



**EMC Insurance Companies**  
 PO Box 327  
 Brookfield, WI 53008-0327  
 www.emcins.com

**STANLEY BOYD AREA SCHOOL DISTRICT**

**507 E 1ST AVE  
 STANLEY, WI 54768-1279**

07/01/2022 to 07/01/2023  
 Prepared on 06/16/2022

**Quote Valid Through 07/30/2022**

**Account Summary**  
**Quote Account Number: X560498**  
**Option 001**

Prior Account Number: 5X71523

Commercial Property (A-03)		\$	39,216.00
General Liability (Occurrence) (D-04)		\$	4,256.00
Linebacker - Claims Made (K-02)		\$	7,386.00
CyberSolutions (Q-01)		\$	673.00
Data Compromise and Identity Recovery Premium	417.00		
Cyber Premium	256.00		
Govt Crime/Fidelity ISO Package (F-01)		\$	881.00
Commercial Inland Marine (C-02)		\$	1,395.00
Business Auto (E-04)		\$	15,385.00
Workers Compensation (Z-02)		\$	50,387.00
Commercial Umbrella (J-06)		\$	<u>3,033.00</u>
<b>Total Account Premium Estimate</b>		<b>\$</b>	<b>122,612.00</b>

*This proposal is offered through EMC Insurance Companies. EMC offers customizable insurance products to meet your unique needs and expert safety resources to help your business prevent claims. As your independent agent, we are here to offer you personalized service.*

*The premium reflects the rates as of the date shown above and assumes the information provided is accurate.\**

*Please review the following pages for coverage details. To discuss the advantages of insuring your business with EMC, contact us at the number listed below or visit [www.emcins.com](http://www.emcins.com).*

*Thank you,*

**Tricor LLC**  
 230 W Cherry St  
 PO Box 450  
 Lancaster, WI 53813-0450  
 877-468-7426

*\*This proposal does not guarantee the policy will be accepted or that coverage will be provided in the company selected or at the premium quoted. Due to periodic rate changes, a change to the policy's effective date may result in a different premium.*



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: A560498-03

Q U O T A T I O N - C O M M E R C I A L P R O P E R T Y

QUOTATION IS VALID: FROM 06/15/22 TO 07/30/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y
STANLEY BOYD AREA SCHOOL TRICOR LLC
DISTRICT 230 W CHERRY ST
507 E 1ST AVE PO BOX 450
STANLEY WI 54768-1279 LANCASTER WI 53813-0450

DIRECT BILL AGENT: AD 7743
AGENT PHONE: (877)468-7426
INSURED IS:NOT FOR PROFIT ORG BUSINESS DESC: SCHOOL DISTRICT

Table with 2 columns: COVERAGES PROVIDED and PREMIUM. Rows include: SCHOOLS - PROPERTY OFF PREMISES AND IN TRANSIT (\$ 375.00), BLANKET 001 - SEE SCHEDULE FOR DESCRIPTION (\$ 33,757.00), BLANKET 002 - SEE SCHEDULE FOR DESCRIPTION (\$ 4,997.00), BLANKET 003 - SEE SCHEDULE FOR DESCRIPTION (\$ 87.00), and TOTAL PROPERTY PREMIUM (\$ 39,216.00).

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: A560498-03

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CP0090	07-88	COMMERCIAL PROPERTY CONDITIONS	
CP0113	10-12	WISCONSIN CHANGES	
CP0140	07-06	EXCL OF LOSS DUE TO VIRUS/BACTERIA	
CP1075	12-20	CYBER INCIDENT EXCLUSION	
*CP7001A	02-12	COMMERCIAL PROPERTY SCHEDULE	
*CP7003A	02-12	SCHEDULE OF LOCATIONS	
CP7123	10-20	BUILDING AND PERS PROP - SCHOOL	
CP7123.10	01-18	SCHOOL FLOOD COVERAGE ENDORSEMENT	
CP7123.11	04-16	SCHOOL EARTHQUAKE/VOLCANIC ERUPTION	
CP7123.4	10-20	SCHOOL QUICK REFERENCE	
CP7173	12-19	CANNABIS EXCLUSION	
CP7358	02-17	EQUIPMENT BREAKDOWN COVERAGE	
CP8011	12-19	POLICYHOLDER NOTICE	
*CP8036	07-21	COMM PROPERTY VALUATION INCREASE	
*CP8113	12-20	ADVISORY NOTICE TO POLICYHOLDERS	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0283	11-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL0952	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
IL8046	01-90	NOTICE CANCELLATION REQUESTED BY YOU	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 1226
IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: A560498-03  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
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For additional information, please contact your agent

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: A560498-03  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

D I S C L O S U R E P U R S U A N T T O  
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts) \$1226.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

**The United States Government, Department of the Treasury, will pay** a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

BLANKET COVERAGE APPLIES ONLY AS INDICATED BY AN ENTRY BELOW:

Blanket: 001 Buildings At Locs: 001, 002

Blanket Limit of Insurance: \$ 52,746,097 Coinsurance: 100%

Blanket: 002 Personal Property At Locs:001, 002

Blanket Limit of Insurance: \$ 8,470,412 Coinsurance: 100%

Blanket: 003 Property In the Open at Locs:001, 002

Blanket Limit of Insurance: \$ 60,180 Coinsurance: 100%

Loc 001 507 E 1ST AVE  
STANLEY, WI  
54768-1279

For Inspection Contact: SEE AGENT ON DEC PAGE

Location Number 001  
Building Number 001

Description: 2 STORY MASON NON-COM BLDG  
IN PROTECTION CLASS 06  
Occupancy: STANLEY K-12 SCHOOL

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%
YOUR BUSINESS PERSONAL PROPERTY	Special	002	001 002 003	Replacement Cost Agreed Value Inflation Guard 4%
PROPERTY IN THE OPEN	Special	003		Replacement Cost Agreed Value

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 001  
Building Number 002

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 06

Occupancy:  
BUS GARAGE

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%
YOUR BUSINESS PERSONAL PROPERTY	Special	002	003	Replacement Cost Agreed Value Inflation Guard 4%

Location Number 001  
Building Number 003

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 06

Occupancy:  
SPORTS GARAGE

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 001  
Building Number 004

Description:  
1 STORY MASON NON-COM BLDG  
IN PROTECTION CLASS 06

Occupancy:  
SPORTS COMPLEX

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

Location Number 001  
Building Number 005

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 06

Occupancy:  
CUSTODIAN'S STORAGE

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

AS QUOTED ON: 06/15/22 (BPP)





EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 001  
Building Number 006

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 06

Occupancy:  
BUS GARAGE 2

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

Location Number 001  
Building Number 007

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 06

Occupancy:  
BUS GARAGE

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

Loc 002 303 E PARK ST  
BOYD, WI  
54726-9401

For Inspection Contact: SEE AGENT ON DEC PAGE

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Location Number 002  
Building Number 001

Description:  
2 STORY JSTD MAS BLDG  
IN PROTECTION CLASS 05

Occupancy:  
STANLEY BOYD EARLY LEARNING

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%
YOUR BUSINESS PERSONAL PROPERTY	Special	002	003	Replacement Cost Agreed Value Inflation Guard 4%
PROPERTY IN THE OPEN	Special	003		Replacement Cost Agreed Value

Location Number 002  
Building Number 002

Description:  
1 STORY FRAME BLDG  
IN PROTECTION CLASS 05

Occupancy:  
GARAGE

Deductible Per Occurrence: \$10,000 On All Covered Causes of Loss

Coverage	Covered Causes Of Loss	Blkt No.	Spec Int	Optional Coverages
BUILDING	Special	001		Replacement Cost Agreed Value Inflation Guard 4%

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

C O M M E R C I A L P R O P E R T Y S C H E D U L E

Miscellaneous Policy Level Coverages

Equipment Breakdown Endorsement See Coverage Form

School Building and Personal Property See Coverage Form

	Limit	Ded
Schools - Property Off Premises & In Transit	\$250,000	\$1,000

Special Interest(s)

001 Loss Payee - Loss Payable  
MARCO TECHNOLOGIES LLC  
4510 HEATHERWOOD RD  
SAINT CLOUD, MN 56301-9500

002 Additional Insured Building Owner  
MARCO TECHNOLOGIES LLC  
4510 HEATHERWOOD RD  
SAINT CLOUD, MN 56301-9500

003 Loss Payee - Loss Payable  
BB COMMUNITY LEASING SERVICES  
INC  
7700 MINERAL POINT RD  
MADISON, WI 53717-1694

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

SCHEDULE OF LOCATIONS

BLANKET NO: 001

Loc No: 001 507 E 1ST AVE  
STANLEY, WI 54768-1279

For Inspection Contact: SEE AGENT ON DEC PAGE

- BLDG 001  
Occupancy: STANLEY K-12 SCHOOL
- BLDG 002  
Occupancy: BUS GARAGE
- BLDG 003  
Occupancy: SPORTS GARAGE
- BLDG 004  
Occupancy: SPORTS COMPLEX
- BLDG 005  
Occupancy: CUSTODIAN'S STORAGE
- BLDG 006  
Occupancy: BUS GARAGE 2
- BLDG 007  
Occupancy: BUS GARAGE

