RESOLUTION NO. 2019-03

A RESOLUTION AUTHORIZING THE EXECUTION BY THE CHAIRMAN OF THE DISTRICT OF AN AGREEMENT BETWEEN THE DISTRICT AND THE INSURANCE FIRM OF UNITED FIRE, FOR OFFICE INSURANCE FOR THE DOWNTOWN COMMUNITY IMPROVEMENT DISTRICT

WHEREAS, the Downtown Community Improvement District (the "District"), which was formed on February 7, 2011, by Ordinance No. 20866 (the "Ordinance") of the City Council of the City of Columbia, Missouri, is a political subdivision of the State of Missouri and is transacting business and exercising powers granted pursuant to the Community Improvement District Act, Sections 67.1401 through 67.1571, RSMo., as amended ("the Act"); and

WHEREAS, 67.1461.1 of the Act grants the board of directors (the "Board of Directors") of the District the authority to possess and exercise all of the District's legislative and executive powers; and

WHEREAS, United Fire submitted the proposal/agreement to provide Office Insurance attached hereto as Exhibit A; and

WHEREAS, the Board of Directors desires to engage United Fire to provide the insurance coverage for the District as described in the Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE DOWNTOWN COMMUNITY IMPROVEMENT DISTRICT AS FOLLOWS:

- 1. The Board of Directors hereby approves the United Fire Agreement and the Chairman of the District is authorized to execute, and the Secretary is authorized to attest on behalf of the District, an agreement in substantially the form as the United Fire Agreement attached hereto as Exhibit A.
- 2. This resolution shall be in full force and effect from and after its passage by the Board of Directors.

| Passed this 14 th day of August, 2018. | | |
|---|------------------|----------------------------|
| | Directors | , Chairman of the Board of |
| (SEAL) Attest: | Directors | |
| , Secretary of the Boa | ard of Directors | |

EXHIBIT A TO RESOLUTION NO. 2019-03

United Fire Insurance Agreement

60483777 *** 081604

UNITED FIRE & CASUALTY COMPANY P.O. Box 73909 Cedar Rapids, IA 52407-3909 Phone: 888-793-1481

UNITED FIRE & CASUALTY COMPANY

118 2nd Ave SE Cedar Rapids, IA 52401 This is not a bill. You will be billed separately when premium is due.

DOWNTOWN COMMUNITY IMPROVEM

11 S 10TH ST COLUMBIA

MO 65201-5009

UNI-PAK POLICY





118 Second Avenue SE P.O. Box 73909 Cedar Rapids, IA 52407-3909

President

Secretary

Mul R. Illiam

A STOCK INSURANCE COMPANY



UNITED FIRE GROUP IS AT YOUR SERVICE

Call us today at 1-888-793-1481.

Have a question about your billing statement? Need to report a claim? Have an update to your policy? Need a new certificate of insurance? Our staff members in the Service Center are available to assist you with many of your insurance needs, including:

- Billing
- Claims
- Coverage Questions
- Policy Changes
- Quotes
- Certificates of Insurance
- Auto ID Cards

Contact the Service Center at 1-888-793-1481 between 7:30 a.m. and 7:30 p.m. CST Monday through Friday. You can also reach us by e-mail at ServiceCenter@unitedfiregroup.com or by fax at 1-800-974-0297.

Do you prefer to be online? At www.ufgPolicy.com, you can view and pay bills, report a claim, learn what to do in the event of a loss, sign up for EFT and more.

