

Special Board of Education Meeting - Superintendent Candidate Interviews

Tuesday, April 16, 2024 4:00 PM

Boone Central High School Art Room
605 South 6th St.
Albion, NE 68620

1. Open the Meeting, Recognition of Open Meetings Law and Publication of Meeting

Notice of the meeting was given in advance by publication to the public and to all members of the Board of Education. The Open Meetings Act is here and available for review. Motion to approve the meeting open and properly posted by advance notice. This motion, made by Ben Stuhr and seconded by Andy Roberts, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

2. Roll Call

3. Superintendent Interviews

Interview - Mr. Todd Chessmore

Interview - Dr. Damon McDonald

Interview - Mr. Wade Finley

4. Discussion of Interview Candidates

5. Enter Closed Session

Motion to enter closed session at 8:06 pm to prevent the needless injury to the reputation of individuals and for negotiations discussion as it relates to the superintendent position. This motion, made by Ben Stuhr and seconded by Kathleen Rolf, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

6. Adjourn Closed Session

Motion to adjourn closed session at 9:00 pm. This motion, made by Karrie Fogleman and seconded by Kathleen Rolf, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7. Action Agenda Items

7.1. Negotiation with Superintendent Candidate #1

Motion to Approve the Board President to negotiate with Superintendent Candidate #1 on contract details. This motion, made by Andy Roberts and seconded by Ed Knott, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7.2. Negotiation with Superintendent Candidate #2 (if needed)

Motion to Approve the Board President to negotiate with alternate Superintendent candidate #2 on contract details. This motion, made by Justin Frey and seconded by Andy Roberts, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7.3. 2024-25 Insurance Bid

Motion to approve the 2024-25 Insurance Bid renewal from EMC Insurance. This motion, made by Justin Frey and seconded by Ed Knott, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

EMC renewal was approximately 11.4% increase over 2023-2024 EMC costs and deductibles have increased. EMC renewal cost \$133,742. ALICAP proposal was approximately \$22,000 more than EMC proposal but deductibles were considerably less. ALICAP proposed cost \$155,302.

8. Adjournment

Adjourned at 9:12 pm.

Chairperson

Superintendent

CONDITIONAL



Personalized Proposal Prepared for

**BOONE CENTRAL SCHOOLS
DISTRICT NO. 1**



Count on EMC® to protect your business.

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES

PO BOX 80008
LINCOLN, NE 68501-0008



**BOONE CENTRAL SCHOOLS
DISTRICT NO. 1**

Your Business

**BOONE CENTRAL SCHOOLS
DISTRICT NO. 1**
PO BOX 391
605 S 6TH ST
ALBION, 68620-0391 NE

Your Agent

**NEBRASKA BANKERS INS & SERV
CO NBISCO AGENCY SERVICES**
PO BOX 80008
LINCOLN, NE 68501-0008

Your Quote

Quote: 5X89595 002
Prepared on 04/04/2024
Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Your Account Summary

Your Premium Estimate

| | |
|------------------------------------|-------------|
| Commercial Property (Version #4) | \$68,576.00 |
| General Liability (Version #1) | \$7,671.00 |
| Cyber (Version #1) | \$571.00 |
| Business Auto (E-02) | \$19,694.00 |
| Commercial Inland Marine (C-01) | \$2,177.00 |
| Commercial Umbrella (J-02) | \$6,385.00 |
| Govt Crime/Fidelity Package (F-01) | \$1,120.00 |
| Linebacker - Claims Made (K-02) | \$3,734.00 |

**Total Account
Premium Estimate** **\$109,928.00**

Your Policy

Benefits Include...

- 1** Industry leading loss control services to help protect your business
- 2** Flexible payment options designed to fit your needs
- 3** Fast, responsive claims service when you need it

Your Payment Options



**Electronic Funds
Transfer (EFT)**

Set up automatic payments and skip transaction fees with EFT. Sign up in Policyholder Access or contact your agent to get started.



Online

www.emcins.com
Visit our website to make a single payment by eCheck or credit/debit card.



Mail

Submit check, money order or cashier's check to our centralized lockbox.



Commercial Property Declarations

Prepared For

Presented By

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
 PO BOX 391
 605 S 6TH ST
 ALBION, NE 68620-0391
 DIRECT BILL

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES
 PO BOX 80008
 LINCOLN, NE 68501-0008
 AGENT NO. B8007
 AGENT PHONE: 800-593-3881
 CLAIM REPORTING: 888-362-2255
 SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on 05/28/2024.

See attached schedule for description of locations, special interests and deductibles.

Coverages

| Coverages Provided | Premium |
|------------------------------------------------------|--------------------|
| Blanket ID Number - 1 - See Schedule for Description | \$68,491.00 |
| Property off Premises and In Transit | \$85.00 |
| Property Premium | \$68,576.00 |
| Total Property Premium | \$68,576.00 |

Forms Applicable

CP0090(07/88), CP0124(07/00), CP0140(07/06), CP0320(04/18), CP0329(04/18), CP0411(09/17), CP1036(10/12), CP1075(12/20), CP1218(10/12), CP1615A(02/12), CP7001A(02/12), CP7123.10(01/18), CP7123.11(04/16), CP7123.4(10/20), CP7123(11/23), CP7173(12/19), CP7358(02/17), CP7370(01/24), CP8036(07/21), CP8118(01/24), IL0017(11/98), IL0122(09/07), IL0164(07/02), IL0259(12/17), IL0952(01/15), IL7004(03/20), IL7131A(04/01), IL7306(08/98), IL8383.2A(12/20), IL8384A(01/08), IL8720(08/15)



Commercial Property Summary Proposal

Endorsement Schedule

| Form | Edition Date | Description/Additional Information | Premium |
|----------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CP 00 90 | 07 88 | Commercial Property Conditions | |
| CP 01 24 | 07 00 | Nebraska Changes | |
| CP 01 40 | 07 06 | Exclusion Of Loss Due To Virus Or Bacteria | |
| CP 03 20 | 04 18 | Multiple Deductible Form (Fixed Dollar Deductibles) | |
| CP 03 29 | 04 18 | Deductibles By Location Location 1 Building 1 Covered Cause Of Loss 1 Location 1 Building 2 Covered Cause Of Loss 1 Location 1 Building 3 Covered Cause Of Loss 1 Location 1 Building 4 Covered Cause Of Loss 1 Location 1 Special Class 1 Covered Cause Of Loss 1 Location 1 Special Class 2 Covered Cause Of Loss 1 Location 2 Building 1 | |



| Form | Edition Date | Description/Additional Information | Premium |
|------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | | <p>Covered Cause Of Loss 1 Location 2 Building 2 Covered Cause Of Loss 1 Location 2 Building 3 Covered Cause Of Loss 1 Location 2 Building 4 Covered Cause Of Loss 1 Location 2 Building 5 Covered Cause Of Loss 1 Location 2 Special Class 1 Covered Cause Of Loss 1 Location 2 Special Class 2 Covered Cause Of Loss 1 Location 2 Special Class 3 Covered Cause Of Loss 1 Location 3 Building 1 Covered Cause Of Loss 1 Location 3 Building 2 Covered Cause Of Loss 1 Location 3</p> | |



| Form | Edition Date | Description/Additional Information | Premium |
|----------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | | Building 3 Covered Cause Of Loss 1 Location 4 Building 2 Covered Cause Of Loss 1 Location 4 Building 3 Covered Cause Of Loss 1 Location 4 Building 4 Covered Cause Of Loss 1 | |
| CP 04 11 | 09 17 | Protective Safeguards | |
| CP 10 36 | 10 12 | Limitations On Coverage For Roof Surfacing Location 1 Building 1 Paragraph B Applies Location 1 Building 2 Paragraph B Applies Location 1 Building 3 Paragraph B Applies Location 1 Building 4 Paragraph B Applies Location 2 Building 1 Paragraph B Applies Location 2 Building 3 Paragraph B Applies Location 2 Building 4 | |



| Form | Edition Date | Description/Additional Information | Premium |
|-------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | | Paragraph B Applies Location 2 Building 5 Paragraph B Applies Location 3 Building 2 Paragraph B Applies Location 3 Building 3 Paragraph B Applies Location 4 Building 1 Paragraph B Applies Location 4 Building 2 Paragraph B Applies Location 4 Building 3 Paragraph B Applies Location 4 Building 4 Paragraph B Applies | |
| CP 10 75 | 12 20 | Cyber Incident Exclusion | |
| CP 12 18 | 10 12 | Loss Payable Provisions | |
| CP 16 15A | 02 12 | Statement Of Values | |
| CP 70 01A | 02 12 | Commercial Property Schedule | |
| CP 71 23 | 11 23 | Building and Personal Property Coverage Form - Schools | |
| CP 71 23.10 | 01 18 | School Flood Coverage Endorsement | |



