsement	DO-294 04/14	Amended Notice/Claim And Circumstance Reporting Provisions
DO-CA 04/07	California State Amendatory Endorsement	SNPP 04/08	Specialty Non Profit Package Application
TRIADN 02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage	NPP Jacket 09/10	Non Profit Package Policy Jacket
USL-DOJ 03/08	Non Profit Professional Liability Common Conditions		

APPLICABLE FORMS FOR THE STATE

THE FOLLOWS THE FORMS WHICH ARE TO BE USED

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

IN THE STATE OF MISSISSIPPI

HR

USI Business Resource Center

Enclosed you will find an annual **admitted** Businessowners quote for Mendocino County Tourism Commission, Inc. DBA VISIT MENDOCINO COUNTY. The quote number is NBP017M1327.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A Commercial Umbrella quote that provides higher limits of Liability. It is attached as a separate quote under #CUP017M5109. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.
- Endorsement BP-103 Exclusion Of War, Military Action And Terrorism (Coverage For Certain Fire Losses) for your review.
- Endorsement BP0419 Amendment - Liquor Liability Exclusion - Exception For Scheduled Activities for your review.
- Endorsement BP-152 Separation of Insureds Clarification Endorsement for your review.
- Endorsement BP-193 Limits Of Insurance Under Multiple Coverage Parts for your review.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was



NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)
PO Box 3539
Santa Rosa, CA 95404

mhall@nwinsure.com
Phone: (707) 962-7404 Fax: (707) 964-0108

not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Michael Hall
NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)



NBP017M1327

Quote is valid until 5/20/2017

To: **Mendocino County Tourism Commission, Inc. DBA
VISIT MENDOCINO COUNTY**

From: Michael Hall
mhall@nwinsure.com

Please bind effective: _____

Confirm optional coverages:

Do not include any optional coverages.

Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)

Option 1 - (add: \$100.00) - Fiduciary Liability - Non-Profit Directors & Officers

Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.
Note: a \$5.00 installment fee will apply to each installment after the first - please select one of the following:

Direct Bill both this New Business and future Renewals
(If checked - Select a Payment Plan):

SINGLE PAYMENT

TWO PAYMENTS - Premium must be over \$400

THREE PAYMENTS - Premium must be over \$675

FOUR PAYMENTS - Premium must be over \$1,000

SIX PAYMENTS - Premium must be over \$2,500

See the last page of this quote for Payment Plan Descriptions

Do not Direct Bill this New Business but do Direct Bill future Renewals

Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All state surcharges and fees (except installment fees) will be billed in full with the first installment.

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

BUSINESSOWNERS POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X
Term Quoted:	Annual
COVERAGE PART	
Businessowners	PREMIUM \$816.00
Directors & Officers Liability/Employment Practices Liability Coverage	\$1,801.00
TOTAL PREMIUM DUE TO CARRIER	\$2,617.00
ADDITIONAL COSTS	

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

TOTAL AMOUNT DUE

Underwriting Notes:

- In compliance with California Assembly Bill 2404, cancellation by the insured may result in a short rate calculation (90% of unearned premium) to determine the return premium. If the L-367 endorsement (25% minimum earned premium) is attached the return premium may be less than the short rate.
- Please contact us if you would like a quote for Special Events.
- This quote excludes theft cause of loss.
- Risk may be eligible for a reduction in premium if the applicant has been in business for more than 3 years at the current location.
- Additional credit may be available if any building is less than 24 years old. Please provide the year each building was built.
- If the Organization has Subsidiaries or Chapters requiring coverage, please submit a completed USLI Subsidiary Addendum (NPSADD) for each one
- If services are provided to persons under the age of 18, the DO-224A Sexual Abuse Exclusion Endorsement will be added
- Special Event Note:
- *The basic GL includes coverage for normal business operations only, including meetings & business seminars. Special events not scheduled or blanketed are not included for coverage.
- FOR BLANKET EVENT COVERAGE- We need the total number of annual events, maximum attendance and a brief description of the events. Note that this provides general liability coverage with host liquor. Events needing commercial liquor coverage must be scheduled. Also, we can only blanket events up to 2,500 attendees/spectators per event.**Additional premium may apply**