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60483777

ACCOUNT NUMBER: 3000008884

DIRECT BILL -

| ISSUE DATE 01-28-2018 7 | IV1 REPLACEMENT OF 0131 6 | 0483777 PO L | LICY SUMMARY | | |
|-------------------------|---------------------------|---------------------|--------------|-------------|---------|
| NAMED DOWNTOWN CO | OMMUNITY IMPROVEMENT | DISTRIC AGE | ENCY & CODE | 081604 | |
| INSURED | | | THE INSUR | ANCE GROUP | INC DBA |
| AND | | | 200 EAST | SOUTHAMPTON | I DRIVE |
| ADDRESS 11 S 10TH S | ST | | | | |
| COLUMBIA | MO 65201- | 5009 | COLUMBIA | MO | 65203 |
| POLICY PERIOD: | FROM: 03-02 | -2018 TO : | 03-02-201 | .9 | |

The insurance afforded under any coverage part is only in the amounts and to the extent set forth in such coverage part, subject to all terms of the policy having reference thereto.

UNI-PAK POLICY

| COVERAGE PARTS | PREMIUMS |
|-----------------------|----------------|
| COMMERCIAL PROPERTY | \$ 395.00 |
| PREMIERPRO | \$ 821.00 |
| TOTAL ADVANCE PREMIUM | \$ 1,216.00 |

0131 60483777 **ST 11 67 05 02**

PREMIUM MODIFICATION NOTICE

| COMMERCIAL PROPERTY | | Total Schedule Rating Pla | an Modification <u>9</u> | <u>. 0</u> + % |
|---|------------------------------|----------------------------|--|------------------|
| Thank you for placing your insurance we premium modifications that have been these modifications have been outlined by | applied to your policy. Mo | | | |
| Premium modifications may be applied reflect positive or negative characteristic business. The characteristics considered | cs of your operation and m | odify the basic premium(s) |). These credits or () that would apply to | debits o your |
| Management % | Equipment & Premises _ | <u>9.0</u> +% Building | Features | % |
| Location % | Employees % | Safety (| Organization | _ % |
| Classification % | Experience % | | | |
| Experience Rating Plan % | 6 | | | |
| If you have any questions concerning the review this with you. | nese modifications, please o | contact your United agent | and they will be hap | opy to |
| Underwriting Department United Fire Group | | | | |

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60483777

ACCOUNT NUMBER: 3000008884 (2) COMMERCIAL PROPERTY

| DIRE | CT BILL - | . , | | COMMERCIA | AL PROPERTY CO | OVERAG | E PART |
|-------------------------|--|---|------------------------------|--------------------------------------|---|----------------|---------------|
| ISSUE DATE | 01-28-2018 TV1 REPL | CEMENT OF 0131 | 0483777 | DECLARATION | S RENEWAL EXT | ENSION | • |
| NAMED | DOWNTOWN COMMUNIT | Y IMPROVEMENT | DISTRIC | AGENCY & COD | E 081604 | | |
| INSURED | | | | THE IN | ISURANCE GROU | PINC | DBA |
| AND | | | | 200 EA | ST SOUTHAMPT | ON DRI | VE |
| ADDRESS | 11 S 10TH ST | | | | | | |
| | COLUMBIA | MO 65201- | -5009 | COLUME | BIA MO | | 65203 |
| POLICY PERIOD: | 12:01 A.M. Standard time | FROM: 03-02 | 2-2018 | TO : 03-02- | -2019 And for successive policy | / periods as s | stated below. |
| we elect period, sul | provide the insurance described to continue this insurance, we bject to our premiums, rules ar will terminate after any statutorily requi | will renew this policy d forms then in effect. | / if you pay You must pay | the required reno us prior to the | ewal premium for each end of the current p | h súccess | ive policy |
| PREM/ BLDG | DESCRIBED PREMISES AND CO | VERAGES | | | LIMIT OF INSURANCE | RATE | PREMIUM |
| | EQUIPMENT BREAKDOV | 'n | • | | | • | 15 |