| Form | Edition Date | Description/Additional Information | Premium |
|-------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CP 71 23.11 | 04 16 | School Earthquake and Volcanic Eruption Endorsement | |
| CP 71 23.4 | 10 20 | School Quick Reference | |
| CP 71 73 | 12 19 | Cannabis Exclusion | |
| CP 73 58 | 02 17 | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment) | |
| CP 73 70 | 01 24 | Roof Surfacing Valuation Limitation Location 1 Building 1 Roof Age (Years) : 15 Location 1 Building 2 Roof Age (Years) : 15 Location 1 Building 3 Roof Age (Years) : 15 Location 1 Building 4 Roof Age (Years) : 15 Location 2 Building 1 Roof Age (Years) : 15 Location 2 Building 3 Roof Age (Years) : 15 Location 2 Building 4 Roof Age (Years) : 15 Location 2 Building 5 Roof Age (Years) : 15 Location 3 Building 2 Roof Age (Years) : 15 Location 3 | |



| Form | Edition Date | Description/Additional Information | Premium |
|-----------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | | Building 3 Roof Age (Years) : 15 Location 4 Building 1 Roof Age (Years) : 15 Location 4 Building 2 Roof Age (Years) : 15 Location 4 Building 3 Roof Age (Years) : 15 Location 4 Building 4 Roof Age (Years) : 15 | |
| CP 80 36 | 07 21 | Commercial Property Valuation Increase | |
| CP 81 18 | 01 24 | Important Notice To Policyholders | |
| IL 00 17 | 11 98 | Common Policy Conditions | |
| IL 01 22 | 09 07 | Nebraska Changes - Actual Cash Value | |
| IL 01 64 | 07 02 | Nebraska Changes - Appraisal | |
| IL 02 59 | 12 17 | Nebraska Changes - Cancellation And Nonrenewal | |
| IL 09 52 | 01 15 | Cap On Losses From Certified Acts Of Terrorism | |
| IL 70 04 | 03 20 | Mutual Policy Provisions | |
| IL 71 31A | 04 01 | Commercial Policy Endorsement Schedule | |
| IL 73 06 | 08 98 | Exclusion Of Certain Computer-Related Losses | |



Employers Mutual Casualty Company

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

| Form | Edition Date | Description/Additional Information | Premium |
|-------------|---------------------|-----------------------------------------------------|----------------|
| IL 83 83.2A | 12 20 | Disclosure Pursuant To Terrorism Risk Insurance Act | \$1,309.00 |
| IL 83 84A | 01 08 | Terrorism Notice | |
| IL 87 20 | 08 15 | Advisory Notice To Policyholders | |



Statement of Values

Location 1
 605 S 6th St
 Albion, NE 68620-1543

| | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Building 1 | Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Other Than Light Steel Building In Protection Class: 4 Occupancy: Boone Central Schools | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$50,799,196.00 | Replacement Cost |
| | YOUR BUSINESS PERSONAL PROPERTY - LEASED COPIERS | \$52,399.00 | Replacement Cost |
| | YOUR BUSINESS PERSONAL PROPERTY | \$9,149,975.00 | Replacement Cost |
| Building 2 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GREENHOUSE | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$236,383.00 | Replacement Cost |
| Building 3 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE SHED | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$13,094.00 | Replacement Cost |



| Building 4 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GARAGE | | | | | | | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|------------|---------------------------------------------|-------------|------------------|--|
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$22,784.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$22,784.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$22,784.00 | Replacement Cost | | | | | | |
| Special Class 1 | In Protection Class: 4 | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>PROPERTY IN THE OPEN - CHAIN LINK FENCE</td> <td>12,047</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | PROPERTY IN THE OPEN - CHAIN LINK FENCE | 12,047 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| PROPERTY IN THE OPEN - CHAIN LINK FENCE | 12,047 | Replacement Cost | | | | | | |
| Special Class 2 | In Protection Class: 4 | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT</td> <td>137,813</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 137,813 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | 137,813 | Replacement Cost | | | | | | |

Location 2

800 S 1st St

Albion, NE 68620-1603

| Building 1 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: BLEACHERS, PRESS BOX, LIGHTS, TRACK & FENCING | | | | | | | |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|------------|----------|--------------|------------------|--|
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$511,322.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$511,322.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$511,322.00 | Replacement Cost | | | | | | |



| Building 2 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE BUILDING | | | | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|------------|-------------------------------------------------------------------------------------|--------------|------------------|--|
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT</td> <td>\$35,089.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT | \$35,089.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT | \$35,089.00 | Replacement Cost | | | | | | |
| Building 3 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH SENTINEL METAL STORAGE BUILDING | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$82,624.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$82,624.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$82,624.00 | Replacement Cost | | | | | | |
| Building 4 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: SOUTH CONCESSION & BATHROOMS | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$856,612.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$856,612.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$856,612.00 | Replacement Cost | | | | | | |
| Building 5 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH CONCESSION STAND & BATHROOMS | | | | | | | |
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$74,505.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$74,505.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$74,505.00 | Replacement Cost | | | | | | |
| Special Class 1 | In Protection Class: 4 | | | | | | | |



| | | | |
|-----------------|--------------------------------------------------------|--------------------|-------------------|
| Special Class 1 | Coverage | 100% Values | Value Type |
| | PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM | 1,736,334 | Replacement Cost |
| Special Class 2 | In Protection Class: 4 | | |
| | Coverage | 100% Values | Value Type |
| | PROPERTY IN THE OPEN - FENCING | 65,968 | Replacement Cost |
| Special Class 3 | In Protection Class: 4 | | |
| | Coverage | 100% Values | Value Type |
| | PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM | 365,045 | Replacement Cost |

Location 3

532 W Prairie St
Albion, NE 68620-1364

| | | | |
|------------|------------------------------------------------------------------------------|--------------------|-------------------|
| Building 1 | Description: 1 Story Joisted Masonry - Other Than Reinforced Building | | |
| | In Protection Class: 4 | | |
| | Occupancy: HIGH SCHOOL PATHWAY PROGRAM | | |
| | Coverage | 100% Values | Value Type |
| | YOUR BUSINESS PERSONAL PROPERTY | \$29,241.00 | Replacement Cost |
| Building 2 | Description: 1 Story Joisted Masonry - Other Than Reinforced Building | | |
| | In Protection Class: 4 | | |
| | Occupancy: CLASSROOMS & OFFICES | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$789,047.00 | Replacement Cost |



| | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Building 3 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$64,554.00 | Replacement Cost |

Location 4
 951 S 1st St
 Albion, NE 68620-1670

| | | | |
|------------|-------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Building 1 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: SINGLE FAMILY DWELLING | | |
| | Coverage | 100% Values | Value Type |
| | BUILDING | \$132,381.00 | Replacement Cost |

| | | | |
|------------|------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Building 2 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: 2 CAR DETACHED GARAGE | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$7,857.00 | Replacement Cost |

| | | | |
|------------|----------------------------------------------------------------------------------------------------------|--------------------|-------------------|
| Building 3 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE | | |
| | Coverage | 100% Values | Value Type |
| | Building | \$5,237.00 | Replacement Cost |



| Building 4 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: TOOL SHED | | | | | | | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|------------|----------|------------|------------------|--|
| | <table border="1"> <thead> <tr> <th>Coverage</th> <th>100% Values</th> <th>Value Type</th> </tr> </thead> <tbody> <tr> <td>Building</td> <td>\$2,618.00</td> <td>Replacement Cost</td> </tr> </tbody> </table> | Coverage | 100% Values | Value Type | Building | \$2,618.00 | Replacement Cost | |
| Coverage | 100% Values | Value Type | | | | | | |
| Building | \$2,618.00 | Replacement Cost | | | | | | |

Total Building \$53,598,214.00 RC

Total Personal Property \$9,266,704.00 RC

Total Property in the Open \$2,317,207.00 RC

Combined Total \$65,182,125.00

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: _____



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



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) \$1,309.00

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.