Prior to Bind Requirements: this account is subject to the following:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

- Confirm the square footage for each location. **Rate may change.**
- Confirm the occupancy for each building. **Terms may change.**

The questions listed below are part of the application. Responses are not needed if the completed and signed application specified below is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;
 Prof = Directors and Officers and/or Employment Practices Liability as quoted

Prof	Liab	Prop	Eligibility Question (applies to all locations)	Response
x			Is the fully completed Specialty Non Profit Package Application, SNPP, included with the bind request? *Application must be dated no more than 45 days prior to the effective date of coverage and signed by one of the following: officer, member of the board of directors, managing member or executive director with authority to bind Applicant to the representations therein	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	x	Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	x	Does the organization have tax exempt status by the I.R.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	x	Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x	x	Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Prof	Liab	Prop	Eligibility Question (applies to all locations)	Response
	x	x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Does the organization perform any operations located outside the U.S., or organize any international travel or international activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Are there any owned or leased (long-term) vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	x		Are vehicles used to transport people or deliver goods or products on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		x	Are there functioning and operational fire extinguishers readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		x	Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

NBP017M1327

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 345 N. Franklin Street, Fort Bragg, CA 95437

Construction: Frame / Protection Class: 1

Property Coverage

Perils: Special Excluding Theft

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$105,000	\$1,000	Replacement Cost	0.302	\$302
Business Income and Extra Expense	\$50,000	N/A	Not Applicable		Included

Property Coverage Premium for Location #1: \$302

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$5,000	Outdoor Property (including trees, shrubs and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Chamber of Commerce - Not-For-Profit only	0702	41668	Total Area	600	0.000	258.754	\$0	\$155
				Per 1,000 Total Area				
Non-Owned & Hired Automobile Liability - Specialty Product		90099	Flat	Flat	0.000	225.000	\$0	\$225

Liability Coverage Premium for Location #1: \$380

Directors & Officers Liability/Employment Practices Liability Coverage

Description	Retention (each claim)	Premium
Directors and Officers Liability	\$0	\$1,351
Employment Practices Liability	\$5,000	\$450

Directors & Officers Liability/Employment Practices Liability Coverage Premium for All Locations: \$1,801

Total for Location: \$2,483

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

NBP017M1327

Location #2 - 390 W. Standley Street, Ukiah, CA 95482

Construction: Frame / Protection Class: 1

Property Coverage

Perils: Special

Coverage	Limit	Deductible	Valuation	Rate	Premium
Business Personal Property	\$5,000	\$1,000	Actual Cash Value		Included
Business Income and Extra Expense	\$50,000	N/A	Not Applicable		Included
Equipment Breakdown	Included	\$1,000		64	\$64

Property Coverage Premium for Location #2: \$64

Coverages automatically provided by Businessowners coverage form

Business Personal Property - automatic increase	25% during peak season	Business Personal Property at newly acquired locations	\$100,000
Business Personal Property not at premises	\$5,000	Outdoor Property (including trees, shrubs, and plants)	\$500 per tree/shrub/plant - \$2,500 total limit
Exterior Building Glass	Up to Business Personal Property	Signs attached to the Building	\$1,000
Increased Cost of Construction	\$10,000 - Only when Building coverage with Replacement Cost is provided	Valuable Papers & Records	\$10,000 (\$5,000 not at premises)
Accounts Receivable	\$10,000 (\$5,000 not at premises)	Personal Effects	\$2,500
Forgery and Alteration	\$2,500	Money Orders and Counterfeit Paper Currency	\$1,000
Fire Department Service Charge	\$1,000		

Coverage provided by Equipment Breakdown

Mechanical Breakdown,Electrical Arcing

Loss or damage to hot water boilers & steam equipment

Steam explosion of boilers, piping, engines & turbines

\$250,000 limit for Perishable Goods Spoilage

\$250,000 limit for Refrigeration Contamination

Warranted Property Conditions

- All electric is on functioning and operational circuit breakers [P-6]
- Functioning and operational central station burglar alarms with a monitoring contract.[P-7]
- Functioning and operational smoke/heat detectors in all units or occupancies [P-5]