| BLDG | DESCRIBED PREMISES AND COVERAGES | | | INSURANCE | RATE | PREMIUM |
|------|--|-------|-------|-----------|------|---------|
| | EQUIPMENT BREAKDOWN | | | | | 15 |
| | | | | | | |
| | CHERRY & 4TH ST | | | | | |
| | COLUMBIA MO 65201 | | | | | |
| | MASONRY/METAL ACTIVE RECREATION HUB | | | | | |
| | ACTIVE RECREATION HUB | | | | | |
| | BUILDING | | | 16,400 | .754 | 124 |
| | Special Causes of Loss | 1,000 | Ded | | | |
| | Replacement Cost | 80% | Coins | | | |
| 1 | Automatic Valuation Adjustment | | | | | |
| | NORTH 10TH ST | | | | | |
| | COLUMBIA MO 65201 MASONRY/METAL | | | | | |
| | NORTH VILLAGE ARTS HUB | | | | | |
| | North Vidings Mild Mdb | | | | | |
| | BUILDING | | | 16,400 | .754 | 124 |
| | Special Causes of Loss | 1,000 | Ded | | | |
| | Replacement Cost | 80% | Coins | | | |
| | Automatic Valuation Adjustment | | | | | |
| | WALNUT, 5TH & 6TH ST | | | | | |
| | COLUMBIA MO 65201 MASONRY/METAL | | | | | |
| | MASONRI/METAL SHARP END HUB | | | | | |
| | | | | | | |
| | CONTINUED ON CP7002 | | | | | |

| SHARP END H | U B | | |
|--|---|-------------------------------------|-----------------------|
| CONTINUED | ON CP7002 | | |
| ABBREVIATIONS: BLDG=BUILD | ING COINS=COINSURANCE DED=DEDU | JCTIBLE INCL=INCLUDED PREM=PREMISES | |
| Premium Charge Forms | Advance Premium SEE UW7002 | Premium Charge Forms | Advance Premium |
| Other Forms | SEE UW7002 | | |
| AMEND REASON: | | | |
| PREMIUM FOR THIS COVERAGE Endorsement Adjustment Pre | · · · · · · · · | | |
| This Declarations Page superseductions page bearing the same | edes and replaces any preceding policy number for this policy period. | (COUNTERSIGNED BY AUTHO | RIZED REPRESENTATIVE) |

POLICY NUMBER: 60483777

COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATIONS

| PREM/ BLDG | DESCRIBED PREMISES AND COVERAGES | | LIMIT OF INSURANCE | RATE | PREMIUM |
|---------------|---|--------------|-----------------------|------|---------|
| 03 01 | CONTINUED BUILDING Special Causes of Loss Replacement Cost Automatic Valuation Adjustment | Ded Coins | 16,400 | .754 | 124 |
| | Certified Acts of Terrorism Coverage | | | | 8 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

POLICY NUMBER: 60483777

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

```
Applicable to the state of Missouri
                   BLDG & PERSONAL PROP COVG FORM
CP0010(10-12)
CP0090(07-88)
                   COMM PROP CONDITIONS
CP0140(07-06)
                  EXCL OF LOSS DUE TO VIRUS/BACTERIA
CP1030(10-12)
                   CAUSES OF LOSS-SPECIAL FORM
*CP7001(12-92)
                   COMM PROP DEC
                   COMM PROP SUPPLEMENTAL DEC
*CP7002(12-92)
CP7003(11-86)
                  AUTOMATIC VALUATION ADJUSTMENT-APPLIES TO BLDG
CP7052(09-00)
                  MO-CALCULATION OF ADDL PREMIUM
                  EQUIP BREAKDOWN ENHANCEMENT END
*CP7067(08-17)
IL0017(11-98)
                  COMMON POLICY CONDITIONS
IL0101(11-13)
                  MO-CHGS
                   MO-CHGS POLLUTION
 IL0105(10-08)
 IL0274(02-13)
                   MO-CHGS CANCEL & NONRENEW
IL0952(01-15)
                   CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
 IL0995(01-07)
                   CONDITIONAL EXCL OF TERRORISM
 IL7009-(04-91)
                   PUNITIVE/EXEMPLARY DAMAGES EXCL
                   PAYMENT OF LOSSES
IL7083(08-10)
*ST0013(05-08)
                   EOUIPMENT BREAKDOWN STUFFER
*ST1167(05-02)
                   PREMIUM MODIFICATION NOTICE
*ST1644(01-12)
*ST1728(07-12)
                  POLICY WEBSITE STUFFER
*ST1728(07-12) DISCLOSURE FOR EQUIP BREAKDOWN
*ST1882(06-16) NOTICE-LOCATION & PREMISES CLARIFICATION
```