Commercial Property Summary Proposal

Blanket coverage applies only as indicated by an entry below:

Blanket: 1

Building & Personal Property Combined: Only at Locations/Buildings as indicated in the Schedule below

Blanket Limit of Insurance **\$65,182,125** **Coinsurance: 100%**

Locations

For inspection contact: See agent on Dec page

| Location 1 | | | | | | |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------------------------------|------------------------------------------------------------------------------------------------------------|
| 605 S 6th St Albion, NE 68620-1543 | | | | | | |
| Building 1 | <p>Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Other Than Light Steel Building</p> <p>In Protection Class: 4</p> <p>Occupancy: Boone Central Schools</p> <p>Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> <p>Protective Safeguards: P-1 Automatic Sprinkler System</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special | See Blkt 1 | 1 | Replacement Cost Agreed Value | |



| | | | | | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------|-----------------|------------------------------------------------------------------------------------------------------------|
| | YOUR BUSINESS PERSONAL PROPERTY - LEASED COPIERS | See Blkt 1 | Special | See Blkt 1 | 1,2 | Replacement Cost Agreed Value |
| Building 2 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GREENHOUSE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 3 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE SHED Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |



| Building 4 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GARAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Special Class 1 | Description: PROPERTY IN THE OPEN - CHAIN LINK FENCE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | PROPERTY IN THE OPEN - CHAIN LINK FENCE | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |
| Special Class 2 | Description: PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |



Location 2
 800 S 1st St
 Albion, NE 68620-1603

| | | | | | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------|-----------------|------------------------------------------------------------------------------------------------------------|
| Building 1 | <p>Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: BLEACHERS, PRESS BOX, LIGHTS, TRACK & FENCING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |

| | | | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------|-----------------|----------------------------------|
| Building 2 | <p>Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE BUILDING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |



| | | | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|--------------------|-----------------|------------------------------------------------------------------------------------------------------------|
| Building 3 | <p>Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH SENTINEL METAL STORAGE BUILDING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 4 | <p>Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: SOUTH CONCESSION & BATHROOMS Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 5 | <p>Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH CONCESSION STAND & BATHROOMS Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |



| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Special Class 1 | Associated to Building: 1 Description: PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |
| Special Class 2 | Associated to Building: 1 Description: PROPERTY IN THE OPEN - FENCING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | PROPERTY IN THE OPEN - FENCING | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |
| Special Class 3 | Associated to Building: 1 Description: PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | | | | | | |



| Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
|--------------------------------------------------------|--------------------|------------------------|-------------|----------|----------------------------------|
| PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |

Location 3

532 W Prairie St
Albion, NE 68620-1364

| Building 1 | <p>Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 4 Occupancy: HIGH SCHOOL PATHWAY PROGRAM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|----------------------------------|
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | YOUR BUSINESS PERSONAL PROPERTY | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value |
| Building 2 | <p>Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 4 Occupancy: CLASSROOMS & OFFICES Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)</p> | | | | | |
| | | | | | | |



| Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
|----------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |

| Building 3 | Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |

Location 4
 951 S 1st St
 Albion, NE 68620-1670

| | | | | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Building 1 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: SINGLE FAMILY DWELLING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail | | | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|



| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| | BUILDING | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 2 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: 2 CAR DETACHED GARAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 3 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |



| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|-------------|----------|------------------------------------------------------------------------------------------------------------|
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |
| Building 4 | Description: 1 Story Frame Building In Protection Class: 4 Occupancy: TOOL SHED Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply) | | | | | |
| | Coverage | Limit of Insurance | Covered Causes of Loss | Coinsurance | Spec Int | Optional Coverages |
| | Building | See Blkt 1 | Special | See Blkt 1 | | Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 |

Miscellaneous Location Level Coverages

See coverage form for deductible amounts applicable to these coverages.

| Location | Coverage | Limit of Insurance |
|----------|--------------------------------------------------------------|--------------------|
| 1 | School Location Additional Coverages and Coverage Extensions | See Coverage Form |
| 1 | Fire Department Service Charge | \$50,000 |
| 2 | School Location Additional Coverages and Coverage Extensions | See Coverage Form |
| 2 | Fire Department Service Charge | \$50,000 |



| Location | Coverage | Limit of Insurance |
|----------|--------------------------------------------------------------|--------------------|
| 3 | School Location Additional Coverages and Coverage Extensions | See Coverage Form |
| 3 | Fire Department Service Charge | \$50,000 |
| 4 | School Location Additional Coverages and Coverage Extensions | See Coverage Form |
| 4 | Fire Department Service Charge | \$50,000 |

Miscellaneous Policy Level Coverages

| | |
|----------------------------------------------------------|-------------------|
| School Line Additional Coverages and Coverage Extensions | See Coverage Form |
| School Flood Coverage Endorsement | \$150,000 |
| Unreported Buildings, Structures and Outdoor Fixtures | \$50,000 |
| School - Property off Premises and In Transit | |
| Limit | \$50,000 |
| Deductible: Deductible - \$1,000 | |

Equipment Breakdown Endorsement

See Coverage Form

Coverages

| | |
|---------------------------|-----------|
| Expediting Expenses | \$100,000 |
| Hazardous Substances | \$100,000 |
| Perishable Goods/Spoilage | \$100,000 |

Special Interest(s)

1 Loss Payable

AXIS CAPITAL, INC
 PO BOX 979285
 MIAMI, FL 33197-9285

2 Loss Payable

EAKES OFFICE EQUIPMENT
 PO BOX 2098
 GRAND ISLAND, NE 68802-2098



General Liability Summary Proposal

Prepared For

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
 PO BOX 391
 605 S 6TH ST
 ALBION, NE 68620-0391
 DIRECT BILL

Presented By

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES
 PO BOX 80008
 LINCOLN, NE 68501-0008
 AGENT NO. B8007
 AGENT PHONE: 800-593-3881
 CLAIM REPORTING: 888-362-2255
 SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on **05/28/2024**.

Limits of Insurance

| | |
|-----------------------------------------------|----------------------------------------------|
| Each Occurrence Limit | \$1,000,000 |
| Damage To Premises Rented To You Limit | \$500,000 (any one premises) |
| Medical Expense Limit | \$10,000 (any one person) |
| Personal and Advertising Injury Limit | \$1,000,000 (any one person or organization) |
| General Aggregate Limit | \$2,000,000 |
| Products/Completed Operations Aggregate Limit | \$2,000,000 |

Coverages Provided

| | |
|------------------------------------------|-------------------|
| Other Than Products/Completed Operations | \$7,671.00 |
| Total Estimated Policy Premium | \$7,671.00 |

See attached schedule for location of all premises owned, rented or occupied.

Forms Applicable

CG0001(04/13), CG0069(12/23), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2240(01/96), CG2268(09/97), CG2271(12/19), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7114(01/21), CG7131(01/06), CG7177(10/01), CG7521(10/13), CG7551(10/19), CG7614(10/19), CG7626(03/09), CG7699(01/21), CG7748(10/22), CG8301(10/22), CG8318(12/23), CG9909(12/19), IL0017(11/98), IL0021(05/02), IL0259(12/17), IL7004(03/20), IL7131A(04/01), IL7168(01/22), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

Audit Period: Annual



General Liability Summary Proposal

Endorsement Schedule

| Form | Edition Date | Description/Additional Information | Premium |
|-----------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CG 00 01 | 04 13 | Commercial General Liability Coverage Form | |
| CG 00 69 | 12 23 | Exclusion - Violation of Law Addressing Data Privacy | |
| CG 21 00 | 07 98 | Exclusion - All Hazards In Connection With Designated Premises Description Of Premises: - THE DONKEY BASKETBALL GAME Location Of Premises - 605 S 6TH ST. ALBION, NE. 68620 | |
| CG 21 06 | 12 23 | Exclusion- Access or Disclosure of Confidential or Personal Material or Information | |
| CG 21 47 | 12 07 | Employment-Related Practices Exclusion | |
| CG 21 67 | 12 04 | Fungi Or Bacteria Exclusion | |
| CG 21 70 | 01 15 | Cap On Losses From Certified Acts Of Terrorism | |
| CG 21 76 | 01 15 | Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism | |
| CG 22 40 | 01 96 | Exclusion - Medical Payments To Children Day Care Centers | |
| CG 22 68 | 09 97 | Operation Of Customers Autos On Particular Premises | |
| CG 22 71 | 12 19 | Colleges Or Schools (Limited Form) | |
| CG 40 35 | 12 23 | Exclusion - Cyber Incident | |
| CG 70 01A | 10 12 | General Liability Schedule | |



Employers Mutual Casualty Company

Quote: BBHS917 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

| Form | Edition Date | Description/Additional Information | Premium |
|----------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| CG 70 03 | 10 13 | GL Quick Reference (Occurrence) | |
| CG 71 14 | 01 21 | Trampoline Exclusion | |
| CG 71 31 | 01 06 | Exclusion - Designated Operations | |
| CG 71 77 | 10 01 | Political Subdivisions Tort Claims Nebraska | |
| CG 75 21 | 10 13 | Exclusion - Designated Professional Services | |
| CG 75 51 | 10 19 | Abuse Or Molestation Liability | |
| CG 76 14 | 10 19 | School Violent Event Response Coverage Aggregate Limit \$500,000 Each Event Limit \$500,000 Each Person Limit \$25,000 | |
| CG 76 26 | 03 09 | Employee Benefits Liability Coverage Each Employee Limit \$1,000,000 Aggregate Limit \$2,000,000 Each Employee Deductible \$1,000 | |
| CG 76 99 | 01 21 | General Liability Schools Elite Extension | |
| CG 77 48 | 10 22 | Cannabis Exclusion With Limited Exception For Retail Sales Of CBD Products And Hemp Exception | |
| CG 83 01 | 10 22 | Important Notice to Policyholders | |
| CG 83 18 | 12 23 | Cyber Incident and Data Privacy Exclusion Endorsement Advisory Notice to Policyholders | |
| CG 99 09 | 12 19 | Premium Audit Noncompliance Charge Audit Noncompliance Charge Factor 1 Number of Written Attempts To Obtain Audit Information 2 Reassessment Charge 0 | |