Loc No: 002 303 E PARK ST  
BOYD, WI 54726-9401

For Inspection Contact: SEE AGENT ON DEC PAGE

- BLDG 001  
Occupancy: STANLEY BOYD EARLY LEARNING
- BLDG 002  
Occupancy: GARAGE

BLANKET NO: 002

Loc No: 001 507 E 1ST AVE  
STANLEY, WI 54768-1279

For Inspection Contact: SEE AGENT ON DEC PAGE

- BLDG 001  
Occupancy: STANLEY K-12 SCHOOL
- BLDG 002  
Occupancy: BUS GARAGE

Loc No: 002 303 E PARK ST  
BOYD, WI 54726-9401

For Inspection Contact: SEE AGENT ON DEC PAGE

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

SCHEDULE OF LOCATIONS

BLDG 001  
Occupancy: STANLEY BOYD EARLY LEARNING

BLANKET NO: 003

Loc No: 001      507 E 1ST AVE  
                  STANLEY, WI 54768-1279

For Inspection Contact: SEE AGENT ON DEC PAGE

BLDG 001  
Occupancy: STANLEY K-12 SCHOOL

Loc No: 002      303 E PARK ST  
                  BOYD, WI 54726-9401

For Inspection Contact: SEE AGENT ON DEC PAGE

BLDG 001  
Occupancy: STANLEY BOYD EARLY LEARNING

AS QUOTED ON: 06/15/22      (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
 EXP DATE: 07/01/23

S T A T E M E N T O F V A L U E S

Construction/Occupancy	Coverage	100% Values	Value Type
-----			
Loc No: 001	507 E 1ST AVE STANLEY, WI 54768-1279		
Building Number 001			
2 STORY MASON NON-COM BLDG	BUILDING	\$ 43,697,869	RC
IN PROTECTION CLASS 06	YOUR BUSINESS PERSONAL	\$ 8,001,861	RC
STANLEY K-12 SCHOOL	PROPERTY		
	PROPERTY IN THE OPEN	\$ 23,580	RC
-----			
Building Number 002			
1 STORY FRAME BLDG	BUILDING	\$ 367,191	RC
IN PROTECTION CLASS 06	YOUR BUSINESS PERSONAL	\$ 32,562	RC
BUS GARAGE	PROPERTY		
-----			
Building Number 003			
1 STORY FRAME BLDG	BUILDING	\$ 17,026	RC
IN PROTECTION CLASS 06			
SPORTS GARAGE			
-----			
Building Number 004			
1 STORY MASON NON-COM BLDG	BUILDING	\$ 4,297,845	RC
IN PROTECTION CLASS 06			
SPORTS COMPLEX			
-----			
Building Number 005			
1 STORY FRAME BLDG	BUILDING	\$ 170,258	RC
IN PROTECTION CLASS 06			
CUSTODIAN'S STORAGE			
-----			
Building Number 006			
1 STORY FRAME BLDG	BUILDING	\$ 33,384	RC
IN PROTECTION CLASS 06			
BUS GARAGE 2			
-----			
Building Number 007			
1 STORY FRAME BLDG	BUILDING	\$ 333,840	RC
IN PROTECTION CLASS 06			
BUS GARAGE			
-----			

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: A560498-03  
EXP DATE: 07/01/23

S T A T E M E N T O F V A L U E S

Loc No: 002      303 E PARK ST  
                  BOYD, WI 54726-9401

Building Number 001

2 STORY JSTD MAS BLDG	BUILDING	\$ 3,815,063	RC
IN PROTECTION CLASS 05	YOUR BUSINESS PERSONAL	\$ 435,989	RC
STANLEY BOYD EARLY LEARNING	PROPERTY		
	PROPERTY IN THE OPEN	\$ 36,600	RC

Building Number 002

1 STORY FRAME BLDG	BUILDING	\$ 13,621	RC
IN PROTECTION CLASS 05			
GARAGE			

TOTAL BUILDING	\$ 52,746,097	RC
TOTAL PERSONAL PROPERTY	\$ 8,470,412	RC
TOTAL PROPERTY IN THE OPEN	\$ 60,180	RC

COMBINED TOTAL \$ 61,276,689

1. Values shown must be 100% actual cash value or replacement cost and should reflect coverage basis for each item of buildings, personal property or both.
2. Value shall be submitted to insurance company, subject to its acceptance.
3. Nothing contained in these instructions shall be construed as changing in any manner the conditions of this policy.
4. The company may require this statement of values to be signed by the insured or in the case of firms, by a partner or an officer.

All values submitted are correct to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D560498-04

Q U O T A T I O N - G E N E R A L L I A B I L I T Y

QUOTATION IS VALID: FROM 06/15/22 TO 07/30/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y :

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

TRICOR LLC
230 W CHERRY ST
PO BOX 450
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: BD 7743
AGENT PHONE: (877)468-7426

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

L I M I T S O F I N S U R A N C E

EACH OCCURRENCE LIMIT \$ 2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$ 300,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT \$ 10,000 ANY ONE PERSON
PERSONAL AND ADVERTISING INJURY LIMIT \$ 2,000,000 ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT \$ 4,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT \$ 4,000,000

C O V E R A G E S P R O V I D E D P R E M I U M

OTHER THAN PRODUCTS/COMPLETED OPERATIONS \$ 4,256.00
TOTAL ESTIMATED POLICY PREMIUM \$ 4,256.00

AUDIT PERIOD: ANNUAL

AS QUOTED ON: 06/15/22 BPP





EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D560498-04

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

GENERAL LIABILITY POLICY  
QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
CG0124	01-93	WI CHGS-AMENDMENT POLICY CONDITIONS	
CG0435	12-07	EMPLOYEE BENEFITS LIABILITY COVERAGE	
		EACH EMPLOYEE	\$ 2,000,000
		AGGREGATE	\$ 4,000,000
		DEDUCTIBLE EACH EMPLOYEE	\$ 1,000
		RETROACTIVE DATE	07/01/2017
CG2026	12-19	AI-DESIGNATED PERSON OR ORGANIZATION NAME/CONCESSIONAIRES/JOB TITLES/ POLITICAL ENTITY/ASSOC. OR ORG./ETC. ALL SAINTS PARISH, THE DIOCESE OF LA CROSSE AND BISHOP WILLIAM CALLAHAN  KABOOM HEADQUARTERS 4301 CONNECTICUT AVE.NW SUITE ML-1 WASHINGTON DC 20008  DR PEPPER SNAPPLE GROUP, INC. 5301 LEGACY DR PLANO TX 75024	
CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CG4014	12-19	CANNABIS EXCLUSION	
CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
*CG7189	01-21	CGL AMENDMENT WISCONSIN SCHOOLS	
CG7190	01-06	AI-CLUB OR ORGANIZATION SCHEDULE OF CLUBS OR ORGANIZATIONS PTO PTA SCHOOL ORGANIZATIONS AND BOOSTER CLUBS	
CG7475	10-01	SCHOOL LIABILITY ENDORSEMENT	
CG7551	10-19	ABUSE OR MOLESTATION LIABILITY	
CG7614	10-19	SCHOOL VIOLENT EVENT RESPONSE COV AGGREGATE LIMIT: \$ 250,000 EACH EVENT LIMIT: \$ 250,000 EACH PERSON LIMIT: \$ 25,000	
CG7627	03-09	AMENDMENT OF EMPL BENEFITS PROGRAM	
CG7657	02-10	PUBLIC LIABILITY ENDORSEMENT	
CG7690	08-14	SCHOOL KEY PERSON SPECIAL EXPENSES \$ 50,000 AGGREGATE LIMIT	
*CG7699	01-21	GENERAL LIAB ELITE EXT/SCHOOL	
CG8254	12-20	ADVISORY NOTICE TO POLICYHOLDERS	

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: D560498-04

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

GENERAL LIABILITY POLICY  
QUOTE

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CG8290	02-16	IMPORTANT NOTICE TO POLICYHOLDERS	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
IL0283	11-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7168	01-22	ASBESTOS EXCLUSION	
IL8046	01-90	NOTICE CANCELLATION REQUESTED BY YOU	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 34
IL8384A	01-08	TERRORISM NOTICE	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: D560498-04  
EFF DATE: 07/01/22      EXP DATE: 07/01/23

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
-----

For additional information, please contact your agent

AS QUOTED ON: 06/15/22

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

D I S C L O S U R E   P U R S U A N T   T O  
T E R R O R I S M   R I S K   I N S U R A N C E   A C T

S C H E D U L E

Terrorism Premium (Certified Acts)   \$34.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

**The United States Government, Department of the Treasury, will pay** a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: D560498-04  
 EXP DATE: 07/01/23