Notice to Policyholders — Location and Premises Clarification

This notice does not provide you with any coverage and is intended solely as a clarification of our intent.

Wherever any reference to <u>location</u> is made in the Declarations, Supplemental Declarations, Coverage Forms, or endorsements that comprise this policy, that reference shall also be deemed to apply to <u>premises</u>, and likewise any reference to <u>premises</u> shall be deemed to apply to <u>location</u>.

This notice is provided to you as certain documents that comprise your policy may use these terms interchangeably.

If you have any questions regarding this notice please contact your agent.

Thank you for doing business with United Fire Group.

ST 18 82 06 16 Page 1 of 1

PREMIUM MODIFICATION NOTICE

| PREMIERPRO | | Total Schedule F | Rating Plan Modification | <u>3.0</u> +% |
|---|---------------------------|-----------------------|--|-------------------------|
| Thank you for placing your insurance we premium modifications that have been these modifications have been outlined by | applied to your policy. | | | |
| Premium modifications may be applied reflect positive or negative characteristic business. The characteristics considered | cs of your operation and | I modify the basic pr | emium(s). These credits emium(s) that would app | or debits ly to your |
| Management % | Equipment & Premises | s % | Building Features | % |
| Location % | Employees | % | Safety Organization | % |
| Classification3 · 0 + % | Experience | % | | |
| Experience Rating Plan % | 6 | | | |
| | | | | |
| If you have any questions concerning the review this with you. | nese modifications, pleas | se contact your Unite | ed agent and they will be | happy to |
| Underwriting Department United Fire Group | | | | |