Employers Mutual Casualty Company

Quote: BBHS917 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

| Form | Edition Date | Description/Additional Information | Premium |
|-------------|---------------------|-----------------------------------------------------|----------------|
| IL 00 17 | 11 98 | Common Policy Conditions | |
| IL 00 21 | 05 02 | Nuclear Energy Liability Exclusion Endorsement | |
| IL 02 59 | 12 17 | Nebraska Changes - Cancellation And Nonrenewal | |
| IL 70 04 | 03 20 | Mutual Policy Provisions | |
| IL 71 31A | 04 01 | Commercial Policy Endorsement Schedule | |
| IL 71 68 | 01 22 | Asbestos Exclusion | |
| IL 83 83.2A | 12 20 | Disclosure Pursuant To Terrorism Risk Insurance Act | \$64.00 |
| IL 83 84A | 01 08 | Notice | |
| IL 85 76 | 10 17 | Important Notice To Policyholders | |



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



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) \$64.00

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.



General Liability Summary Proposal

| Code No./Exposure/Classification | Products/ Compl Ops Rate | Products/ Compl Ops Advance Prem | All Other Rate | All Other Advance Prem |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------|---------------------------|
| Location 000 | | | | |
| Abuse Or Molestation Liability | | | | \$750 |
| Employee Benefits Liability | | | | \$116 |
| Fungi Or Bacteria Exclusion | | | | (\$62) |
| Location NE | | | | |
| School Violent Event Response | | | | \$300 |
| Location 001 | | | | |
| 41716 Day Care Centers - Not-For-Profit only Prem Basis: Number of Persons Exposure: 64 Products/Completed Operations are subject to the General Aggregate Limit | | | 10.158 | \$650 |
| 44194 Grandstands or Bleachers - Not-For-Profit only Prem Basis: Number of Grandstands or Bleachers Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit | | | 148.735 | \$149 |
| 47469 Schools - faculty liability for corporal punishment of students Prem Basis: Number of Faculty Members Exposure: 110 Products/Completed Operations are subject to the General Aggregate Limit | | | 7.797 | \$857 |
| 47471 Schools - public - elementary, kindergarten or junior high Prem Basis: Per Student Exposure: 385 | | | 6.291 | \$2,422 |



| Code No./Exposure/Classification | Products/ Compl Ops Rate | Products/ Compl Ops Advance Prem | All Other Rate | All Other Advance Prem |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------|---------------------------|
| Products/Completed Operations are subject to the General Aggregate Limit 47473 Schools - public - high Prem Basis: Per Student Exposure: 211 Products/Completed Operations are subject to the General Aggregate Limit | | | 8.224 | \$1,735 |
| Location 002 61217 Bldg,Prem-bank,office-merc,Mfg-lessor risk only-maintd by insd-Other than Not-FP Prem Basis: Area Exposure: 2,000 Products/Completed Operations are subject to the General Aggregate Limit | | | 36.056 | \$72 |
| Location 003 67513 Schools - Not-For-Profit only Prem Basis: Area Exposure: 3,121 Products/Completed Operations are subject to the General Aggregate Limit | | | 75.043 | \$234 |
| Location 004 49452 Vacant Land - Not-For-Profit only Prem Basis: Acres Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit | | | 2.431 | \$2 |
| Location 005 49452 Vacant Land - Not-For-Profit only Prem Basis: Acres Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit | | | 2.431 | \$2 |



| Code No./Exposure/Classification | Products/ Compl Ops Rate | Products/ Compl Ops Advance Prem | All Other Rate | All Other Advance Prem |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------|---------------------------|
| Location 006 63010 Dwellings - one-family (lessor's risk only) Prem Basis: Number of Dwellings Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit | | | 80.319 | \$80 |

Policy Level Coverages

| Coverages | Limit of Insurance | Premium |
|-----------------------------------------|--------------------|-------------------|
| General Liability Elite Extension | | \$300 |
| Premium For Certified Acts of Terrorism | | \$64.00 |
| Total Estimated Policy Premium | | \$7,671.00 |

Location of All Premises Owned, Rented or Occupied

| Rated Locations | |
|-------------------|-------------------------------------------|
| Location 1 | 605 S 6th St Albion, NE 68620-1543 |
| Location 2 | 2202 130th Ave Albion, NE 68620-5513 |
| Location 3 | 532 W Prairie St Albion, NE 68620-1364 |
| Location 4 | 644 S 6th St Albion, NE 68620-1544 |
| Location 5 | 604 S 6th St Albion, NE 68620-1544 |



| | |
|----------------------------|----------------------------------------------------------------------------------|
| Location 6 | 436 S 5th St Albion, NE 68620-1308 |
| All Other Locations | |
| Location: 7 | 129 E FAIRVIEW ST (LOTS 1, 2 & 3 BLK 41 MANSFIELD, 10TH ADDN Albion, NE 68620 |
| Location: 8 | 319 S 5th St Albion, NE 68620-1305 |
| Location: 9 | 800 S 1st St Albion, NE 68620-1603 |
| Location: 10 | 951 S 1st St Albion, NE 68620-1670 |
| Location: 11 | 620 S 6th St Albion, NE 68620-1544 |



Cyber Suite Elite Summary Proposal

Prepared For

Presented By

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
 PO BOX 391
 605 S 6TH ST
 ALBION, NE 68620-0391
 DIRECT BILL

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES
 PO BOX 80008
 LINCOLN, NE 68501-0008
 AGENT NO. B8007
 AGENT PHONE: 800-593-3881
 CLAIM REPORTING: 888-362-2255
 SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on **05/28/2024**.

Cyber Suite

| | |
|---------------------------------------|-------------|
| Cyber Suite Annual Aggregate Limit | \$50,000.00 |
| First Party Annual Aggregate Limit | \$50,000.00 |
| Third Party Annual Aggregate Limit | \$50,000.00 |
| Cyber Suite Deductible Per Occurrence | \$1,000.00 |

First Party Coverages

| | |
|------------------------------------------|-----------------|
| Data Compromise Response Expenses | Included |
| Sublimits Per Occurrence | |
| Public Relations | \$10,000.00 |
| Reputational Harm | \$10,000.00 |

| | |
|---------------------------------|-----------------|
| Computer Attack | Included |
| Sublimits Per Occurrence | |
| Public Relations | \$10,000.00 |

| | |
|--------------------------------------------|-------------|
| Sublimited Coverages Per Occurrence | |
| Cyber Extortion | \$10,000.00 |
| Misdirected Payment Fraud | \$10,000.00 |
| Computer Fraud | \$10,000.00 |
| Telecommunication Fraud | \$10,000.00 |



Employers Mutual Casualty Company

Quote: BBHS923 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Reward Payments

Sublimit Per Policy Period

Included

\$25,000.00

Third Party Coverages

Privacy Incident Liability

Included

Privacy Incident Defense

Privacy Incident Liability

Network Security Liability

Included

Network Security Defense

Network Security Liability

Electronic Media Liability

Included

Electronic Media Defense

Electronic Media Liability

Identity Recovery Coverage

Annual Aggregate Limit Per "Identity Recovery Insured"

\$25,000.00

Deductible Per Occurrence

None

Sublimits Per Occurrence

Lost Wages and Child and Elder Care Expenses

\$5,000.00

Mental Health Counseling

\$1,000.00

Miscellaneous Unnamed Costs

\$1,000.00

Total Premium

\$571.00

Forms Applicable

DC7077(10/22), IL7004(03/20), IL7131A(04/01), IL7149(01/08), IL8383.2A(12/20)



Employers Mutual Casualty Company

Quote: BBHS923 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Cyber Summary Proposal

Endorsement Schedule

| Form | Edition Date | Description/Additional Information | Premium |
|-------------|--------------|-----------------------------------------------------|---------|
| DC 70 77 | 10 22 | Cyber Suite Elite Coverage Form | |
| DC 72 00A | 10 22 | Cyber Suite Supplemental Declarations | |
| IL 70 04 | 03 20 | Mutual Policy Provisions | |
| IL 71 31A | 04 01 | Common Policy Endorsement Schedule | |
| IL 71 49 | 01 08 | Common Policy Conditions | |
| IL 83 83.2A | 12 20 | Disclosure Pursuant To Terrorism Risk Insurance Act | Waived |



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.