GENERAL LIABILITY SCHEDULE

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS RATE !ADVANCE PREM!	ALL OTHER RATE !ADVANCE PREM
LOCATION 001 44194 GRANDSTANDS OR BLEACHERS (2) (4) PREMIUM BASIS: EACH EXPOSURE: IF ANY (SUBLINE /334)	!	5.075!\$ 0
44444 SCHOOL FOREST PREMIUM BASIS: FLAT EXPOSURE: 155 (SUBLINE /334)	!	!\$ 310
47469 SCHOOLS - FACULTY LIABILITY FOR CORPORAL PUNISHMENT OF PUPILS (4) PREMIUM BASIS: FACULTY EXPOSURE: 86 (SUBLINE /334)	!	1.616!\$ 139
47471 SCHOOLS - PUBLIC - ELEMENTARY, KINDERGARTEN OR JUNIOR HIGH (4) PREMIUM BASIS: STUDENTS EXPOSURE: 749 (SUBLINE /334) ADDITIONAL INTEREST ( 1-334) ALL SAINTS PARISH, THE DIOCESE DESIGNATED PERSON OR ORGANIZATION! CG2026 ADDITIONAL INTEREST ( 2-334) KABOOM HEADQUARTERS DESIGNATED PERSON OR ORGANIZATION! CG2026 ADDITIONAL INTEREST ( 3-334) DR PEPPER SNAPPLE GROUP, INC. DESIGNATED PERSON OR ORGANIZATION! CG2026	!	1.026!\$ 768 75 75 75
47473 SCHOOLS - PUBLIC - HIGH (4) PREMIUM BASIS: STUDENTS EXPOSURE: 320 (SUBLINE /334)	!	0.907!\$ 290

AS QUOTED ON: 06/15/22 BPP



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: D560498-04  
 EXP DATE: 07/01/23

GENERAL LIABILITY SCHEDULE  
 (CONTINUED)

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS		ALL OTHER	
	RATE	ADVANCE PREM	RATE	ADVANCE PREM
48925 SWIMMING POOLS - NOC (4) PREMIUM BASIS: EACH EXPOSURE: 1 (SUBLINE /334)			128.904	\$ 129
87698 ADDITIONAL INSUREDS - CLUB OR ORGANIZATION CG7190 PREMIUM BASIS: EACH EXPOSURE: 2 (SUBLINE /334) ADDITIONAL INTEREST ( 1-334) PTO PTA SCHOOL ORGANIZATIONS				\$ 0
87777 ABUSE OR MOLESTATION LIABILITY PREMIUM BASIS: STUDENTS EXPOSURE: 1,069 (SUBLINE /334)				\$ 1,118
87793 INCREASE MEDICAL PAYMENTS PREMIUM BASIS: FLAT EXPOSURE: IF ANY (SUBLINE /334)				\$ 25
87818 SCHOOLS - VIOLENT EVENT RESPONSE COVERAGE PREMIUM BASIS: STUDENTS EXPOSURE: 1,069 (SUBLINE /334)				\$ 425
87825 EMPLOYEE BENEFITS LIABILITY COVERAGE PREMIUM BASIS: PER EMP EXPOSURE: 242 (SUBLINE /EBL) \$ 1000 DEDUCTIBLE APPLIES EACH EMPLOYEE			343.100	\$ 343

AS QUOTED ON: 06/15/22 BPP



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: D560498-04  
EXP DATE: 07/01/23

GENERAL LIABILITY SCHEDULE  
(CONTINUED)

CODE NO./EXPOSURE/CLASSIFICATION	PRODUCTS/COMPL OPS		ALL OTHER	
	RATE	ADVANCE PREM	RATE	ADVANCE PREM
87862			\$	250
SCHOOL KEY PERSON SPECIAL EXPENSES				
PREMIUM BASIS:				
FLAT				
EXPOSURE: IF ANY				
(SUBLINE /334)				
PREMIUM FOR CERTIFIED ACTS OF TERRORISM			\$	34.00
TOTAL ESTIMATED POLICY PREMIUM			\$	4256.00

- (1) OTHER THAN NOT FOR PROFIT (2) NOT FOR PROFIT
- (3) INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS UNLESS OTHERWISE EXCLUDED
- (4) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT
- (5) A \$250 PD DEDUCTIBLE PER CLAIM APPLIES TO CUSTOMERS AUTOS UNLESS OTHERWISE DESIGNATED BY THIS CLASSIFICATION CODE
- (6) FOR SPRAY PAINTING OPERATIONS, A PD DEDUCTIBLE OF \$250 PER CLAIM APPLIES UNLESS A HIGHER DEDUCTIBLE IS OTHERWISE DESIGNATED FOR THIS CLASSIFICATION CODE

LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED:

RATED LOCATIONS:

LOC 001 507 E 1ST AVE  
STANLEY, WI 54768-1279

ALL OTHER LOCATIONS:

ALL OTHER DISTRICT PROPERTIES LOCATED IN THE  
SCHOOL DISTRICT

AS QUOTED ON: 06/15/22 BPP



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K560498-02

**Q U O T A T I O N - L I N E B A C K E R**

QUOTATION IS VALID FROM 06/15/22 TO 07/30/22  
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R :

P R E S E N T E D B Y :

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

TRICOR LLC  
230 W CHERRY ST  
PO BOX 450  
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: AD 7743  
AGENT PHONE: (877)468-7426

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

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:  
THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR  
BEFORE THE RETROACTIVE DATE SHOWN BELOW.  
RETROACTIVE DATE: NONE  
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: ( 5 YEARS )

L I M I T S O F L I A B I L I T Y	
EACH LOSS	\$ 2,000,000
AGGREGATE FOR EACH POLICY TERM	\$ 2,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE)	\$ 2,500

TOTAL ADVANCE PREMIUM \$ 7,386.00

COVERAGE IS PROVIDED FOR BOARD AND ALL EMPLOYEES

(THE ADVANCE PREMIUM IS A MINIMUM PREMIUM FOR THE POLICY TERM)  
A \$100 MINIMUM POLICY PREMIUM APPLIES  
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE

AS QUOTED ON: 06/15/22 BPP





EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K560498-02

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

L I N E B A C K E R P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE  
=====

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CL7001	01-21	LNBKR PUBLIC/EPLI COVERAGE FORM	
CL7110	01-18	NUCLEAR ENERGY LIABILITY EXCLUSION	
CL7119.1	01-18	LTD ERRORS & OMISSIONS SCHOOL PROF	
CL7130.1	10-19	LOSS OF SALARY OR FRINGE BENEFITS LIMITS OF LIABILITY EACH LOSS/AGGREGATE \$75,000 \$150,000 \$2,500	
CL7156	01-18	CAP ON LOSSES CERT ACTS OF TERRORISM	
CL7161	01-18	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CL7181	01-18	LIMITED LAW ENFORCEMENT EXTENSION	
CL7202	10-15	DATA COMPROMISE & CYBER LIAB EXCL	
CL8322	10-15	ADVISORY NOTICE TO POLICYHOLDERS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7209	01-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7326	01-18	CALCULATION OF PREMIUM	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 73
IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: K560498-02  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
-----

For additional information, please contact your agent

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: K560498-02  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

DISCLOSURE PURSUANT TO  
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$73.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q560498-01

Q U O T A T I O N - C Y B E R S O L U T I O N S

QUOTATION IS VALID: FROM 04/08/22 TO 07/01/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y :

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

TRICOR LLC
230 W CHERRY ST
PO BOX 450
LANCASTER WI 53813-0450

DIRECT BILL AGENT: AD 7743
AGENT PHONE: (877)468-7426

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

\*\*\*\*\*
\* THIS POLICY INCLUDES DEFENSE EXPENSES \*
\* WITHIN THE LIMITS OF LIABILITY \*
\* PLEASE READ CAREFULLY \*
\*\*\*\*\*

L I M I T S O F L I A B I L I T Y

Table with 3 columns: Coverage Description, Amount, and Aggregate Limit. Rows include Data Compromise Coverage (Response, Legal, Forensic, etc.), Data Compromise Defense and Liability, Identity Recovery, Cyber Coverage, and Network Security.

AS QUOTED ON: 04/08/2022



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: Q560498-23  
EXP DATE: 07/01/23

ELECTRONIC MEDIA LIABILITY	\$	100,000	ANNUAL AGGREGATE
DEDUCTIBLE	\$	1,000	
DATA COMPROMISE AND IDENTITY RECOVERY PREMIUM	\$		417.00
CYBER PREMIUM	\$		256.00
-----			
TOTAL POLICY PREMIUM	\$		673.00

AS QUOTED ON: 04/08/2022



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: Q560498-01

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

C Y B E R S O L U T I O N S P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
DC7001	02-19	CYBERSOLUTIONS COVERAGE FORM	
DC7070	01-17	WISCONSIN CHANGES	
DC8005	04-17	IMPORTANT NOTICE TO POLICYHOLDERS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7209	01-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7326	01-18	CALCULATION OF PREMIUM	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	WAIVED

AS QUOTED ON: 04/08/2022



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F560498-01

G O V E R N M E N T C R I M E Q U O T A T I O N

QUOTATION IS VALID: FROM 04/08/22 TO 07/01/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y :

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

TRICOR LLC
230 W CHERRY ST
PO BOX 450
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: AD 7743
AGENT PHONE: (877)468-7426

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

COVERAGE IS WRITTEN: PRIMARY

SEE ATTACHED SCHEDULE FOR DESCRIPTION OF LOCATIONS,
LIMITS, AND DEDUCTIBLES.