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60483777

ACCOUNT NUMBER: 3000008884 (2) PREMIERPRO

PREMIERPRO COVERAGE PART

DIRECT BILL -

ISSUE DATE 01-28-2018 TV1 REPLACEMENT OF 0131

60483777

DECLARATIONS RENEWAL EXTENSION

| NAME | DOWNTOWN | COMI | YTINUN | IMPROVE | IENT D | ISTRIC | AGENCY & | CODE | 08. | 1604 | |
|-------------------|----------------------|----------------|----------------|--------------------|------------------------|---------------------------------|----------------|--------------------|------------|-------------------|-----------------------|
| INSUREI | D | | | | | | \mathtt{THE} | INSURA | NC | E GROUP I | INC DBA |
| ANI | D | | | | | | 200 | EAST S | ישס | THAMPTON | DRIVE |
| ADDRESS | 3 11 S 10TH | н ст | | | | | | | | | |
| | COLUMBIA | | | MO 652 | 201-50 | na | COLI | JMBIA M | \cap | | 65203 |
| DOL 10Y | | | | FROM: 03 | | • | |)2-2019 | | | 65203 |
| POLICY PERIOD: | 12:01 A.M. Standa | ard time | | FROM: U.S | -02-2 | 018 | | - | | periods as stated | helow |
| | ide the insurance o | described | in this poli | cv in return for t | he premiun | n and complian | | | | | ect to continue this |
| | | | | | | | | | | | forms then in effect. |
| | | | | | | | | | | | you. An insufficient |
| | is not considered pa | <u>ayment.</u> | | | | | | | | | |
| FORM OF | BUSINESS: | Individu | ual Joir | nt Venture | Partnership | X Corpor | ation C | ther | | | |
| PREM/ | | | | | | _ | | | IIT O | | |
| BLDG | | DES | CKIBED PR | EMISES AND CO | DVERAGE | S | | INSL | JRAN | ICE | PREMIUM |
| | | | | | | | | | | | |
| | HIRED/NON | OWNE | ED AUT | 0 | | | | | | | 90 |
| | | | | | | | | | | | |
| 01 01 | 11 S 10TH | ST | | | | | | | | | |
| | COLUMBIA 1 | | 5201-50 | 009 | | | | | | | |
| | JOISTED MA | | | | | | | | | | |
| | OFFICES | | | | | | | | | | |
| | OTTICED | | | | | | | | | | |
| | YOUR BUSII | игсс | חבטפטו | MAI DDODI | v m cr | | | 4 | <i>-</i> . | 200 | 210 |
| | | | | | PKII | | | 4 | 0, | 200 | 210 |
| | _ | | | of Loss | | | | | | | |
| | - | cemei | nt Cos | τ | | | | | | | |
| | LIABILITY | | | | | | | | | | 44 |
| | EQUIPMENT | | | | | | | | | | Incl |
| | BUSINESS : | | | | ROLL | | | | | | 6 |
| | Numbei | r of | Days: | 360 | | | | | | | |
| | | | | | | | | | | | |
| | Certified | Acts | s of Te | errorism | Cover | age | | | | | 16 |
| | | | | | | | | | | | |
| | DEDUCTIBLE \$ | | 00 | | | | | | | | |
| PERSONAL | PROPERTY INFLA | ATION G | UARD % | 4% | | | | | | | |
| ABBREVIAT | TIONS: BLDG=BUI | ILDING | DED=DEDUC | CTIBLE PREMER | REMISES | MC=MERIT CRE | DIT INCL = | INCLUDED | | | |
| LIABILITY A | ND MEDICAL EXP | ENSE LI | MITS OF IN | SURANCE | | | | | | | |
| GENE | RAL AGGREGATE LI | MIT | PRODUCTS | S-COMPLETED | PERSC | NAL AND | LIABILITY A | AND MEDICAL | | FIRE DAMAGE | MEDICAL EXPENSE |
| (Other than Pro | ducts-Completed Ope | erations) | OPERATION | IS AGGREGATE | ADVERTI (Per Person | SING INJURY Or Organization) | | ISES PER RRENCE | | (Any One Fire) | (Any One Person) |
| \$ | 1,000,00 | nn l | \$ 7_(| 000,000 | 1. | | A | 00,000 | \$ | 100,000 | \$ 5,000 |
| Premium (| Charge Forms | 00 | | Advance Pren | | Premium Ch | | | | | dvance Premium |
| Fremum | marge i onns | | SEE U | | IIIIII | r leillium oi | iaige i oillis | | | _ | a vance riennam |
| | | | SEE U | w / U U Z | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Othor Form | | | | | | | | | | | |
| Other Forn | 113 | | SEE U | w7002 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| AMEND REA | ASON: | | | | | | | | | | |
| | OR THIS COVERA | | | 821 | | | | | | | |
| Endors | ement Adjustment | Premiu | m \$ | | | | | | | | |
| | | | | | | ., | | | | | |
| | ations Page super | | | | | X | | | | | |
| ucciaialiuiS | page bearing the sa | ппе ропс | y Hullipel für | uns policy period | • | (00) | INITERSION | ED BY ALITH | OPI7 | 'ED REPRESEN | TATIVE) |

03-02-2018

POLICY NUMBER: 60483777

PREMIERPRO COVERAGE PART SUPPLEMENTAL DECLARATIONS - LIABILITY

| Classifications and Locations of All | Codes | Premium Basis | Ra Pr/CO | tes All Other | Advand Pr/CO | ce Premiums All Other |
|--------------------------------------|---------|----------------|-------------|------------------|-----------------|--------------------------|
| Premises You Own, Rent or Occupy | Codes | Ficilium Dasis | FI/CO | All Other | FI/CO | All Other |
| ART GLOBES | 63219T) | | | | | |
| CHERRY & 4TH ST | T) | 1 | INCL | 135.150 | INCL | 135 |
| COLUMBIA MO | | | | | | |
| ART GLOBES | 63219T) | | | | | |
| NORTH 10TH ST | T) | 1 | INCL | 135.150 | INCL | 135 |
| COLUMBIA MO | | | | | | |
| ART GLOBES | 63219T) | | | | | |
| WALNUT, 5TH & 6TH ST | T) | 1 | INCL | 135.150 | INCL | 135 |
| COLUMBIA MO | | | | | | |

03-02-2018

POLICY NUMBER:

60483777

PREMIERPRO COVERAGE PART SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

| DESIGNATED PERSON OR ORGANIZATION 50 BP7018 -MISSOURI CITY OF COLUMBIA MO PO BOX N COLUMBIA MO 65205 (APPLIES TO BANNERS ON POLES IN DOWNTOWN COLUMBIA MO) |
|--|
| |
| |

BUSINESSOWNERS - SUMMARY OF INCLUDED COVERAGES

The following Coverage Highlights summary is intended for reference only and is subject to change without notice. If there is any conflict between the policy and this summary, the provisions of the policy prevail. Refer to the actual policy declarations, coverage forms and endorsements for a complete description of coverage.

| COVERAGE | <u>AMOUNT</u> |
|---|-------------------------------------|
| Accounts Receivable | \$25,000 |
| Additional Insured - Managers or Lessors of Premises | Included as an Insured |
| Business Income | Refer to Policy |
| Business Income From Dependent Properties | \$5,000 |
| Business Personal Property Limit - Seasonal Increase | 25% |
| Civil Authority | 4 Weeks |
| Data Processing Coverage - On Premises | \$25,000 |
| Data Processing Coverage - Off Premises | \$10,000 |
| Debris Removal | \$25,000 |
| Electronic Data | \$25,000 |
| Employee Dishonesty | \$5,000 |
| Equipment Breakdown | Refer to the Equipment Breakdown |
| | Enhancement Endorsement for details |
| Extended Business Income | 30 Days |
| Extra Expense | Refer to Policy |
| False Pretense Coverage | \$5,000 |
| Fine Arts | \$10,000 |
| Fire Department Service Charge | \$2,500 |
| Fire Extinguisher Systems Recharge Expense | \$5,000 |
| Forgery or Alteration | \$2,500 |
| Fungi, Wet Rot or Dry Rot | \$15,000 |
| Furs, Fur Garments & Garments Trimmed in Fur | \$2,500 |
| Interruption of Computer Operations | \$10,000 |
| Jewelry, Watches, Precious Metals and Precious & Semi-Precious Stones | \$2,500 |
| Lock Replacement | \$500 |
| Money Orders & Counterfeit Money | \$5,000 |
| Money & Securities | \$10,000 |
| Newly Acquired or Constructed Property – Buildings | \$500,000 |
| Newly Acquired or Constructed Property – Property | \$250,000 |
| Newly Acquired Property - Increased Amount of Days Ordinance or Law Coverage - Coverage 1 (Less to Undergood Portion of Building) | 60 Days |
| Ordinance or Law Coverage - Coverage 1 (Loss to Undamaged Portion of Building) Ordinance or Law Coverage - Coverage 2 (Demolition Cost) | Included within the building limit |
| Ordinance or Law Coverage - Coverage 2 (Demonstruction) Ordinance or Law Coverage - Coverage 3 (Increased Cost of Construction) | \$50,000 \$50,000 |
| Outdoor Property | \$5,000 \$5,000 |
| Outdoor Signs (Attached to Buildings) | \$10,000 |
| Patterns, Dies, Molds and Forms | \$2,500 |
| Personal Effects | \$10,000 |
| Personal Property Off Premises | \$20,000 |
| Pollutant Clean Up and Removal | \$25,000 |
| Property In Transit | \$20,000 |
| Security Breach & Identity Services | Included |
| Spoilage Due to Service Interruption | \$5,000 |
| Stamps, Tickets, Lottery Tickets and Letters of Credit | \$250 |
| Utility Services - Direct Damage | \$10,000 |
| Valuable Papers and Records | \$25,000 |
| Water Back-Up and Sump Overflow | \$5,000 \$5,000 |
| trate. Back op and camp evenion | ψ0,000 |