Liability Coverage

Description	Fire Code	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Chamber of Commerce - Not-For-Profit only	0702	41668	Total Area	200	0.000	284.629	\$0	\$57
				Per 1,000 Total Area				

Liability Coverage Premium for Location #2: \$57

Total for Location: \$134

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

NBP017M1327

III. LIABILITY LIMITS OF INSURANCE

BUSINESSOWNERS GENERAL LIABILITY

Liability and Medical Expense	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

HIRED AND NON-OWNED AUTO

Each Occurrence	Included
Aggregate Included in General Aggregate	

DIRECTORS & OFFICERS LIABILITY

Claims Made Limit	\$1,000,000
-------------------	-------------

EMPLOYMENT PRACTICES LIABILITY

Claims Made Limit	\$1,000,000
Optional Additional Limit- Must be less than or equal to D&O limit.	

IV. REQUIRED FORMS & ENDORSEMENTS

Directors and Officers Endorsements

DO-100	(04/07) Coverage Part A. Non Profit Directors and Officers Liability	DO-293	(06/13) Amended Lifetime Occurrence Reporting Provision Endorsement
DO-101	(04/07) Coverage Part B. Employment Practices Liability	DO-294	(04/14) Amended Notice/Claim And Circumstance Reporting Provisions
DO-211	(01/94) Insurance Program Exclusion Endorsement	DO-CA	(04/07) California State Amendatory Endorsement
DO-283	(01/14) Data & Security+ Endorsement	SNPP	(04/08) Specialty Non Profit Package Application
DO-291	(01/11) Excess Benefit Transaction Excise Tax Endorsement	USL-DOJ	(03/08) Non Profit Professional Liability Common Conditions

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

NBP017M1327

Common Endorsements

BP0003	(01/10) Businessowners Coverage Form	*BP-193	(08/14) Limits Of Insurance Under Multiple Coverage Parts
BP0155	(09/12) California Changes	BP-40	(03/11) Molestation Or Abuse Exclusion
BP0417	(01/10) Employment-Related Practices Exclusion	BP-47	(11/10) Equipment Breakdown Enhancement Endorsement
**BP0419	(01/06) Amendment - Liquor Liability Exclusion - Exception For Scheduled Activities	BP-48	(01/13) Exclusion - Asbestos, Lead Contamination, Absolute Pollution, Mold, Fungus, Bacteria, Virus And Organic Pathogen
**BP-103	(01/15) Exclusion Of War, Military Action And Terrorism (Coverage For Certain Fire Losses)	BP-49	(01/13) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead
BP-11	(05/04) Exclusion - Fiduciary Liability and Financial Services	BP-58	(05/07) Animal Exclusion
BP-115	(07/08) Protective Devices Or Services Provisions	BP-59	(02/13) Exclusion - Athletic Activity Or Sport Participants
BP-118	(08/08) California Changes	BP-60	(05/07) Exclusion For Bleacher Collapse
BP1203	(01/10) Loss Payable Clauses	BP-65	(05/07) Exclusion For Mechanical Rides
BP-124	(07/08) Event Limitation Endorsement	BP-88	(04/06) Expanded Definition of Bodily Injury
BP-14	(11/10) Theft Exclusion	BP-90	(11/10) Amended Definition
BP-15	(07/04) Business Income and Extra Expense Limit	BP-95	(05/07) Exclusion For Climbing, Rebounding And Interactive Games And Devices
BP1505	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included	BP-96	(05/07) Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
**BP-152	(01/13) Separation of Insureds Clarification Endorsement	BP-97	(05/07) Exclusion For Event Vendor/Exhibitor & Contractor
BP-168	(11/11) Exclusion - Injury To Performers Or Entertainers	NPP Jacket	(09/10) Non Profit Package Policy Jacket
BP-17	(11/08) Hired Auto And Non-Owned Auto Liability	**TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
BP-179	(10/12) Amendment of Liquor Liability Exclusion		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Fiduciary Liability - Non-Profit Directors & Officers	\$100.00