Table with 2 columns: COVERAGES PROVIDED and PREMIUM. Rows include EMPLOYEE THEFT - BLANKET (PER LOSS) \$ 692.00, FORGERY OR ALTERATION \$ 48.00, INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES \$ 34.00, OUTSIDE THE PREMISES \$ 4.00, COMPUTER AND FUNDS TRANSFER FRAUD \$ 68.00, FRAUDULENT IMPERSONATION \$ 35.00, and TOTAL POLICY PREMIUM \$ 881.00.

AS QUOTED ON: 04/08/2022



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F560498-01

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

G O V E R N M E N T C R I M E P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE  
=====

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CR0106	08-13	WISCONSIN CHANGES	
CR0417	11-15	FRAUDULENT IMPERSONATION COVERAGE OPTION: FOR EMPLOYEES ONLY VERIFICATION OPTION: REQUIRED FOR ALL TRANSFER INSTRUCTIONS	
CR0750	08-08	AMENDMENT-DELETE PROV REGARD TERROR	
CR2512	10-10	INCL TREAS. OR TAX COLLECT AS EMPLOY TREASURERS OR TAX COLLECTORS	
CR2513	10-10	INCLUDE STUDENTS AS EMPLOYEES	
CR2519	08-13	ADD FAITHFL PERF OF DUTY COV FOR GOV PER LOSS LIMIT: \$150,000	
CR7002.8	11-15	SPECIAL GOVT CRIME QUICK REF (DISC)	
CR7010A	11-15	GOVERNMENT CRIME DECLARATIONS	
*CR7011A	11-15	GOVERNMENT CRIME SCHEDULE	
CR7105	10-10	INCLUDE BOARD OF EDUCATION	
CR7112	11-15	SPECIAL GOVERNMENT CRIME COV. FORM	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0283	09-07	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7306	08-98	EXC. OF CERT. COMPUTER LOSSES	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	

AS QUOTED ON: 04/08/2022





EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHO

EFF DATE: 07/01/22

QUOTE NUMBER: F560498-01  
EXP DATE: 07/01/23

G O V E R N M E N T C R I M E S C H E D U L E

D E S C R I P T I O N	D E D (PER OCCURRENCE)	L I M I T (PER OCCURRENCE)
EMPLOYEE THEFT - BLANKET (PER LOSS)	\$ 2,000	\$ 200,000
FORGERY OR ALTERATION	\$ 250	\$ 10,000
INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES	\$ 250	\$ 10,000
OUTSIDE THE PREMISES	\$ 250	\$ 10,000
COMPUTER AND FUNDS TRANSFER FRAUD	\$ 2,000	\$ 200,000
FRAUDULENT IMPERSONATION	\$ 1,000	\$ 100,000
COVERAGE OPTION FOR EMPLOYEES ONLY VERIFICATION OPTION REQUIRED FOR ALL TRANSFER INSTRUCTIONS		

AS QUOTED ON: 04/08/2022



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C560498-02

Q U O T A T I O N - C O M M E R C I A L I N L A N D M A R I N E

QUOTATION IS VALID: FROM 06/15/22 TO 07/30/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y :

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

TRICOR LLC
230 W CHERRY ST
PO BOX 450
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: AD 7743
AGENT PHONE: (877)468-7426

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

SEE ATTACHED SCHEDULE FOR LIMITS AND DESCRIPTION OF COVERAGES

Table with 2 columns: COVERAGES HEADINGS and PREMIUM. Rows include CONTRACTORS EQUIPMENT (\$1,145.00), ELECTRONIC DATA PROCESSING (\$250.00), and TOTAL INLAND MARINE PREMIUM (\$1,395.00).

A DEDUCTIBLE MAY APPLY FOR THE COVERAGE PROVIDED. IN THE EVENT A LOSS (OTHER THAN EARTHQUAKE) INVOLVES COVERED PROPERTY AT MORE THAN ONE LOCATION OR IN MORE THAN ONE CLASS, ONLY ONE DEDUCTIBLE, THE LARGEST DEDUCTIBLE SHOWN ON THE SCHEDULE FOR THE LOCATION OR CLASSES INVOLVED IN THE LOSS, WILL APPLY PER OCCURRENCE.

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C560498-02

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

C O M M L I N L A N D M A R I N E P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CL0100	03-99	COMMON POLICY CONDITIONS	
CL0197	01-01	AMENDATORY ENDORSEMENT WISCONSIN	
CL0600	01-15	CERTIFIED TERRORISM LOSS	
CL0700	10-06	VIRUS OR BACTERIA EXCLUSION	
*CM7001A	09-97	COMMERCIAL INLAND MARINE SCHEDULE	
CM7004	09-06	QUICK REFERENCE	
CM8068	12-19	ADVISORY NOTICE TO POLICYHOLDERS	
CM9905	12-19	CANNABIS EXCLUSION	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
IL8046	01-90	NOTICE CANCELLATION REQUESTED BY YOU	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS ACT	WAIVED
IM2101	08-09	AMENDATORY ENDORSEMENT WISCONSIN	
IM7000	04-04	CONTRACTOR'S EQUIPMENT COVERAGE	
*IM7200	10-02	EDP EQUIPMENT COVERAGE - SCHEDULED	
*IM7227	01-12	REPRODUCTION EQUIPMENT	
*IM7228	01-12	TELECOMMUNICATIONS EQUIPMENT	
*IM7238	10-02	EARTHQUAKE, FLOOD AND SEWER BACKUP	

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: C560498-02  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

D I S C L O S U R E P U R S U A N T T O  
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts) Waived

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

**The United States Government, Department of the Treasury, will pay** a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: C560498-02  
 EXP DATE: 07/01/23

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

P O L I C Y W I D E C O V E R A G E S

CLASS/ITEM DESCRIPTION \*SPEC INTEREST LIMITS

CONTRACTORS EQUIPMENT

801 CONTRACTORS EQUIPMENT

\$ 1000 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS  
 100% COINSURANCE

\$ 110,000 CATASTROPHE LIMIT - THE MOST "WE" PAY FOR LOSS IN ANY ONE OCCURRENCE

COVERAGE EXTENSIONS

ADDITIONAL DEBRIS REMOVAL EXPENSES \$ 5,000

SUPPLEMENTAL COVERAGES

EMPLOYEE TOOLS (ACTUAL CASH VALUE) \$ 5,000

NEWLY PURCHASED EQUIPMENT

PERCENTAGE OF CATASTROPHE LIMIT 30%

POLLUTANT CLEANUP AND REMOVAL \$ 25,000

RENTAL REIMBURSEMENT LIMIT \$ 5,000

WAITING PERIOD 72 HRS

SPARE PARTS AND FUEL \$ 5,000

ACTUAL CASH VALUE

MFG: JOHN DEERE

MODEL: 4500 TRACTOR SERIAL NUMBER: LV4500P352131

001 TRACTOR \$ 40,000

ACTUAL CASH VALUE

MFG: JD ATTACHMENTS

MODEL: BELLY MOWER

002 JD ATTACHMENTS-BELLY MOWER, FRONT END LOADER \$ 5,500

ACTUAL CASH VALUE

MFG: SCRUBBER

MODEL: 2800 ADVANCE RIDER

003 SCRUBBER 2800 ADVANCE RIDER \$ 12,000

ACTUAL CASH VALUE

YEAR: 2010

MODEL: T14560 SERIAL NUMBER: SWISHER TRAILMOWER

004 2010 SWISHER TRAILMOWER 60' CUT T14560 \$ 1,500

ACTUAL CASH VALUE

YEAR: 2010

MODEL: WB11524 SERIAL NUMBER: SWISHER MOWER 24

AS QUOTED ON: 06/15/22

(BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR EFF DATE: 07/01/22

QUOTE NO: C560498-02  
 EXP DATE: 07/01/23

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

005	2010 SWISHER MOWER 24 11.5 HP WB11524	\$	1,500
	ACTUAL CASH VALUE		
	YEAR: 2010 MFG: KING KUTTER TILLER		
	MODEL: TG-72-44		
006	2010 6' GEAR DRIVE KING KUTTER TILLER	\$	2,500
	TG-72-44		
	ACTUAL CASH VALUE		
	MFG: GOLF CART		
	MODEL: ELECTRIC		
007	GOLF CART-ELECTRIC	\$	2,500
	ACTUAL CASH VALUE		
	YEAR: 2017 MFG: HUSTLER		
008	ZERO TURN MOWER 72'	\$	15,000
	ACTUAL CASH VALUE		
	YEAR: 2018 MFG: GRAVELY		
009	ZERO TURN MOWER	\$	15,000
	ACTUAL CASH VALUE		
	YEAR: 2019 MFG: GRAVELY		
	SERIAL NUMBER: 4XABBA572K8190149		
010	UTV	\$	14,500
	PREMIUM	\$	1,145
840	CONTR. EQUIP. - LEASED OR RENTED FROM OTHERS		
	LIMITS OF INSURANCE		
	THE MOST "WE" PAY FOR LOSS TO ANY ONE ITEM	\$	25,000
	THE MOST "WE" PAY FOR LOSS IN ANY ONE	\$	25,000
	OCCURRENCE		
	ACTUAL CASH VALUE		
	DEDUCTIBLE	\$	1000
	NON-REPORTING FORM PREMIUM		INCLUDED