POLICY NUMBER: 60483777

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

```
Applicable to the state of Missouri
BP0003 (07-13)
                   BUSINESSOWNERS COVG FORM
BP0111(11-13)
                   MO-CHGS
                  MO-CHGS POLLUTION EXCL
BP0157(10-08)
BP0417(01-10)
                   EMPLOYMENT-RELATED PRACTICES EXCL
                   REMOVAL OF INSURANCE-TO-VALUE PROVISION
 BP0483(01-10)
BP0493-(01-06)
                   TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION
BP0517 (01-06)
                  EXCL-SILICA OR SILICA RELATED DUST
 BP0523(01-15)
                   CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
 BP0564(01-15)
                   CONDITIONAL EXCL OF TERRORISM
                   FUNGI/BACTERIA EXCL
BP0577(01-06)
                   AMENDMENT OF INSURED CONTRACT DEFINITION
 BP0598(07-13)
                   EXCL-ACCESS OR DISCLOSURE OF INFORMATION
 BP1504(05-14)
                   PREMIERPRO PLUS END
 BP7001(05-16)
BP7015(01-10)
                   HIRED AUTO & NON-OWNED AUTO LIAB
                   ADDL INSURED-DESIGNATED PERSON/ORGANIZATION
BP7018(05-16)
 BP7022(01-10)
                   ABUSE OR MOLESTATION EXCL
                   SPECIAL EVENTS EXCL END
BP7082(08-10)
*BP7115(08-17)
                   EOUIP BREAKDOWN ENHANCEMENT END
*BP7123(12-13)
                   PREMIERPRO COVERAGE PART DEC
*BP7125(01-10)
                   PREMIERPRO SUPPLEMENTAL DEC-ADDL INSURED
                   PREMIERPRO SUPPLEMENTAL DEC-LIABILITY
*BP7126(01-10)
                   PRIMARY & NONCONTRIBUTORY-OTHER INS CONDITION
BP7174(08-15)
                   PUNITIVE/EXEMPLARY DAMAGES EXCL
 IL7009(04-91)
 IL7068(01-10)
                   EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)
                   EXCL-UNDERGROUND STORAGE TANKS
                   ABSOLUTE ASBESTOS EXCL
IL7070(09-12)
 IL7083 (08-10)
                   PAYMENT OF LOSSES
                   PREMIUM MODIFICATION NOTICE
*ST1167(05-02)
*ST1644(01-12)
                  POLICY WEBSITE STUFFER
                 NOTICE-LOCATION & PREMISES CLARIFICATION NOTICE-LIMITATION OF COVG TO DESIGNATED PREMISES
*ST1882(06-16)
*ST1893(04-17)
*UW7014(11-13)
                  SUMMARY OF INCLUDED COVERAGES
```

Notice to Policyholders — Location and Premises Clarification

This notice does not provide you with any coverage and is intended solely as a clarification of our intent.

Wherever any reference to <u>location</u> is made in the Declarations, Supplemental Declarations, Coverage Forms, or endorsements that comprise this policy, that reference shall also be deemed to apply to <u>premises</u>, and likewise any reference to <u>premises</u> shall be deemed to apply to <u>location</u>.

This notice is provided to you as certain documents that comprise your policy may use these terms interchangeably.

If you have any questions regarding this notice please contact your agent.

Thank you for doing business with United Fire Group.

ST 18 82 06 16 Page 1 of 1