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY

QUOTE NUMBER: E827411-02

QUOTATION - BUSINESS AUTO POLICY

QUOTATION IS VALID: FROM 04/02/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

PREPARED FOR PRESENTED BY

BOONE CENTRAL SCHOOLS DISTRICT
NO. 1
PO BOX 391
605 S 6TH ST
ALBION NE 68620-0391

NEBRASKA BANKERS INS & SERV CO
NBISCO AGENCY SERVICES
PO BOX 80008
LINCOLN NE 68501-0008

DIRECT BILL

AGENT: HB 8007
AGENT PHONE: (800)593-3881

INSURED IS: SCHOOL DISTRICT BUSINESS DESC: SCHOOL DISTRICT

Table with columns: COVERAGES, COV AUTOS, LIMITS/DEDUCTIBLES, PREMIUM. Rows include Covered Autos Liability, Auto Medical Payments, Uninsured and Underinsured Motorists, Physical Damage Coverage (Comprehensive, Collision), Hired or Borrowed Auto, Non-ownership Liability, and Premium for Endorsements. Total premium: 19,694.00.



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY

QUOTE NUMBER: E827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMMERCIAL AUTO POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Contains 20 rows of endorsement details.

AS QUOTED ON: 04/02/24



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

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 ST SINGLE LIMIT NE | "BODILY INJURY" EACH PERSON EACH "ACCIDENT" | "BODILY INJURY" EACH "ACCIDENT" | "PROPERTY DAMAGE" EACH "ACCIDENT" |
| | | \$ 1,000,000 | |



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

LOC: 001 605 S 6TH ST
ALBION NE. 68620-1543

VEH NO 1 TERR: 110
2009 THOMAS SCHOOL BUS ID NO 4UZABRDJ59CAF5958.
ADDITIONAL INFORMATION:
COST NEW: 73860 RADIUS: LOCAL USE: NA .
AGE: LIAB-x PHYS-x .
SCHOOL BUS-PUBLIC CLASS: 6184 .
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 117.00
\$ 2000 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 2000 DED . 141.00
TOTAL VEHICLE PREMIUM . \$ 949.00

VEH NO 2 TERR: 110
2007 FORD F150 PICKUP ID NO 1FTRF12W77NA39162.
ADDITIONAL INFORMATION:
COST NEW: 18880 RADIUS: LOCAL USE: SERVICE .
AGE: LIAB-M PHYS-M .
LIGHT TRUCK CLASS: 01499 .
COVERED AUTOS LIABILITY . \$ 308.00
AUTO MEDICAL PAYMENTS . 4.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 129.00
\$ 2000 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 2000 DED . 116.00
TOTAL VEHICLE PREMIUM . \$ 616.00



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

VEH NO 3 TERR: 110 .
 2014 THOMAS 71 PASS. BUS ID NO 4UZABRDT2ECFB5895.
 ADDITIONAL INFORMATION:
 COST NEW: 85000 RADIUS: LOCAL USE: NA .
 AGE: LIAB-f PHYS-f .
 SCHOOL BUS-PUBLIC CLASS: 6184 .
 COVERED AUTOS LIABILITY . \$ 606.00
 AUTO MEDICAL PAYMENTS . 26.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 2000 DED . 152.00
 \$ 2000 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 | 2000 DED | . | 177.00 |
| | | TOTAL VEHICLE PREMIUM | .\$ | 1,020.00 |

 VEH NO 4 TERR: 110 .
 2012 FORD E350 ECONOLINE WAGON ID NO 1FBNE3BL5CDA99979.
 ADDITIONAL INFORMATION:
 COST NEW: 31740 RADIUS: LOCAL USE: NA .
 AGE: LIAB-x PHYS-x .
 SCHOOL BUS-PUBLIC CLASS: 6182 .
 COVERED AUTOS LIABILITY . \$ 463.00
 AUTO MEDICAL PAYMENTS . 20.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 2000 DED . 83.00
 \$ 2000 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 | 2000 DED | . | 64.00 |
| | | TOTAL VEHICLE PREMIUM | .\$ | 689.00 |

 VEH NO 5 TERR: 110 .
 2015 THOMAS BUS ID NO 4UZABRDTXFCFY8826.
 ADDITIONAL INFORMATION:
 COST NEW: 90855 RADIUS: LOCAL USE: NA .
 AGE: LIAB-e PHYS-e .
 SCHOOL BUS-PUBLIC CLASS: 6183 .
 COVERED AUTOS LIABILITY . \$ 517.00
 AUTO MEDICAL PAYMENTS . 22.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 164.00
\$ 2000 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 2000 DED . 196.00
TOTAL VEHICLE PREMIUM . \$ 958.00

VEH NO 6 TERR: 110 .
2014 DODGE GRAND CARAVAN ID NO 2C4RDGCG7ER254279.
ADDITIONAL INFORMATION:
COST NEW: 26700 RADIUS: LOCAL USE: NA .
AGE: LIAB-f PHYS-f .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 108.00
\$ 2000 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 2000 DED . 80.00
TOTAL VEHICLE PREMIUM . \$ 692.00

VEH NO 7 TERR: 110 .
2014 DODGE GRAND CARAVAN ID NO 2C4RDGCG9ER214091.
ADDITIONAL INFORMATION:
COST NEW: 26695 RADIUS: LOCAL USE: NA .
AGE: LIAB-f PHYS-f .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 108.00
\$ 2000 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 2000 DED . 80.00
TOTAL VEHICLE PREMIUM . \$ 692.00

VEH NO 8 TERR: 110 .
2017 FORD EXPEDITION ID NO 1FMJK1JT4HEA75050.
ADDITIONAL INFORMATION:
COST NEW: 65510 RADIUS: LOCAL USE: NA .
AGE: LIAB-c PHYS-c .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 175.00
\$ 2000 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 2000 DED . 230.00
TOTAL VEHICLE PREMIUM . \$ 909.00

VEH NO 9 TERR: 110 .
2019 SAF-T-LINER C2 SCHOOL BUS ID NO 4UZABRFC9KCCKE4923.
ADDITIONAL INFORMATION:
COST NEW: 99730 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6183 .
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 196.00
\$ 2000 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 2000 DED . 313.00
TOTAL VEHICLE PREMIUM . \$ 1,107.00

VEH NO 10 TERR: 110 .
2017 DODGE GRAND CARA ID NO 2C4RDGEG1HR779761.
ADDITIONAL INFORMATION:
COST NEW: 33395 RADIUS: LOCAL USE: NA .
AGE: LIAB-c PHYS-c .
SCHOOL BUS-PUBLIC CLASS: 6182 .
COVERED AUTOS LIABILITY . \$ 463.00
AUTO MEDICAL PAYMENTS . 20.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 124.00
\$ 2000 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 2000 DED . 104.00
TOTAL VEHICLE PREMIUM . \$ 770.00

VEH NO 11 TERR: 110 .
2017 DODGE GRAND CARA ID NO 2C4RDGCG7HR860508.
ADDITIONAL INFORMATION:
COST NEW: 30395 RADIUS: LOCAL USE: NA .
AGE: LIAB-c PHYS-c .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 124.00
\$ 2000 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 2000 DED . 104.00
TOTAL VEHICLE PREMIUM . \$ 732.00

VEH NO 12 TERR: 110 .
2019 AMERICAN HAULER 6X12 TAZ ID NO 7HB211227K1067593 .
ADDITIONAL INFORMATION: TRAILER
COST NEW: 4000 RADIUS: LOCAL USE: NA .
AGE: LIAB-A PHYS-A .
TRAILER CLASS: 68499 .
COVERED AUTOS LIABILITY . \$ 30.00
COMPREHENSIVE ACV 2000 DED . 100.00
\$ 2000 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 2000 DED . 85.00
TOTAL VEHICLE PREMIUM . \$ 215.00

VEH NO 13 TERR: 110 .
2019 THOMAS C2 SCHOOL BUS ID NO 4UZABRFC0KCKE4924 .
ADDITIONAL INFORMATION:
COST NEW: 98692 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6183 .
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 195.00
\$ 2000 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 2000 DED . 310.00
TOTAL VEHICLE PREMIUM . \$ 1,103.00