LOCATION: 001 507 E 1ST AVE  
 STANLEY, WI 54768-1279

CLASS	DESCRIPTION	SPECIAL*	LIMITS
		INTEREST	

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: C560498-02  
EXP DATE: 07/01/23

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

DATA PROCESSING:

\$ 1,000 DEDUCTIBLE APPLIES TO ALL COVERED PERILS  
UNLESS A DIFFERENT DEDUCTIBLE IS INDICATED BELOW  
\$ 5,000 DEDUCTIBLE - EARTHQUAKE AND VOLCANIC ERUPTION  
NOT COVERED DEDUCTIBLE - "FLOOD"  
\$ 1,000 DEDUCTIBLE - "MECHANICAL BREAKDOWN", "ELECTRICAL  
DISTURBANCE" AND "POWER SUPPLY DISTURBANCE"

80% COINSURANCE

\$ 200,000 EARTHQUAKE "AGGREGATE" LIMIT  
\$ 200,000 EARTHQUAKE "OCCURRENCE" LIMIT  
\$ 200,000 EARTHQUAKE "CATASTROPHE" LIMIT  
NOT COVERED FLOOD "AGGREGATE" LIMIT  
NOT COVERED FLOOD "OCCURRENCE" LIMIT  
NOT COVERED FLOOD "CATASTROPHE" LIMIT  
\$ 200,000 SEWER BACKUP "AGGREGATE" LIMIT  
\$ 200,000 SEWER BACKUP "OCCURRENCE" LIMIT  
\$ 200,000 SEWER BACKUP "CATASTROPHE" LIMIT

848 ELECTRONIC DATA PROCESSING - SCHEDULED LIMITS

COVERAGE LIMITS

\$ 100,000 "HARDWARE"  
\$ 100,000 SOFTWARE  
INCLUDED "MEDIA"  
INCLUDED "PROGRAMS AND APPLICATIONS"  
INCLUDED "DATA RECORDS"  
INCLUDED "PROPRIETARY PROGRAMS"  
NOT COVERED Income Coverage

EQUIPMENT COVERAGE EXTENSIONS

Additional Debris Removal Expenses \$ 10,000  
ELECTRICAL AND POWER SUPPLY DISTURBANCE COVERED  
Emergency Removal (Number of DAYS) 365  
Emergency Removal Expenses \$ 2,500  
Fraud and Deceit \$ 2,500  
MECHANICAL BREAKDOWN COVERAGE COVERED

AS QUOTED ON: 06/15/22

(BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NO: C560498-02  
EXP DATE: 07/01/23

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

EQUIPMENT SUPPLEMENTAL COVERAGES

Acquired Locations	\$	500,000
Earthquake Coverage		COVERED
Flood Coverage	NOT	COVERED
NEWLY PURCHASED OR LEASED HARDWARE	\$	500,000
Off-Site Computers	\$	5,000
Pollutant Cleanup and Removal	\$	10,000
Property in Transit	\$	10,000
Protection and Control Systems	\$	10,000
RECHARGE OF FIRE EXTINGUISHING EQUIPMENT	\$	15,000
Reproduction Equipment	\$	10,000
Sewer Backup		COVERED
REWARDS	\$	2,500
Software Storage	\$	50,000
Telecommunications Equipment	\$	10,000
Virus and Hacking		
Limit any one occurrence	\$	25,000
Limit each separate 12 month period	\$	75,000
FOREIGN TRANSIT AND LOCATION LIMIT		NOT COVERED

PREMIUM \$ 250

AS QUOTED ON: 06/15/22

(BPP)





EMCASCO INSURANCE COMPANY

QUOTE NUMBER: E560498-04

Q U O T A T I O N - B U S I N E S S A U T O P O L I C Y

QUOTATION IS VALID: FROM 06/15/22 TO 07/30/22
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R P R E S E N T E D B Y

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

TRICOR LLC
230 W CHERRY ST
PO BOX 450
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: BD 7743
AGENT PHONE: (877)468-7426

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

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Auto Medical Payments, Uninsured Motorists, Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-Ownership Liability, and Estimated Total Policy Premium.

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: E560498-04

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

C O M M E R C I A L   A U T O   P O L I C Y  
Q U O T E

=====  
ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CA0001	11-20	BUSINESS AUTO COVERAGE FORM TERRORISM COVG INCL IN MAIN COV FORM	\$ 19
*CA0117	04-22	WISCONSIN CHANGES	
CA2103	10-13	WI UNINSURED MOTORISTS COVERAGE	
CA2145	10-13	WI UNDERINSURED MOTORISTS COVERAGE	
*CA7001A	02-22	COMM AUTO DECLARATIONS/ADDIT'L ITEMS	
*CA7002A	02-22	COMM AUTO DECLARATIONS - ITEMS 4 & 5	
*CA7007	11-20	QUICK REFERENCE BUSINESS AUTO FORM	
*CA7093A	02-22	UM/UIM SUPPLEMENTAL SCHEDULE	
CA7313	11-15	PREJUDGMENT INTEREST	
*CA7493	02-22	COMMERCIAL AUTO ELITE EXT SCHOOLS	
CA8216	07-12	UNDERINSURED MOTORIST DISCLOSURE	
*CA8232	01-18	POLICYHOLDER NOTICE	
CA8331	06-19	IMPORTANT NOTICE TO POLICYHOLDERS	
CA8334	04-19	IMPORTANT NOTICE TO POLICYHOLDERS	
*CA8353	02-22	2020 CA MULTISTATE PH NOTICE	
CA9924	10-13	WISCONSIN AUTO MEDICAL PAYMENTS COV	
CA9948	10-13	POLLUTION LIAB BROADND COV/COV AUTOS	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
IL0283	11-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL8046	01-90	NOTICE CANCELLATION REQUESTED BY YOU	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

\*\*COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO COVERAGE FORM\*\*

SUPPLEMENTARY SCHEDULE  
ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

-----  
THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSURANCE SHOWN FOR THE STATE WHERE A COVERED 'AUTO' IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE  
UNINSURED MOTORISTS LIMIT OF INSURANCE

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"BODILY INJURY" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
ST	SINGLE LIMIT			
WI			\$ 100,000	

UNDERINSURED MOTORISTS LIMIT OF INSURANCE  
(WHEN NOT INCLUDED IN UNINSURED MOTORISTS COVERAGE)

	"BODILY INJURY" AND "PROPERTY DAMAGE" COMBINED	"BODILY INJURY" EACH PERSON EACH "ACCIDENT"	"BODILY INJURY" EACH "ACCIDENT"	"PROPERTY DAMAGE" EACH "ACCIDENT"
ST	SINGLE LIMIT			
WI			\$ 100,000	

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

\*\*\*\*\*

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

\*\*\*\*\*

LOC: 001 507 E 1ST AVE  
STANLEY WI. 54768-1279

VEH NO 1 TERR: 116  
 1972 FORD TRUCK ID NO 000000F50CCN43356.  
 ADDITIONAL INFORMATION:  
 COST NEW: 3000 RADIUS: LOCAL USE: COMMERCIAL .  
 AGE: LIAB-Z PHYS-Z .  
 LIGHT TRUCK CLASS: 03499 .  
 COVERED AUTOS LIABILITY . \$ 138.00  
 AUTO MEDICAL PAYMENTS . 2.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 41.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 86.00  
 TOTAL VEHICLE PREMIUM . \$ 284.00

-----

VEH NO 2 TERR: 116  
 2004 INTERSTATE TRAILER TRAILER ID NO 1UK500G2841049374.  
 ADDITIONAL INFORMATION:  
 COST NEW: 5000 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-N PHYS-N .  
 TRAILER CLASS: 68499 .  
 COVERED AUTOS LIABILITY . \$ 14.00  
 AUTO MEDICAL PAYMENTS . 1.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 32.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 51.00  
 TOTAL VEHICLE PREMIUM . \$ 98.00

-----

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

VEH NO 3 TERR: 116  
 2008 LOADKING TRAILER TRAILER ID NO 4ZESH162971041677.  
 ADDITIONAL INFORMATION:  
 COST NEW: 7000 RADIUS: LOCAL USE: NA  
 AGE: LIAB-J PHYS-J  
 TRAILER CLASS: 68499  
 COVERED AUTOS LIABILITY . \$ 16.00  
 AUTO MEDICAL PAYMENTS . 1.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 32.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	51.00
TOTAL VEHICLE PREMIUM			.\$	100.00