Important Information

- If Fiduciary Coverage is purchased DO-256 Fiduciary Liability Coverage Endorsement will be added.
- Subject to less than 100 Employees and coincides with the D&O Limits up to \$1 Million with defense inside that limit.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage is available per the Terrorism Risk Insurance Program Reauthorization Act of 2015. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.
- This coverage cannot be added mid-term.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:

- SINGLE PAYMENT** - The entire premium is invoiced immediately and is due 20 days after it is invoiced.
- TWO PAYMENTS** - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 60 days after inception.
- THREE PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 60 days after inception; the balance is invoiced 120 days after inception.
- FOUR PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 60 days, 120 days and 180 days after inception.
- SIX PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; five equal installments of 12% are invoiced at 45 days, 105 days, 165 days, 225 days and 255 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

Specialty Non Profit Package Application

Package Policy designed for office based Non Profit organizations (including, but not limited to Chamber of Commerce, Trade Associations, Business Associations and Charitable Organizations).

Please complete all sections of this application and have signed by the applicant.

If you host any special events involving those other than your employees/volunteers, please complete our Non Profit Package Special Events/Liquor Liability Addendum for each event (NPP ADD SPE).

GENERAL INFORMATION

Name Of Organization: Mendocino County Tourism Commission, Inc. DBA VISIT MENDOCINO COUNTY

Mailing Address: 345 NORTH FRANKLIN STREET

City: FORT BRAGG State: CA Zip Code: 95437

Location Address: 345 N. Franklin Street Same as mailing address

City: Fort Bragg State: CA Zip Code: 95437

Website Address: _____ Email Address: _____

APPLICANT ELIGIBILITY

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years. True False

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) Yes No

Is this a Non Profit Organization with a tax exempt status as defined by the Internal Revenue Service? Yes No

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? Yes No

Does the organization have tax exempt status by the I.R.S.? Yes No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) Yes No

In the past 3 years, no more than 2 General Liability losses (excluding closed no pay) True False

Does the organization perform any operations located outside the U.S.? Yes No

Is organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism? Yes No

Is organization providing direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare? Yes No

Does the organization organize or oversee any international travel or international activities/operations? Yes No

Does the applicant restrict involvement to only individuals at least 18 years old and maintain a Foreign Liability Insurance policy? Yes No

Does the organization have more than 2,500 active members? Yes No

Are direct social service programs including but not limited to thrift store operations, counseling and referral services, residential shelters, day/overnight camps, or healthcare provided? Yes No

Does the organization perform any operations located outside the U.S., or organize any international travel or international activities? Yes No

LOCATIONS OF COVERAGES AND CORRESPONDING CLASSIFICATIONS

Location #1

Address	City	State	Zip
<u>345 N. Franklin Street</u>	<u>Fort Bragg</u>	<u>CA</u>	<u>95437</u>

Construction: Frame Protection Class: 1 No. of Stories: _____ Total Square Footage: 600

Year Built: _____ Years at this location: _____ Roof Age: 3

Roof Type: Flat Shingle Wood Shake Metal Tile Slate Other _____

Plumbing: PVC Copper Lead Iron Galvanized Other _____

Updates: Plumbing: _____ Electrical: _____ Heating: _____

Protective Devices:	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System _____ % of the building		
Cause of Loss:	<input checked="" type="checkbox"/> Special Form	<input type="checkbox"/> Broad Form	<input type="checkbox"/> Basic Form
Exclusions:	<input type="checkbox"/> Wind & Hail	<input type="checkbox"/> Water Damage	<input checked="" type="checkbox"/> Theft <input type="checkbox"/> Sprinkler Leakage
Deductible:	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____

Coverage	Limit	Additional Information
Business Personal Property	\$105,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% Valuation: <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value
Business Income and Extra Expense	\$50,000	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value