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

VEH NO 14 TERR: 110 .
 2018 DODGE GRAND CARA ID NO 2C4RDGEGXJR342864 .
 ADDITIONAL INFORMATION: 7 PASS .
 COST NEW: 35840 RADIUS: LOCAL USE: NA .
 AGE: LIAB-b PHYS-b .
 SCHOOL BUS-PUBLIC CLASS: 6181 .
 COVERED AUTOS LIABILITY . \$ 427.00
 AUTO MEDICAL PAYMENTS . 18.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 2000 DED . 133.00
 \$ 2000 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 | 2000 DED | . | 120.00 |
| | | TOTAL VEHICLE PREMIUM | .\$ | 757.00 |

 VEH NO 15 TERR: 110 .
 2019 DODGE GRAND CARA ID NO 2C4RDGCG1KR649831 .
 ADDITIONAL INFORMATION: .
 COST NEW: 32150 RADIUS: LOCAL USE: NA .
 AGE: LIAB-a PHYS-a .
 SCHOOL BUS-PUBLIC CLASS: 6181 .
 COVERED AUTOS LIABILITY . \$ 427.00
 AUTO MEDICAL PAYMENTS . 18.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED
 COMPREHENSIVE ACV 2000 DED . 133.00
 \$ 2000 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 | 2000 DED | . | 128.00 |
| | | TOTAL VEHICLE PREMIUM | .\$ | 765.00 |

 VEH NO 16 TERR: 110 .
 2017 FORD F-150 ID NO 1FTMF1EP4HKD08512 .
 ADDITIONAL INFORMATION: .
 COST NEW: 35330 RADIUS: LOCAL USE: SERVICE .
 AGE: LIAB-C PHYS-C .
 LIGHT TRUCK CLASS: 01499 .
 COVERED AUTOS LIABILITY . \$ 413.00
 AUTO MEDICAL PAYMENTS . 4.00
 UNINSURED MOTORISTS . INCLUDED
 UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 348.00
\$ 2000 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 2000 DED . 167.00
TOTAL VEHICLE PREMIUM . \$ 991.00

VEH NO 17 TERR: 110 .
2019 GMC-CHEVY G3500 GM/THOMAS ID NO 1GB3GRBG0K1195347.
ADDITIONAL INFORMATION: MINOTOUR DRW SCHOOL BUS
COST NEW: 31100 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6183 .
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 133.00
\$ 2000 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 2000 DED . 128.00
TOTAL VEHICLE PREMIUM . \$ 859.00

VEH NO 18 TERR: 110 .
2021 THOMAS SAF-T-LINE SCHOOLBUS ID NO 4UZABRFC4MCMJ0577.
ADDITIONAL INFORMATION:
COST NEW: 100850 RADIUS: LOCAL USE: NA .
AGE: LIAB-4 PHYS-4 .
SCHOOL BUS-PUBLIC CLASS: 6184 .
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 234.00
\$ 2000 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 2000 DED . 376.00
TOTAL VEHICLE PREMIUM . \$ 1,301.00

VEH NO 19 TERR: 110 .
2019 DODGE GRAND CARA ID NO 2C4RDGCG6KR615237.
ADDITIONAL INFORMATION:
COST NEW: 32150 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 133.00
\$ 2000 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 2000 DED . 128.00
TOTAL VEHICLE PREMIUM . \$ 765.00

VEH NO 20 TERR: 110 .
2024 THOMAS C2 SCHOOL BUS ID NO 4UZABRFC6RCUD9128.
ADDITIONAL INFORMATION:
COST NEW: 113690 RADIUS: LOCAL USE: NA .
AGE: LIAB-1 PHYS-1 .
SCHOOL BUS-PUBLIC CLASS: 6184 .
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 262.00
\$ 2000 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 2000 DED . 445.00
TOTAL VEHICLE PREMIUM . \$ 1,398.00

VEH NO 21 TERR: 110 .
2023 RAM 2500 PROMA PROMASTER ID NO 3C6LRVPG4PE558848.
ADDITIONAL INFORMATION:
COST NEW: 44930 RADIUS: LOCAL USE: NA .
AGE: LIAB-2 PHYS-2 .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 208.00
\$ 2000 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 2000 DED . 245.00
TOTAL VEHICLE PREMIUM . \$ 957.00

VEH NO 22 TERR: 110 .
2010 CHRYSLER TOWN & COU LX ID NO 2A4RR4DE2AR103156.
ADDITIONAL INFORMATION:
COST NEW: 25175 RADIUS: LOCAL USE: SERVICE .
AGE: LIAB-J PHYS-J .
LIGHT TRUCK CLASS: 01499 .
COVERED AUTOS LIABILITY . \$ 340.00
AUTO MEDICAL PAYMENTS . 4.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 167.00
\$ 2000 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 2000 DED . 116.00
TOTAL VEHICLE PREMIUM . \$ 686.00

PREMIUM SUMMARY

COVERED AUTOS LIABILITY . \$ 9,925.00
AUTO MEDICAL PAYMENTS . 388.00
UNINSURED MOTORISTS . 1,239.00
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE . 3,526.00
COLLISION . 3,853.00

TOTAL . \$ 18,931.00



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

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 ESTIMATED ANNUAL COST OF RATE PREMIUM
IABILITY COVERAGE HIRE FOR ALL STATES

EXCESS NE IF ANY 100 \$ 168.00
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 \$ 168.00

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

NUMBER OF EMPLOYEES 0 - 25 \$ 365.00

TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM \$ 365.00



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

ENDORSEMENT PREMIUM DETAIL

| ENDORSEMENTS | CLASS | PREMIUM |
|---------------------------------|-------|-----------|
| RENTAL VEHICLE EXTENSION | 8047 | \$ 100.00 |
| Auto Essential Extension School | 8050 | \$ 100.00 |

Commercial Auto

Coverage Highlights CA7270



EMC's Commercial Auto Extension CA7270 is available for most policies.

| Commercial Auto Coverage | CA7270 |
|---------------------------------------------------|---------------------------------------------------------------------------|
| Airbag Accidental Discharge | Included; mechanical breakdown exclusion does not apply |
| Audio, Visual, Electronic Equipment Coverage | \$1,000 limit |
| Blanket Additional Insureds | Written agreement |
| Business Auto Conditions | |
| Duties in event of accident | Included |
| Unintentional failure to disclose exposures | Included |
| Glass Repair or Replacement: Waiver of deductible | No deductible |
| Hired Auto Physical Damage | Included; \$75,000 limit |
| Liberalization | Automatic revisions |
| Lockout/Key Expense (Including electronic) | \$50 private passenger |
| Loss of Two or More Covered Autos Same Accident | One deductible |
| Mental Anguish | Included in definition of "bodily injury" |
| Newly Formed or Acquired Organizations | Up to 180 days after acquisition |
| Personal Property of Others | \$500 limit |
| Rental Reimbursement: Not theft | \$50 day; 30 days; \$1,500 max |
| Subsidiaries as Insureds | When you own 50% of the voting stock on the effective date of this policy |
| Supplementary Payments | \$3,000 for bail bonds; \$350 loss of earnings |
| Towing | \$100 private passenger type; \$500 other than private passenger type |
| Transportation Expense: For total theft | \$75 per day; \$1,000 max |

Disclaimer: This is only a summary of coverage and is subject to policy conditions, limitations and exclusions that may vary from state to state. Please refer to the issued policy for specific details regarding coverages, conditions and exclusions. In the event of a conflict between the terms contained herein and the policy, the policy terms and conditions will prevail.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C827411-01

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 04/04/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

PREPARED FOR: BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391
PRESENTED BY: NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL AGENT: AB 8007 AGENT PHONE: (800)593-3881
INSURED IS: SCHOOL DISTRICT BUSINESS DESC: SCHOOL DISTRICT

SEE ATTACHED SCHEDULE FOR LIMITS AND DESCRIPTION OF COVERAGES

Table with 2 columns: COVERAGES HEADINGS and PREMIUM. Rows include #COMMERCIAL ARTICLES, CONTRACTORS EQUIPMENT, ELECTRONIC DATA PROCESSING, #SIGNS, and TOTAL INLAND MARINE PREMIUM.

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.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C827411-01

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

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

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Lists various policy forms and their descriptions, including common policy conditions, amendments, and specific endorsements.