VEH NO 4 TERR: 116  
 2009 INTERNATIO BUS BUS ID NO 4DRBVAAP19A670588.  
 ADDITIONAL INFORMATION:  
 COST NEW: 66000 RADIUS: LOCAL USE: NA  
 AGE: LIAB-x PHYS-x  
 SCHOOL BUS-PUBLIC CLASS: 6184  
 COVERED AUTOS LIABILITY . \$ 385.00  
 AUTO MEDICAL PAYMENTS . 10.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 36.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	54.00
TOTAL VEHICLE PREMIUM			.\$	502.00

VEH NO 5 TERR: 116  
 2010 UTILITY TRAILER TRAILER ID NO 00000U5815FLBSFB1.  
 ADDITIONAL INFORMATION:  
 COST NEW: 6000 RADIUS: LOCAL USE: NA  
 AGE: LIAB-H PHYS-H  
 SERV OR UTILITY TRLR CLASS: 69499  
 COVERED AUTOS LIABILITY . \$ 47.00  
 AUTO MEDICAL PAYMENTS . 0.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 34.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 44.00  
TOTAL VEHICLE PREMIUM . \$ 125.00

-----  
VEH NO 6 TERR: 116  
2018 FORD TRANSIT-15 TRANSIT ID NO 1FMZK1YG5JKA37331.  
ADDITIONAL INFORMATION:  
COST NEW: 43575 RADIUS: LOCAL USE: NA .  
AGE: LIAB-5 PHYS-5 .  
SCHOOL BUS-PUBLIC CLASS: 6182 .  
COVERED AUTOS LIABILITY . \$ 294.00  
AUTO MEDICAL PAYMENTS . 8.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED  
COMPREHENSIVE ACV 1000 DED . 59.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 88.00  
TOTAL VEHICLE PREMIUM . \$ 466.00

-----  
VEH NO 7 TERR: 116  
2018 FORD TRANSIT-15 ID NO 1FMZK1YG2JKA15447.  
ADDITIONAL INFORMATION:  
COST NEW: 45200 RADIUS: LOCAL USE: NA .  
AGE: LIAB-5 PHYS-5 .  
SCHOOL BUS-PUBLIC CLASS: 6182 .  
COVERED AUTOS LIABILITY . \$ 294.00  
AUTO MEDICAL PAYMENTS . 8.00  
UNINSURED MOTORISTS . INCLUDED  
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
 EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 59.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	88.00
TOTAL VEHICLE PREMIUM			.\$	466.00
-----				
VEH NO 8	TERR: 116		.	
2018 FORD	SUPER DUTY	ID NO 1FT7X2B60JEB10476.	.	
ADDITIONAL INFORMATION:				
COST NEW: 47225	RADIUS: LOCAL	USE: SERVICE	.	
AGE: LIAB-5	PHYS-5		.	
LIGHT TRUCK	CLASS: 01499		.	
COVERED AUTOS LIABILITY			.\$	292.00
AUTO MEDICAL PAYMENTS			.	2.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE ACV 1000 DED			.	200.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM				
FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	261.00
TOTAL VEHICLE PREMIUM			.\$	772.00
-----				
VEH NO 9	TERR: 116		.	
2019 IC-INTERNATL BUS	BUS	ID NO 4DRBUC8N9KB764897.	.	
ADDITIONAL INFORMATION: 72 PASSENGER				
COST NEW: 85471	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-4	PHYS-4		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			.\$	385.00
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

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QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMPREHENSIVE	ACV	1000 DED	.	69.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	129.00
TOTAL VEHICLE PREMIUM				\$. 610.00

-----

VEH NO 10 TERR: 116  
 2019 FORD VAN VAN ID NO 1FDZX2CM4KKA25435.  
 ADDITIONAL INFORMATION: W/BRAUN WHEEL CHAIR LIFT  
 COST NEW: 64857 RADIUS: LOCAL USE: NA  
 AGE: LIAB-4 PHYS-4  
 SCHOOL BUS-PUBLIC CLASS: 6181  
 COVERED AUTOS LIABILITY \$. 272.00  
 AUTO MEDICAL PAYMENTS . 7.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 63.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	93.00
TOTAL VEHICLE PREMIUM				\$. 452.00

-----

VEH NO 11 TERR: 116  
 2020 BLUEBIRD ALL AMER BUS ID NO 1BABNCSA1LF361993.  
 ADDITIONAL INFORMATION:  
 COST NEW: 106100 RADIUS: LOCAL USE: NA  
 AGE: LIAB-3 PHYS-3  
 SCHOOL BUS-PUBLIC CLASS: 6184  
 COVERED AUTOS LIABILITY \$. 385.00  
 AUTO MEDICAL PAYMENTS . 10.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 06/15/22 (BPP)





EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

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EXP DATE: 07/01/23

COMPREHENSIVE	ACV	1000 DED	.	78.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	158.00
TOTAL VEHICLE PREMIUM				\$. 648.00
-----				
VEH NO 12	TERR: 116		.	
2019 FORD	FUSION HYB	ID NO 3FA6P0LU4KR112619.	.	
ADDITIONAL INFORMATION:				
COST NEW: 27555	RADIUS:	USE: NA	.	
AGE: LIAB-4	PHYS-4		.	
DRIVER TRNG-EDUC. VEH	CLASS: 7201		.	
COVERED AUTOS LIABILITY			\$. 183.00	
AUTO MEDICAL PAYMENTS			.	4.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE	ACV	1000 DED	.	158.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	95.00
TOTAL VEHICLE PREMIUM				\$. 469.00
-----				
VEH NO 13	TERR: 116		.	
2020 FORD	TRANSIT-15	ID NO 1FMZK1484LKA68422.	.	
ADDITIONAL INFORMATION:				
COST NEW: 40180	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-3	PHYS-3		.	
SCHOOL BUS-PUBLIC	CLASS: 6182		.	
COVERED AUTOS LIABILITY			\$. 294.00	
AUTO MEDICAL PAYMENTS			.	8.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
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COMPREHENSIVE ACV 1000 DED . 66.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	97.00
			TOTAL VEHICLE PREMIUM	\$. 482.00
-----				
VEH NO 14	TERR: 116		.	
2021 BLUEBIRD	BUS	ID NO 1BABNCSAXMF374288.	.	
ADDITIONAL INFORMATION:				
COST NEW: 107990	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-2	PHYS-2		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE ACV 1000 DED			.	79.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM				
FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	160.00
			TOTAL VEHICLE PREMIUM	\$. 651.00
-----				
VEH NO 15	TERR: 116		.	
2021 IC INT L BUS 72 PASS		ID NO 4DRBUC8N6MB052186.	.	
ADDITIONAL INFORMATION:				
COST NEW: 88631	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-2	PHYS-2		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
 EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
TOTAL VEHICLE PREMIUM			.\$	621.00
-----				
VEH NO 16	TERR: 116		.	
2021 FORD	EXPLORER	ID NO 1FMSK8BH5MGB17134.	.	
ADDITIONAL INFORMATION:				
COST NEW: 34225	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-2	PHYS-2		.	
SCHOOL BUS-PUBLIC	CLASS: 6181		.	
COVERED AUTOS LIABILITY			.\$	272.00
AUTO MEDICAL PAYMENTS			.	7.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE ACV 1000 DED			.	54.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM				
FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	67.00
TOTAL VEHICLE PREMIUM			.\$	417.00
-----				
VEH NO 17	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N4NB201129.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			.\$	385.00
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 18	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N0NB201130.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE	ACV	1000 DED	.	73.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 19	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N2NB201131.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
 EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 20	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N2NB201132.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE	ACV	1000 DED	.	73.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 21	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N6NB201133.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
TOTAL VEHICLE PREMIUM			.\$	621.00
-----				
VEH NO 22	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N8NB201134.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			.\$	385.00
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE ACV 1000 DED			.	73.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM				
FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
TOTAL VEHICLE PREMIUM			.\$	621.00
-----				
VEH NO 23	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8NXNB201135.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			.\$	385.00
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 24	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N1NB201136.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE	ACV	1000 DED	.	73.00
\$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	1000 DED	.	136.00
			TOTAL VEHICLE PREMIUM	\$. 621.00
-----				
VEH NO 25	TERR: 116		.	
2022 INT L	BUS	ID NO 4DRBUC8N3NB201137.	.	
ADDITIONAL INFORMATION:				
COST NEW: 89970	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-1	PHYS-1		.	
SCHOOL BUS-PUBLIC	CLASS: 6184		.	
COVERED AUTOS LIABILITY			\$. 385.00	
AUTO MEDICAL PAYMENTS			.	10.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
 EXP DATE: 07/01/23

COMPREHENSIVE ACV 1000 DED . 73.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 136.00  
 TOTAL VEHICLE PREMIUM . \$ 621.00