UNDERWRITING INFORMATION FOR LOCATION #1

Classification	Premium Basis	Exposure	Applicable Sq. Ft.
Chamber of Commerce - Not-For-Profit only	Total Area	600	N/A
Non-Owned & Hired Automobile Liability - Specialty Product	Flat	0	

PROPERTY ELIGIBILITY

Are there functioning and operational fire extinguishers readily available? Yes No
 Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No

Classification
Non-Owned & Hired Automobile Liability - Specialty Product

Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
 Are there any owned or leased (long-term) vehicles? Yes No
 Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

Location #2

Address 390 W. Standley Street **City** Ukiah **State** CA **Zip** 95482

Construction: Frame Protection Class: 1 No. of Stories: _____ Total Square Footage: 200
 Year Built: _____ Years at this location: _____ Roof Age: 3
 Roof Type: Flat Shingle Wood Shake Metal Tile Slate Other _____
 Plumbing: PVC Copper Lead Iron Galvanized Other _____
 Updates: Plumbing: _____ Electrical: _____ Heating: _____

Protective Devices:	<input type="checkbox"/> Functional & operational smoke detectors		
	<input type="checkbox"/> Burglar Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Central Station	<input type="checkbox"/> Local
	<input type="checkbox"/> Sprinkler System _____ % of the building		
Cause of Loss:	<input checked="" type="checkbox"/> Special Form	<input type="checkbox"/> Broad Form	<input type="checkbox"/> Basic Form
Exclusions:	<input type="checkbox"/> Wind & Hail	<input type="checkbox"/> Water Damage	<input type="checkbox"/> Theft <input type="checkbox"/> Sprinkler Leakage
Deductible:	<input type="checkbox"/> \$500	<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____

Coverage	Limit	Additional Information
Business Personal Property	\$5,000	Co-Insurance: <input checked="" type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> Actual Cash Value
Business Income and Extra Expense	\$50,000	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input checked="" type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value
Equipment Breakdown	Included in Building and Personal Property	Co-Insurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% Valuation: <input type="checkbox"/> Replacement Cost <input checked="" type="checkbox"/> Actual Cash Value

UNDERWRITING INFORMATION FOR LOCATION #2

Classification	Premium Basis	Exposure	Applicable Sq. Ft.
Chamber of Commerce - Not-For-Profit only	Total Area	200	N/A

PROPERTY ELIGIBILITY

Functioning and operational smoke and/or heat detectors in all units and/or occupancies

True False

Functioning and operational fire extinguishers readily available

True False

LOSS HISTORY

Property

Please provide detail below

Year	Status	Incurred	Description
2015-2016			None
2013-2014			None
2012-2013			None
2014-2015			None
2011-2012			None

Liability

Please provide detail below

Year	Status	Incurred	Description
2013-2014			None
2015-2016			None
2012-2013			None
2011-2012			None
2014-2015			None



Non Profit Professional Liability Application - All States

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I. BELOW. SECTION II ANSWERS WILL BE REQUIRED PRIOR TO BINDING AND ARE SUBJECT TO UNDERWRITING APPROVAL.

This is an application for a claims made policy - Please read your policy carefully. Application for Non Profit Directors & Officers Liability Insurance (Coverage Part A) and Employment Practices Liability Insurance (Optional Coverage Part B) and Fiduciary Liability Insurance (Optional)

New York Disclosure Notice: Under DO 290 NY, DO 281 NY and DO 282 NY, if made part of your policy, the limits of liability available under this policy may be completely exhausted by the payment of defense costs. Defense costs shall be applied against the retention.

I. INSTANT QUOTE INFORMATION

Instant Quote is not available for accounts with losses in the past 5 years. If there is a loss history, please complete Section I. and submit details in a claim supplement

Applicant's Name: Mendocino County Tourism Commission, Inc. DBA VISIT MENDOCINO COUNTY

Location Address: 345 N. Franklin Street Same as mailing address or complete section III.