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

POLICY WIDE COVERAGES

CLASS/ITEM DESCRIPTION *SPEC INTEREST LIMITS

CONTRACTORS EQUIPMENT

801 CONTRACTORS EQUIPMENT

\$ 500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS
80% COINSURANCE

\$ 124,560 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

YEAR: 1948 MFG: JOHN DEERE
SERIAL NUMBER: 228001

001 TRACTOR \$ 5,000

ACTUAL CASH VALUE

YEAR: 2014 MFG: CASE/IH
SERIAL NUMBER: YEXCB5099

002 SCOURT SIDE BY SIDE 4X4 \$ 8,000

ACTUAL CASH VALUE

MFG: BOBCAT
SERIAL NUMBER: 712801945

003 SNOWBLOWER \$ 4,575

ACTUAL CASH VALUE

MFG: GRASSHOPPER
MODEL: 727K SERIAL NUMBER: 6212179

004 MOWER \$ 10,985

ACTUAL CASH VALUE

YEAR: 2022 MFG: BOBCAT
SERIAL NUMBER: B4SA20087

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

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 | COMPACT SKID STEER | | \$ | 48,500 |
| | ACTUAL CASH VALUE | | | |
| | YEAR: 2023 | | | |
| | SERIAL NUMBER: B4SA22309 | | | |
| 006 | BOBCAT | | \$ | 47,500 |
| | PREMIUM | | \$ | 897 |
| 835 | CONTRACTORS EQUIPMENT - TOOLS | | | |
| | LIMITS OF INSURANCE | | | |
| | YOUR TOOLS--THE MOST "WE" PAY FOR LOSS TO ANY ONE "TOOL" IS: | | \$ | 1,000 |
| | YOUR TOOLS--THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "YOUR" "TOOLS" IS: | | \$ | 5,000 |
| | ACTUAL CASH VALUE | | | |
| | DEDUCTIBLE | | \$ | 500 |
| | ANNUAL PREMIUM | | \$ | 68 |
| | SMALL TOOLS INCLUDE MISCELLANEOUS EQUIPMENT | | | |
| 840 | CONTR. EQUIP. - LEASED OR RENTED FROM OTHERS | | | |
| | LIMITS OF INSURANCE | | | |
| | THE MOST "WE" PAY FOR LOSS TO ANY ONE ITEM | | \$ | 85,000 |
| | THE MOST "WE" PAY FOR LOSS IN ANY ONE OCCURRENCE | | \$ | 85,000 |
| | ACTUAL CASH VALUE | | | |
| | DEDUCTIBLE | | \$ | 500 |
| | NON-REPORTING FORM PREMIUM | | \$ | 75 |
| | SPECIAL INTEREST 01 APPLIES TO THIS CLASS | | | |

ELECTRONIC DATA PROCESSING

863 ELECTRONIC DATA PROCESSING - BLANKET LIMITS

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

\$ 500 DEDUCTIBLE APPLIES TO ALL COVERED PERILS
UNLESS A DIFFERENT DEDUCTIBLE IS INDICATED BELOW
\$ 5,000 DEDUCTIBLE - EARTHQUAKE AND VOLCANIC ERUPTION
NOT COVERED DEDUCTIBLE - "FLOOD"
\$ 500 DEDUCTIBLE - "MECHANICAL BREAKDOWN", "ELECTRICAL
DISTURBANCE" AND "POWER SUPPLY DISTURBANCE"

COINSURANCE WAIVED-"hardware", "media", & "programs and applications"
COINSURANCE WAIVED-"data records" and "proprietary programs"
COINSURANCE WAIVED- INCOME COVERAGE

\$ 569,893 EARTHQUAKE "AGGREGATE" LIMIT
\$ 569,893 EARTHQUAKE "OCCURRENCE" LIMIT
\$ 569,893 EARTHQUAKE "CATASTROPHE" LIMIT
NOT COVERED FLOOD "AGGREGATE" LIMIT
NOT COVERED FLOOD "OCCURRENCE" LIMIT
NOT COVERED FLOOD "CATASTROPHE" LIMIT
\$ 569,893 SEWER BACKUP "AGGREGATE" LIMIT
\$ 569,893 SEWER BACKUP "OCCURRENCE" LIMIT
\$ 569,893 SEWER BACKUP "CATASTROPHE" LIMIT

COVERAGE LIMITS

\$ 569,893 CATASTROPHE LIMIT- THE MOST "WE" PAY FOR ANY COMBINATION
OF OR TOTAL OF LOSSES ARISING UNDER ONE OR MORE
COVERAGES IN ANY ONE OCCURRENCE

EQUIPMENT LIMITS

\$ 539,893 EQUIPMENT LIMITS - EQUIPMENT
INCLUDED HARDWARE - THE MOST "WE" PAY FOR LOSS AT ANY ONE
LOCATION
INCLUDED PROTECTION AND CONTROL SYSTEMS - THE MOST "WE" PAY FOR
LOSS AT ANY ONE LOCATION
INCLUDED TELECOMMUNICATIONS EQUIPMENT - THE MOST "WE" PAY FOR
LOSS AT ANY ONE LOCATION
INCLUDED REPRODUCTION EQUIPMENT - THE MOST "WE" PAY FOR LOSS AT
ANY ONE LOCATION

SOFTWARE LIMITS

\$ 15,000 SOFTWARE LIMITS - SOFTWARE
INCLUDED DATA RECORDS - THE MOST "WE" PAY FOR LOSS AT ANY ONE
LOCATION
INCLUDED PROPRIETARY PROGRAMS - THE MOST "WE" PAY FOR LOSS AT ANY
ONE LOCATION
INCLUDED PROGRAMS AND APPLICATIONS - THE MOST "WE" PAY FOR LOSS
AT ANY ONE LOCATION
INCLUDED MEDIA - THE MOST "WE" PAY FOR LOSS AT ANY ONE LOCATION



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

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

INCOME COVERAGE - (Extra Expense ONLY)

\$ 15,000 INCOME COVERAGE - THE MOST "WE" PAY FOR LOSS AT ANY ONE LOCATION

COVERAGE EXTENSIONS

| | | |
|-----------------------------------------|----|---------|
| Additional Debris Removal Expenses | \$ | 25,000 |
| ELECTRICAL AND POWER SUPPLY DISTURBANCE | | COVERED |
| Emergency Removal (Number of DAYS) | | 365 |
| Emergency Removal Expenses | \$ | 5,000 |
| Fraud and Deceit | \$ | 5,000 |
| MECHANICAL BREAKDOWN COVERAGE | | COVERED |

SUPPLEMENTAL COVERAGES

| | | |
|------------------------------------------|----|-------------|
| Acquired Locations | \$ | 500,000 |
| Earthquake Coverage | | COVERED |
| Flood Coverage | | NOT COVERED |
| FOREIGN TRANSIT AND LOCATION COVERAGE | \$ | 5,000 |
| Incompatible Hardware and Media | \$ | 10,000 |
| NEWLY PURCHASED OR LEASED HARDWARE | \$ | 500,000 |
| Off-Site Computers | \$ | 10,000 |
| Pollutant Cleanup and Removal | \$ | 15,000 |
| Property in Transit | \$ | 15,000 |
| RECHARGE OF FIRE EXTINGUISHING EQUIPMENT | \$ | 15,000 |
| Sewer Backup | | COVERED |
| REWARDS | \$ | 5,000 |
| Software Storage | \$ | 50,000 |
| Virus and Hacking | | |
| Limit any one occurrence | \$ | 50,000 |
| Limit each separate 12 month period | \$ | 150,000 |

INCOME COVERAGE EXTENSIONS

| | |
|----------------------------------------|----|
| Interruption by civil authority (DAYS) | 30 |
| Period of loss extension (DAYS) | 30 |



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

SUPPLEMENTAL INCOME COVERAGES

Table listing supplemental income coverages such as Acquired Locations, Earthquake Coverage, Flood Coverage, Property in Transit, Sewer Backup, Utility Service Interruption, Overhead Transmission Lines, Virus and Hacking, etc.

PREMIUM \$ 1,029

LOCATION: 001 605 S 6TH ST
ALBION, NE 68620-1543
LOC DESCRIPTION: INCL. 210 E WIDAMAN ST
PETERSBURG, NE. 68652

Table header with columns: CLASS, DESCRIPTION, SPECIAL* INTEREST, LIMITS

COMMERCIAL ARTICLES

191 CAMERAS - EXCLUDING MOTION PICTURE PRODUCERS
\$ 500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS
001 UNSCHEDULED SCHOOL OWNED CAMERA & VIDEO \$ 5,400
EQUIPMENT, SUBJECT TO A MAXIMUM LIMIT OF \$1,000 ON ANY ONE ITEM.

PREMIUM \$ 10

454 MUSICAL INSTRUMENTS - ALL OTHER BANDS, ETC.
\$ 500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS
001 UNSCHEDULED SCHOOL OWNED MUSICAL \$ 116,920
INSTRUMENTS, SUBJECT TO A MAXIMUM LIMIT OF \$4,000 ON ANY ONE ITEM.

002 80 BAND UNIFORMS @ \$350 EACH \$ 28,000

003 60 MARCHING BAND HATS @ \$47.50 EACH \$ 2,850

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

PREMIUM \$ 54

SIGNS

460 SIGNS AND LAMPS - NEON, FLUORESCENT, ETC.
A DEDUCTIBLE AMOUNT OF 5% OF THE LIMIT OF INSURANCE
FOR EACH SIGN APPLIES

001 MARQUEE SIGN \$ 14,675

PREMIUM \$ 44

*SPECIAL INTERESTS

SPEC.*

INT. NO. LOSS PAYEE - LOSS PAYABLE

01 LOSS, IF ANY, WILL BE ADJUSTED WITH THE NAMED INSURED AND
NCS EQUIPMENT, INC.
73779 ROAD 438
BERTRAND, NE 68927-3000



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: J827411-02

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 04/04/24 to 05/19/24
Proposed Policy Period: From 05/06/24 to 05/06/25
(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 :
BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391
NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL AGENT: AB 8007 AGENT PHONE: (800)593-3881

Insured is SCHOOL DISTRICT 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) \$ 5,000,000
Personal & Advertising Injury Limit \$ 5,000,000
(Any one person or organization)
Aggregate Limit (Liability Coverage) \$ 5,000,000
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 6,385.00

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



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMMERCIAL UMBRELLA POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Lists various insurance forms and their associated dates and descriptions, including liability, umbrella, and terrorism coverage.

AS QUOTED ON: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: J827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

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: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: J827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

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) \$62.00

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.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

Quote Number: J827411-02
Eff Date: 05/06/24 Exp Date: 05/06/25

COMMERCIAL UMBRELLA SCHEDULE

RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability

Company: Employers Mutual Casualty Company
Policy Number: BBHS917 Policy Period: 05/06/24 to 05/06/25

Occurrence Basis

Minimum Applicable Limits

General Aggregate \$ 2,000,000
Products-Completed Operations Aggregate \$ 2,000,000
Personal and Advertising Injury \$ 1,000,000
Each Occurrence \$ 1,000,000
Employee Benefit Liability \$ 1,000,000 Each Employee
\$ 2,000,000 Aggregate

Commercial Auto Liability

Company: EMC Property & Casualty Company
Policy Number: E827411 Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

Covered Auto Liability \$ 1,000,000 Each Accident

Employers Liability

Company: First Dakota Indemnity Company
Policy Number: 0200068312 Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

Bodily Injury by Accident \$ 500,000 Each Accident
Bodily Injury by Disease \$ 500,000 Each Employee
Bodily Injury by Disease \$ 500,000 Policy Limit



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

Quote Number: J827411-02
Eff Date: 05/06/24 Exp Date: 05/06/25

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company
Policy Number: K827411

Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

\$ 1,000,000 Each Loss
\$ 1,000,000 Aggregate



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F827411-01

CRIME AND FIDELITY COVERAGE PART
QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 02/12/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

PREPARED FOR: PRESENTED BY:

BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391
NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL AGENT: AB 8007 AGENT PHONE: (800)593-3881

INSURED IS: SCHOOL DISTRICT BUSINESS DESC: SCHOOL DISTRICT

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

Table with 2 columns: INSURING AGREEMENTS and PREMIUM. Rows include Employee Theft - Blanket (Per Loss) at \$1,029.00, Inside the Premises - Theft of Money & Securities at \$81.00, Outside the Premises at \$10.00, and Total Policy Premium at \$1,120.00.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F827411-01

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

GOVERNMENT CRIME POLICY
QUOTE

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Lists various policy forms and their descriptions.

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS

EFF DATE: 05/06/24

QUOTE NUMBER: F827411-01
EXP DATE: 05/06/25

CRIME AND FIDELITY COVERAGE PART
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)

Table with 3 columns: DESCRIPTION, DED (PER OCCURRENCE), and LIMIT (PER OCCURRENCE). Rows include: EMPLOYEE THEFT - BLANKET (PER LOSS) with DED \$2,500 and LIMIT \$250,000; INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES with DED \$1,000 and LIMIT \$25,000; OUTSIDE THE PREMISES with DED \$1,000 and LIMIT \$25,000.

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K827411-02

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

QUOTATION IS VALID FROM 04/04/24 TO 05/19/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

PREPARED FOR: BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391
PRESENTED BY: NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL AGENT: AB 8007 AGENT PHONE: (800)593-3881

INSURED IS: SCHOOL DISTRICT 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: 05/06/94 AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (1 YEARS)

Table with 2 columns: Description and Amount. Rows include: EACH LOSS (\$ 1,000,000), AGGREGATE FOR EACH POLICY TERM (\$ 1,000,000), INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE) (\$ 1,000)

TOTAL ADVANCE PREMIUM \$ 3,734.00

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: 04/04/24 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

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

ENDORSEMENT SCHEDULE

Table with 4 columns: FORM, EDITION DATE, DESCRIPTION/ADDITIONAL INFORMATION, PREMIUM. Lists various endorsement forms like CL7001, CL7110, etc., and their descriptions.

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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: 04/04/24



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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) \$37.00

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.



Insured 68312
Boone Central Schools District No 1
PO Box 391
Albion, NE 68620
(402) 395-2134

Quote No. 394054
Effective Date: 5/6/2024
Expiration Date: 5/6/2025
Quote Date: 3/27/2024
Quote Good Through: 5/6/2024

Agent 961-1563
Jencap Insurance Services, Inc.
7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Employers Liability
Bodily Injury By Accident \$500,000 Each Accident
Bodily Injury By Disease \$500,000 Policy Limit
Bodily Injury By Disease \$500,000 Each Employee

Proposal Summary

| Policy Unit | Remuneration | Total Estimated Premium and Surcharges |
|----------------------------------------------------|--------------------|----------------------------------------|
| 1 - Boone Central Schools District No 1 - Nebraska | \$5,361,200 | \$22,742 |
| Grand Total | \$5,361,200 | \$22,742 |

This is an estimate only and based on information received at the time prospectus. If an installment payment plan is offered, a \$5 service charge per invoice will apply.

Please see the following page(s) for detailed Unit information.



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7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Employers Liability

Bodily Injury By Accident \$500,000 Each Accident
Bodily Injury By Disease \$500,000 Policy Limit
Bodily Injury By Disease \$500,000 Each Employee

| | |
|----------------------------------------------|----------|
| Unit 1 - Boone Central Schools District No 1 | Nebraska |
|----------------------------------------------|----------|

Rating Period: 5/6/2024 - 5/6/2025

| Classifications | Code No. | Premium Basis Total Estimated Remuneration | Rate Per \$100 of Remuneration | Estimated Premium |
|------------------------------------------------------------------|----------|--------------------------------------------|--------------------------------|-------------------|
| DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC-COMMERCIAL | 7380 | \$102,800 | 4.03 | \$4,143 |
| COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL | 8868 | \$4,776,100 | 0.3 | \$14,328 |
| COLLEGE: ALL OTHER EMPLOYEES | 9101 | \$482,300 | 2.45 | \$11,816 |
| Total Manual Premium | | | | \$30,287 |
| \$500,000/500,000/500,000 | | 0.8% | | \$242 |
| Subject Premium | | | | \$30,529 |
| Unmodified Premium | | | | \$30,529 |
| Experience Mod | | 0.96 | | (\$1,221) |
| Modified Premium | | | | \$29,308 |
| Flexible Rating Adjustment | | 20% | | (\$5,862) |
| Standard Premium | | | | \$23,446 |
| Premium Discount | | 8.6% | | (\$2,016) |
| Expense Constant | | | | \$240 |
| Terrorism Act | | 1% | | \$536 |
| DTEC Act | | 1% | | \$536 |
| Policy Premium | | | | \$22,742 |

Total Premium and Surcharge(s): \$22,742

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Billing Unit 1 - Boone Central Schools District No 1

Billing Payment Mode: 10-10-month installment (25% down)

Initial Payment Total to Remit \$5,683.00

Installment Schedule:

| Post Date | Due Date | Description | Amount |
|------------|-----------|-------------|------------|
| 4/16/2024 | 5/6/2024 | Installment | \$5,683.00 |
| 5/17/2024 | 6/6/2024 | Installment | \$1,901.00 |
| 6/16/2024 | 7/6/2024 | Installment | \$1,901.00 |
| 7/17/2024 | 8/6/2024 | Installment | \$1,901.00 |
| 8/17/2024 | 9/6/2024 | Installment | \$1,901.00 |
| 9/16/2024 | 10/6/2024 | Installment | \$1,901.00 |
| 10/17/2024 | 11/6/2024 | Installment | \$1,901.00 |
| 11/16/2024 | 12/6/2024 | Installment | \$1,901.00 |
| 12/17/2024 | 1/6/2025 | Installment | \$1,901.00 |
| 1/17/2025 | 2/6/2025 | Installment | \$1,901.00 |

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