-----  
 VEH NO 26 TERR: 116  
 2022 INT L BUS ID NO 4DRBUPWN1NB194053.  
 ADDITIONAL INFORMATION:  
 COST NEW: 87670 RADIUS: LOCAL USE: NA .  
 AGE: LIAB-1 PHYS-1 .  
 SCHOOL BUS-PUBLIC CLASS: 6184 .  
 COVERED AUTOS LIABILITY . \$ 385.00  
 AUTO MEDICAL PAYMENTS . 10.00  
 UNINSURED MOTORISTS . INCLUDED  
 UNDERINSURED MOTORISTS . INCLUDED  
 COMPREHENSIVE ACV 1000 DED . 73.00  
 \$ 1000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO  
 (A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM  
 FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 1000 DED . 136.00  
 TOTAL VEHICLE PREMIUM . \$ 621.00

-----  
 PREMIUM SUMMARY  
 COVERED AUTOS LIABILITY . \$ 7,891.00  
 AUTO MEDICAL PAYMENTS . 198.00  
 UNINSURED MOTORISTS . 262.00  
 UNDERINSURED MOTORISTS . 141.00  
 COMPREHENSIVE . 1,863.00  
 COLLISION . 3,018.00  
 -----  
 TOTAL . \$ 13,373.00

AS QUOTED ON: 06/15/22 (BPP)





EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
 EXP DATE: 07/01/23

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO  
 COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE - COST OF HIRE BASIS

**FOR AUTOS NOT USED IN YOUR MOTOR**

CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT)

COVERED AUTOS STATE LIABILITY COVERAGE	ESTIMATED ANNUAL COST OF HIRE FOR EACH STATE	RATE	PREMIUM
--	--	------	---------

EXCESS AUTO MEDICAL PAYMENTS	WI	IF ANY	100	\$	168.00
------------------------------	----	--------	-----	----	--------

STATE	LIMIT OF INSURANCE	PREMIUM
WI	\$ 10,000	\$ 13.00

UNINSURED MOTORIST

STATE	ESTIMATED COST OF HIRE	RATE	PREMIUM
WI	IF ANY	0.02 /	\$ 5.00

FOR 'AUTOS' NOT 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.

TOTAL PREMIUM	\$	186.00
---------------	----	--------

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY	PREMIUM
MEDICAL PAYMENTS	
NUMBER OF EMPLOYEES	101 - 500 \$ 1,304.00
LIMIT OF INSURANCE	\$ 12.00
\$10,000	
UNINSURED MOTORISTS	
NUMBER OF EMPLOYEES	101 - 500 \$ 141.00
TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM	\$ 1,457.00

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR EFF DATE: 07/01/22

QUOTE NUMBER E560498-04  
EXP DATE: 07/01/23

ENDORSEMENT PREMIUM DETAIL

ENDORSEMENTS	CLASS		PREMIUM
POLLUTION LIABILITY	8574	\$	100.00
Auto Elite Extension School	8579	\$	250.00

⌘

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: Z560498-02

**Q U O T A T I O N  
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE**

QUOTATION IS VALID: FROM 06/15/22 TO 07/30/22  
PROPOSED POLICY PERIOD: FROM 07/01/22 TO 07/01/23

P R E P A R E D F O R : P R E S E N T E D B Y :

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

TRICOR LLC  
230 W CHERRY ST  
PO BOX 450  
LANCASTER WI 53813-0450

AGENT: BD 7743  
AGENT PHONE: (877) 468-7426

DIRECT BILL  
INSURED IS: NOT FOR PROFIT ORG  
BUS DESC: SCHOOL DISTRICT  
FED. EMPLOYER'S ID: 396004628  
SIC CODE: 8211

THE PROPOSED POLICY PROVIDES WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY  
COVERAGE AS REQUIRED BY GOVERNING LAWS FOR THE FOLLOWING STATES: WI  
OTHER STATES INS: PART THREE OF THE PROPOSED POLICY APPLIES TO ALL STATES  
EXCEPT ME, ND, OH, WA, WY AND STATES DESIGNATED ABOVE.

EMPLOYERS' LIABILITY LIMITS:

BODILY INJURY BY ACCIDENT	\$	100,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$	100,000	EACH EMPLOYEE
BODILY INJURY BY DISEASE	\$	500,000	POLICY LIMIT

SEE CLASSIFICATION OF OPERATIONS SCHEDULE ATTACHED

PREMIUM SUBTOTAL - SEE SCHEDULE ATTACHED	.\$	53,632.00
LESS: ESTIMATED PREMIUM DISCOUNT	.\$	-3,815.00
EXPENSE CONSTANT	.\$	220.00

MINIMUM PREMIUM \$ 900	ESTIMATED POLICY PREMIUM	.\$	50,387.00
WISCONSIN		.	

TOTAL ESTIMATED POLICY PREMIUM	.\$	50,387.00
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INTERIM ADJUSTMENTS WILL BE MADE: ANNUALLY

ISSUED FROM: EMC INSURANCE CO, PO BOX 327, BROOKFIELD, WI 53008

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY

QUOTE NUMBER: Z560498-02

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

WORKERS COMPENSATION POLICY  
QUOTE

=====  
ENDORSEMENT SCHEDULE  
=====

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*0405B	01-18	PRIVACY NOTICE	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 1375
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	
WC000000C	01-15	WC AND EMPLOYERS LIABILITY INSURANCE	
*WC000406A	07-95	PREMIUM DISCOUNT ENDORSEMENT	
WC000414A	01-19	NOTIFICATION OF CHANGE IN OWNERSHIP	
WC000419	01-01	PREMIUM DUE DATE ENDORSEMENT	
WC000421E	01-21	CATASTROPHE O/T CERT ACTS TERRORISM	
WC000422C	01-21	TERRORISM REAUTHORIZATION ACT END.	
WC000424	01-17	AUDIT NONCOMPLIANCE CHARGE STATE(S): WI BASIS OF AUDIT NONCOMPLIANCE CHARGE: ESTIMATED ANNUAL PREMIUM MAXIMUM AUDIT NONCOMPLIANCE CHARGE MULTIPLIER: 1.000	
WC000425	05-17	EXPERIENCE RATING MOD FACTOR REVISIO	
WC480302A	01-13	WI-WORK-STUDY COVERAGE ENDORSEMENT	
WC480601C	04-01	WISCONSIN LAW ENDORSEMENT	
WC480603B	01-01	FOREIGN COVERAGE ENDORSEMENT	
WC480606B	01-02	WI CANCELLATION AND NONRENEWAL ENDST	
*WC7003A	09-86	WORKERS COMPENSATION SCHEDULE	
WC8130	10-14	IMPORTANT NOTICE	
WC8522	08-06	SELECTION OF ANTICIPATED DIVIDEND FLAT 18% DIVIDEND	

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: Z560498-02  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

D I S C L O S U R E P U R S U A N T T O  
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts) \$1375.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMCASCO INSURANCE COMPANY  
 STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: Z560498-02  
 EXP DATE: 07/01/23

\*\*\*\*\*

W I S C O N S I N

STATE EMPL ID.: INTRASTATE ID.: 789789789 OTHER ID.:

( 001 ) 507 E 1ST AVE  
 STANLEY, WI. 54768-1279

NUMBER OF EMPLOYEES:  
 MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 204  
 FULL TIME: 117 PART TIME: 87  
 SIC: 8211 NAICS:611110

( 002 ) 303 E PARK ST  
 BOYD, WI. 54726-9401

NUMBER OF EMPLOYEES:  
 MAXIMUM # OF EMPLOYEES EXPOSED AT ANY ONE TIME: 6  
 FULL TIME: 2 PART TIME: 4  
 SIC: 8211 NAICS:611110

CLASSIFICATION PHRASEOLOGY	.CODE . NO.	ESTIMATED ANNUAL REMUNERATION	RATES PER \$100 REMUNERATION	ESTIMATED ANNUAL PREMIUM
COLLEGE - PROFESSIONAL EMPLOYEES & CLERICAL	.8868	6,116,886.	0.50 \$	30,584.00
SCHOOL ALL OTHER EMPLOYEES	.9101	537,476.	4.56 \$	24,509.00
DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	.7380	219,733.	6.22 \$	13,667.00
SUBJECT PREMIUM				\$ 68,760.00
MODIFIED PREMIUM - EXP. MOD. APPLIED (0.750)				\$ 51,570.00
STATE TOTAL ESTIMATED STANDARD PREMIUM				\$ 51,920.00
CLASS CODE - 0063 ESTIMATED PREMIUM DISCOUNT				\$ -3,815.00
WORK STUDY COVERAGE - SECONDARY SCHOOLS - CODE 9428				\$ 350.00
Terrorism - Code 9740 (RATE .02)				\$ 1375.00
Catastrophe (Other Than Cert Acts) - Code 9741 (RATE .01)				\$ 687.00
STATE TOTAL PREMIUM				\$ 50,167.00
ESTIMATED POLICY PREMIUM				\$ 50,167.00
EXPENSE CONSTANT				\$ 220.00
TOTAL ESTIMATED POLICY PREMIUM				\$ 50,387.00

ISSUED FROM: BROOKFIELD, WI

AS QUOTED ON: 06/15/22 (BPP)



EMCASCO INSURANCE COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

EFF DATE: 07/01/22

QUOTE NUMBER: Z560498-02  
EXP DATE: 07/01/23

WC000406A

P R E M I U M     D I S C O U N T     E N D O R S E M E N T  
\*\*\*\*\*

THE PREMIUM FOR THIS POLICY AND THE POLICIES, IF ANY, LISTED IN ITEM 3 OF THE SCHEDULE MAY BE ELIGIBLE FOR A DISCOUNT. THIS ENDORSEMENT SHOWS YOUR ESTIMATED DISCOUNT IN ITEMS 1 OR 2 OF THE SCHEDULE. THE FINAL CALCULATION OF PREMIUM DISCOUNT WILL BE DETERMINED BY OUR MANUALS AND YOUR PREMIUM BASIS AS DETERMINED BY AUDIT. PREMIUM SUBJECT TO RETROSPECTIVE RATING IS NOT SUBJECT TO PREMIUM DISCOUNT.