City: Fort Bragg State: CA Zip: 95437

Web Address: _____ Email Address of primary contact: _____

Description of Operations:

Chamber of Commerce

Total Annual Revenue: \$1,200,000 (If > \$2 million attach the most recent 12-month financial statement)

If less than 3 years in operation, annual revenue: this year \$1,200,000 next year: _____ third year: _____

Total Fund Balance (Total Assets minus Total Liabilities): _____

Full Time Employees: 0 Part Time: 0 Temporary/Seasonal: 0 Volunteers: 0

Does the organization perform any operations located outside the U.S.? No In Existence Since: 2001

II. UNDERWRITING INFORMATION

1. Does the organization have an anti-harassment and anti-discrimination policy? Yes No
2. Does the organization have tax exempt status by the I.R.S.? Yes No
3. Does the organization have General Liability Insurance? Yes No
4. Expiring Information: Carrier _____ Limits _____ Retention _____ Premium _____
(Attach a statement of details for all "yes" answers to the following questions)
5. Is any entity proposed for Insurance involved in any of the following:
 - a) Research, development or testing? Yes No
 - b) Certification, accreditation or standard-setting? Yes No
 - c) Disciplinary actions as a result of peer review activities? Yes No
 - d) Administration or sponsorship of any insurance programs? Yes No
 - e) Labor/union negotiations or collective bargaining? Yes No
6. Does the applicant have any chapters or subsidiaries requiring coverage? Yes No

7. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes No
8. Has the Applicant or any person proposed for coverage (whether or not in the service of Applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? Yes No
- 9 a. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for Insurance, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of any entity proposed for Insurance? Yes No
- 9 b. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in claim against any entity proposed for Insurance or any of its Directors, Officers, Trustees, Employees or Volunteers? Yes No
10. Has any Policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed? Yes No
(Do not answer if applicant is located in Missouri)

III. FIDUCIARY (Available for 100 employees or less)

(All questions must be answered in order for Fiduciary Liability coverage to be bound.)

1. Does each Pension Plan use an outside Investment Manager? Yes No
2. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including: eligibility, participation, vesting, fiduciary responsibility and funding standards? Yes No
3. In the past 2 years has there been or is there now under consideration any material changes to a Plan or termination/consolidation of a Plan? Yes No
4. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any Plan? Yes No
5. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? Yes No

IV. ADDITIONAL APPLICANT INFORMATION

Applicant's Mailing Address: 345 NORTH FRANKLIN STREET

City: FORT BRAGG

State: CA

Zip: 95437

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Retail Agency Name: NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)

License #: _____

Main Agency Phone Number: 707 962 7404

Agency Mailing Address: _____

City: _____

State: _____

Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____

Title: _____

Date: _____

President, Chairperson or Executive Director

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**Exclusion Of War, Military Action And Terrorism (Coverage For
Certain Fire Losses)**

A. SECTION I PROPERTY; B. Exclusions; 1. f. War and Military Action is deleted in its entirety and is replaced by the following:

f. War and Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

With respect to any action that comes within the terms of this exclusion and involves nuclear reaction or radiation, or radioactive contamination, this War And Military Action Exclusion supersedes the Nuclear Hazard Exclusion.

B. SECTION I PROPERTY; B. Exclusions; 1. item t. is added:

t. Terrorism

“Terrorism” including any action taken in hindering or defending against an actual or expected incident of “terrorism” regardless of any other cause or event that contributes concurrently.

The following exception to this exclusion is applicable:

If an act of “terrorism” results in fire, we will 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. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense Additional Coverages.

But with respect to any such activity that also comes within the terms of the War and Military Action Exclusion, that exclusion supersedes this “Terrorism” Exclusion.

In the event of an act of “terrorism” that involves nuclear reaction or radiation, or radioactive contamination, this “Terrorism” Exclusion supersedes the Nuclear Hazard Exclusion.

A. SECTION II – LIABILITY; B. Exclusions; 1. Applicable To Business Liability

Coverage; i. War and SECTION II – LIABILITY; B. Exclusions; 2. Applicable To Medical Expenses Coverage; h. is deleted in its entirety and replaced by the following:

i. War or Terrorism

“Bodily injury”, “property damage”, “personal and advertising injury” arising, directly or indirectly out of:

- (1) War, including undeclared or civil war; or
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents;
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
- (4) “Terrorism”, including any action taken in hindering or defending against an actual or expected incident of “terrorism” regardless of any other cause or event that contributes concurrently.

