

68 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
48 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
VO insurance company of The Hartford Insurance Group shown below.  
SBA

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED  
ONE HARTFORD PLAZA, HARTFORD, CT 06155  
COMPANY CODE: A

**Policy Number:** 61 SBA VO4868 SC



## SPECTRUM POLICY DECLARATIONS

**Named Insured and Mailing Address:** STRAKE FOUNDATION  
(No., Street, Town, State, Zip Code) SEE FORM SS 12 35  
712 MAIN ST STE 3300  
HOUSTON TX 77002

**Policy Period:** **From** 09/08/17 **To** 09/08/18 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** x  
**Code:** 612410

**Previous Policy Number:** 61 SBA VO4868

**Named Insured is:** NON PROFIT

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$879

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Countersigned by *Susan L. Castaneda*  
Authorized Representative

06/27/17  
Date