S C H E D U L E

	FIRST	ESTIMATED ELIGIBLE PREMIUM		BALANCE
		NEXT	NEXT	
WISCONSIN	\$ 10,000 0.0%	\$ 190,000 9.1%	\$ 1,550,000 11.3%	12.3%

- 2. AVERAGE PERCENTAGE DISCOUNT:
- 3. OTHER POLICIES:
- 4. IF THERE ARE NO ENTRIES IN ITEMS 1, 2 AND 3 OF THE SCHEDULE, SEE THE PREMIUM DISCOUNT ENDORSEMENT ATTACHED TO YOUR POLICY NUMBER:

ISSUED FROM: BROOKFIELD, WI

AS QUOTED ON: 06/15/22 (BPP)



EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: J560498-06

Q U O T A T I O N  
C O M M E R C I A L U M B R E L L A

Quotation is Valid From 06/15/22 to 07/30/22  
Proposed Policy Period: From 07/01/22 to 07/01/23  
(Quote may be subject to change)

P R E P A R E D F O R :

P R E S E N T E D B Y :

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

TRICOR LLC  
230 W CHERRY ST  
PO BOX 450  
LANCASTER WI 53813-0450

DIRECT BILL

AGENT: AD 7743  
AGENT PHONE: (877)468-7426

Insured is NOT FOR PROFIT ORG Business Desc: SCHOOL DISTRICT

L I M I T S O F I N S U R A N C E

Each Occurrence Limit (Liability Coverage) \$ 3,000,000

Personal & Advertising Injury Limit \$ 3,000,000  
(Any one person or organization)

Aggregate Limit (Liability Coverage) \$ 6,000,000  
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 3,033.00

A \$100 MINIMUM POLICY PREMIUM APPLIES  
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE.

AS QUOTED ON: 06/15/22 BPP





EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J560498-06

STANLEY BOYD AREA SCHOOL

EFF DATE: 07/01/22

EXP DATE: 07/01/23

COMMERCIAL UMBRELLA POLICY  
QUOTE

=====  
ENDORSEMENT SCHEDULE  
=====

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CU0001	04-13	COMM LIABILITY UMBRELLA COV FORM	
CU0107	11-11	WISCONSIN CHANGES	
CU0403	12-19	EMPLOYEE BENEFITS LIABILITY COVERAGE LIMITS OF INSURANCE \$ 0 RETAINED LIMIT \$ 3,000,000 EACH EMPLOYEE \$ 6,000,000 AGGREGATE RETROACTIVE DATE: NONE	
CU2123	02-02	NUCLEAR ENERGY LIAB EXCL BROAD FORM	
CU2130	01-15	CAP OF LOSSES FROM CERT ACTS OF TERR	
CU2136	01-15	EXCL PUNITIVE DMG CERT ACTS OF TERR	
CU2171	06-15	EXCLUSION-UNMANNED AIRCRAFT	
CU2186	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CU2219	09-00	CORPORAL PUNISHMENT	
CU2423	12-07	COVERAGE FOR PROFESSIONAL SERVICES	
CU3422	12-19	CANNABIS EXCLUSION	
CU7001A	11-15	SCHED OF PRIMARY INS - AUTOMATED	
CU7268.2	08-06	ABUSE OR MOLESTATION - FOLLOW FORM	
CU7275.2	11-10	COLLEGES AND SCHOOLS RESTRICTIVE-WI	
CU7276.4	03-21	WI-COMMERCIAL UMBRELLA AMENDMENT	
CU7290.1	01-21	LINEBACKER PUBLIC OFFICIALS/EPL END	
CU7293	08-06	FOREIGN EXPOSURE FOLLOWING FORM	
CU7404.1	10-08	UMBRELLA LIAB AMEND - FOLLOW FORM	
CU7406	08-06	DUTIES IN THE EVENT OF OCC,OFF,CLAIM	
CU7431	10-08	AMENDMENT OF EMPLOYEE BENEFITS PROG	
CU7441	05-19	EXCLUSION-VIOLENT EVENT RESPONSE COV	
CU7464	07-15	LAW ENFORCEMENT LIABILITY	
CU8327	12-20	ADVISORY NOTICE TO POLICYHOLDERS	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0283	11-18	WI CHANGES - CANCELLATION/NONRENEWAL	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7168	01-22	ASBESTOS EXCLUSION	
*IL8118	06-11	COMPLAINT NOTICE - WISCONSIN	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 30
IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: J560498-06  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
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For additional information, please contact your agent

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL

QUOTE NUMBER: J560498-06  
EFF DATE: 07/01/22 EXP DATE: 07/01/23

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

D I S C L O S U R E P U R S U A N T T O  
T E R R O R I S M R I S K I N S U R A N C E A C T

S C H E D U L E

Terrorism Premium (Certified Acts) \$30.00

**A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

**The United States Government, Department of the Treasury, will pay** a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

AS QUOTED ON: 06/15/22



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

Quote Number: J560498-06  
Eff Date: 07/01/22 Exp Date: 07/01/23

C O M M E R C I A L U M B R E L L A S C H E D U L E  
\*\*\*\*\*

R E T A I N E D L I M I T  
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Self Insured Retention \$ 0

SCHEDULE OF UNDERLYING INSURANCE  
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Commercial Auto Liability

Company: EMCASCO Insurance Company  
Policy Number: E560498 Policy Period: 07/01/22 to 07/01/23

Minimum Applicable Limits  
Covered Auto Liability \$ 2,000,000 Each Accident

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Commercial General Liability

Company: EMCASCO Insurance Company  
Policy Number: D560498 Policy Period: 07/01/22 to 07/01/23

Occurrence Basis

Minimum Applicable Limits  
General Aggregate \$ 4,000,000  
Products-Completed Operations Aggregate \$ 4,000,000  
Personal and Advertising Injury \$ 2,000,000  
Each Occurrence \$ 2,000,000  
Employee Benefit Liability \$ 2,000,000 Each Employee  
\$ 4,000,000 Aggregate

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Employers Liability

Company: EMCASCO Insurance Company  
Policy Number: Z560498 Policy Period: 07/01/22 to 07/01/23

Minimum Applicable Limits  
Bodily Injury by Accident \$ 100,000 Each Accident  
Bodily Injury by Disease \$ 100,000 Each Employee  
Bodily Injury by Disease \$ 500,000 Policy Limit

AS QUOTED ON: 06/15/22 BPP



EMPLOYERS MUTUAL CASUALTY COMPANY  
STANLEY BOYD AREA SCHOOL DISTR

Quote Number: J560498-06  
Eff Date: 07/01/22 Exp Date: 07/01/23

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company  
Policy Number: K560498 Policy Period: 07/01/22 to 07/01/23

Minimum Applicable Limits

\$ 2,000,000 Each Loss  
\$ 2,000,000 Aggregate

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AS QUOTED ON: 06/15/22 BPP

## Disclosure Pursuant to Terrorism Risk Insurance Act

This disclosure is attached to and made part of your Quote Proposal in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

### **A. Disclosure Of Premium:**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Quote Proposal.

### **B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. For losses occurring in 2015, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. Beginning on January 1, 2016, the federal share will decrease by one percentage point per calendar year until equal to 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

### **C. Cap On Insurer Participation In Payment Of Terrorism Losses:**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

### **The following statement is required to be part of the disclosure notice in MISSOURI:**

The premium shown on the Quote Proposal is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in the policy that may be issued based on this quote. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

*Thank you for the opportunity to present this proposal to you. We hope you will allow us the privilege to serve your insurance needs.*

Tricor LLC

## Terrorism Risk Insurance Act Schedule

**For the following sections, coverage for Certified Acts of Terrorism is accepted:**

Commercial Property (A-03)	\$	1,226.00
General Liability (Occurrence) (D-04)	\$	34.00
Linebacker - Claims Made (K-02)	\$	73.00
Business Auto (E-04)	\$	19.00
Workers Compensation (Z-02)	\$	1,375.00
Commercial Umbrella (J-06)	\$	30.00

**For the following sections, coverage for Certified Acts of Terrorism is not applicable:**

- CyberSolutions (Q-01)
- Govt Crime/Fidelity ISO Package (F-01)
- Commercial Inland Marine (C-02)