The following definition is added with respect to the provisions of this endorsement:

Terrorism means activities against persons, organizations or property of any nature:

- (1) That involve the following or preparation for the following:
 - (a) Use or threat of force or violence; or
 - (b) Commission or threat of a dangerous act; or
 - (c) Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
- (2) When one or both of the following applies:
 - (a.) The effect is to intimidate or coerce a government, or to cause chaos among the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - (b) It is reasonable to believe that the intent is to intimidate or coerce a government, or to seek revenge or retaliate, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT – LIQUOR LIABILITY EXCLUSION –
EXCEPTION FOR SCHEDULED ACTIVITIES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Description Of Activity(ies):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph B.1.c. Exclusions in Section II – Liability is replaced by the following exclusion:

This insurance does not apply to "bodily injury" or "property damage" for which any insured may be held liable by reason of:

- a. Causing or contributing to the intoxication of any person;
- b. The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- c. Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies only if you:

- (1) Manufacture, sell or distribute alcoholic beverages;
- (2) Serve or furnish alcoholic beverages for a charge whether or not such activity:
 - (a) Requires a license;
 - (b) Is for the purpose of financial gain or livelihood; or
- (3) Serve or furnish alcoholic beverages without a charge, if a license is required for such activity.

However, this exclusion does not apply to "bodily injury" or "property damage" arising out of the selling, serving or furnishing of alcoholic beverages at the specific activity(ies) described above.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SEPARATION OF INSURED'S CLARIFICATION ENDORSEMENT

It is agreed:

SECTION II – LIABILITY; E. Liability And Medical Expenses General Conditions; 4. Separation Of Insureds is deleted in its entirety and replaced with the following:

4. Separation of Insureds

The Limits of Insurance of **Section II – Liability** applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought, but nothing in this endorsement shall serve to increase the Limits of Insurance beyond the Per occurrence, per person, per premises, per common cause, aggregate or any similar limit stipulated in the Declarations.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM
COVERAGE PART A. NON PROFIT DIRECTORS AND OFFICERS LIABILITY
COVERAGE PART B. EMPLOYMENT PRACTICES LIABILITY**

Limits Of Insurance Under Multiple Coverage Parts

It is agreed:

**BUSINESSOWNERS COVERAGE FORM, SECTION III – COMMON POLICY
CONDITIONS, H. Other Insurance,** is amended by the addition of the following:

4. Limit Of Insurance Under Multiple Coverage Parts

If we determine that more than one coverage part applies to the same “occurrence”, **Wrongful Employment Acts or Wrongful Act**, the maximum limits of insurance available under all coverage parts combined shall be the highest applicable limit of insurance under any one coverage part. The applicable deductible shall correspond to the coverage part with the highest limit of insurance.

This condition does not apply to any coverage form or policy issued by us, or an affiliated company specifically to apply as excess or umbrella insurance over this policy.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many services through the Business Resource Center that will assist you in growing and protecting your business. Consider the following services and associated cost savings when making your decision where to place your insurance!

HUMAN RESOURCES



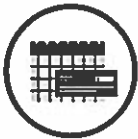
- » Free human resources consultation hotline to be used for personnel issues including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted human resources management system
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and Motor Vehicle Reports (MVRs)

PAYROLL AND TAXES



- » Payroll processing and tax services tailored for either a small or large business
- » Online business tax workshop provided by the Internal Revenue Service (IRS)

CYBER RISK



- » Materials about securing personal information and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan
- » Discounted identity theft monitoring and recovery

MARKETING

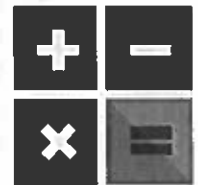


- » Suggested free and paid services for web marketing for your business, including email campaigns, photo editing, file management and more
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted website package and access to consultants, designers and developers to help in the creation of a website for your business
- » Suggested free and paid services for building your own website and tracking Search Engine Optimization (SEO)

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol safety training for your staff and servers
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse and more



Try our cost savings calculator to see how much you could save!



NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)

PO Box 3539

Santa Rosa, CA 95404

mhall@nwinsure.com

Phone: (707) 962-7404 Fax: (707) 964-0108

Enclosed you will find an annual **admitted** Commercial Umbrella Coverage for Mendocino County Tourism Commission, Inc. DBA VISIT MENDOCINO COUNTY. The quote number is CUP017M5109.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Michael Hall

NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)



NORTHWEST INSURANCE AGENCY, INC. (FORT BRAGG)
PO Box 3539
Santa Rosa, CA 95404

mhall@nwinsure.com
Phone: (707) 962-7404 Fax: (707) 964-0108

CUP017M5109

Quote is valid until 5/30/2017

To: **Mendocino County Tourism Commission, Inc. DBA
VISIT MENDOCINO COUNTY**

From: Michael Hall

mhall@nwinsure.com

Please bind effective: _____

Confirm optional coverages:

Do not include any optional coverages.

Include the following optional coverages from Section IV
(Taxes & Fees may apply to optional premium if purchased)

Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.
Note: a \$5.00 installment fee will apply to each installment after the first - please select one of the following:

Direct Bill both this New Business and future Renewals
(If checked - Select a Payment Plan):

SINGLE PAYMENT

TWO PAYMENTS - Premium must be over \$400

THREE PAYMENTS - Premium must be over \$675

FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

Do not Direct Bill this New Business but do Direct Bill future Renewals

Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All state surcharges and fees (except installment fees) will be billed in full with the first installment.

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X
Term Quoted:	Annual
LIMIT OPTIONS	PREMIUM
<input type="checkbox"/> \$1,000,000	\$500 (MP)
<input type="checkbox"/> \$2,000,000	\$1,000 (MP)
<input type="checkbox"/> \$3,000,000	\$1,500 (MP)
<input type="checkbox"/> \$4,000,000	\$2,000 (MP)
<input type="checkbox"/> \$5,000,000	\$2,500 (MP)

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

ADDITIONAL COSTS

Broker Fee

\$ _____

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	\$2,000,000
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

Automobile Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Combined Single Limit:	\$1,000,000
AM Best Rating: A++		

Employers Liability	Not Covered
----------------------------	--------------------

Professional Liability	Not Covered
-------------------------------	--------------------

Non Profit Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Directors and Officers:	\$1,000,000
AM Best Rating: A++	Employment Practices:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

CUP	(07/05) Commercial Umbrella Policy	IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)
CUP Jacket	(09/10) Commercial Umbrella Policy Jacket	L-472	(07/08) Exclusion - Injury To Performers Or Entertainers
CUP116	(11/07) Coverage A - Excess Following Form Professional Liability Coverage Endorsement	L-536	(09/09) Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
CUP117	(11/07) Extended Reporting Period Endorsement	L-622	(07/08) Abuse Or Molestation Exclusion
CUP502	(03/06) Absolute Exclusion For Liquor Liability And Liability Arising Out Of Liquor Related Services	L-648CA	(11/05) California State Amendatory Endorsement
CUP542	(02/15) Exclusion Of War And Certified Acts Of Terrorism	Notice Unmanned Aircraft CUP	(12/16) Advisory Notice to Policyholders
CUP549	(09/16) Exclusion - Unmanned Aircraft	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
IUL100	(07/06) Expected or Intended Injury Exclusion	UL370	(04/04) Exclusion - Liability As A Result Of Owned Autos

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for 5% of the total premium for this risk. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages
- This coverage cannot be added mid-term.

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:

- SINGLE PAYMENT** - The entire premium is invoiced immediately and is due 20 days after it is invoiced.
- TWO PAYMENTS** - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 60 days after inception.
- THREE PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 60 days after inception; the balance is invoiced 120 days after inception.
- FOUR PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 60 days, 120 days and 180 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****