



BUSINESS PROTECTION POLICY
COMMON DECLARATIONS

POLICY PERIOD

FROM: SEE SECTION DECLARATIONS TO: 07/01/20
12:01 A.M. STANDARD TIME
AT YOUR MAILING ADDRESS SHOWN BELOW
(UNLESS CHANGED ON THE SECTION DECLARATIONS)

* ACCOUNT NUMBER *
* 5 X 7 - 1 5 - 2 3---20 *

NAMED INSURED :

PRODUCER :

STANLEY BOYD AREA SCHOOL
DISTRICT
507 E 1ST AVE
STANLEY WI 54768-1279

TRICOR INC
1370 N WATER ST
PLATTEVILLE WI 53818-1452

AGENT: D 7743
AGENT PHONE: (877)468-7426
CLAIM REPORTING: (888)362-2255

INSURED IS: NOT FOR PROFIT ORG BUSINESS DESC: SCHOOL DISTRICT

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. THE COMPANY AFFORDING COVERAGE IS DESIGNATED BY THE NAME IN THE DECLARATIONS OR INFORMATION PAGE FOR EACH SECTION OF THE POLICY.

SECTION	COVERAGE	PREMIUM
1	PROPERTY	\$ 24,066.00
2	LIABILITY	3,612.00
3	CRIME	829.00
4	INLAND MARINE	459.00
5	AUTOMOBILE	12,786.00
6	WORKERS' COMPENSATION	52,367.00
7	UMBRELLA	2,646.00
8	OTHER - LINEBACKER CYBERSOLUTIONS	4,982.00 444.00

ESTIMATED TOTAL POLICY PREMIUM \$ 102,191.00

FORMS APPLICABLE TO ALL SECTIONS EXCEPT:

- WORKERS' COMPENSATION
- WHEN EXCLUDED ON SECTION DECLARATIONS
IL0017(11/98) IL7004(01/19)

THE ADDRESS AND TELEPHONE NUMBER OF THE SERVICING COMPANY IS:
EMC INSURANCE COMPANIES PHONE: (262) 717-3900
PO BOX 327
BROOKFIELD, WI. 53008-0327

PLACE OF ISSUE: BROOKFIELD, WI
DATE OF ISSUE: 06/21/19 COUNTERSIGNED BY: