

Issuing Company: Acadia Insurance Company
 One Acadia Commons
 P.O. Box 9010
 Westbrook, ME 04098-5010

COMMERCIAL LINES POLICY COMMON POLICY DECLARATIONS

Renewal

Policy No.: CIM 5532326 - 12
Previous Policy No.: 5532326-11

Billing Method: Direct Bill
Payment Plan: 4A

Named Insured Name and Address
 Continental Garage, Inc.
 PO Box 537
 Northford, CT 06472

Agency Name and Address 07112
 (203)574-5200
 Security First Insurance Group
 255 Bank St
 Waterbury, CT 06702

POLICY PERIOD

Policy Period: From 10/01/2024 to 10/01/2025 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Inland Marine

Form of Business: Corporation

IN RETURN FOR YOUR PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | Premium |
|--|--------------------|
| Commercial Inland Marine Coverage Part | \$ 3,264.00 |
| TOTAL: | \$ 3,264.00 |

FORMS APPLICABLE TO ALL COVERAGE PARTS

See attached "Schedule of Forms and Endorsements"

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGES FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: _____
 (Date)

By: _____
 (Authorized Representative)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy Number: **CIM 5532326 - 12**

SCHEDULE OF FORMS AND ENDORSEMENTS

The following Declarations, Coverage Forms, Conditions, and Endorsements are applicable to:

Commercial Common Policy

| <u>Number</u> | <u>Edition</u> | <u>Description</u> |
|----------------------|-----------------------|--|
| B IL DS 00 | 09-2007 | Commercial Lines Policy Common Policy Declarations |

Inland Marine Coverage Part

| <u>Number</u> | <u>Edition</u> | <u>Description</u> |
|----------------------|-----------------------|---|
| CL 01 00 | 03-1999 | Common Policy Conditions |
| CL 01 80 | 08-2017 | Amendatory Endorsement - Connecticut |
| CL 06 00 | 01-2015 | Certified Terrorism Loss |
| CL 07 00 | 10-2006 | Virus or Bacteria Exclusion |
| CL IL 99 24 | 06-2015 | U.S. Trade Sanctions |
| IL 09 85 | 12-2020 | Disclosure Pursuant to Terrorism Risk Insurance Act |

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

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

| SCHEDULE - PART I | |
|--|-------------|
| Terrorism Premium (Certified Acts) \$ | 89 |
| This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies): All Coverage Forms other than Commercial Auto, Crime Coverage, Employment-Related Practices Liability and Farm Multi-Peril Coverages | |
| Additional information, if any, concerning the terrorism premium: The premium shown above is subject to change if the policy or any portion of it is subject to premium audit or if changes are made to the policy during its term. When coverage for certified acts of terrorism has been rejected under a policy subject to Standard Fire Policy statutes, the premium shown applies only to direct loss or damage by fire to covered property. | |
| SCHEDULE - PART II | |
| Federal share of terrorism losses | 80 % |
| (Refer to Paragraph B. in this endorsement.) | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

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 a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) 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.

Issuing Company: Acadia Insurance Company

COMMERCIAL INLAND MARINE DECLARATIONS

Policy No.: CIM 5532326-12

Named Insured Name and Address

Continental Garage, Inc.
PO Box 537
Northford, CT 06472

Agency Name and Address 07112

(203)574-5200
Security First Insurance Group
255 Bank St
Waterbury, CT 06702

POLICY PERIOD

Policy Period: From 10/01/2024 to 10/01/2025 at 12:01 A.M. Standard Time at your mailing address shown above.

TOTAL ADVANCE PREMIUM**\$3,264**Coverage Parts That Apply to This Policy:Coverage Part Premium

Motor Carrier Legal Liability

\$3,264

TOTAL INLAND MARINE PREMIUM

\$3,264

FORMS ATTACHED TO THIS POLICY

See attached "Schedule of Forms and Endorsements"

Policy Number: **CIM 5532326 - 12**

SCHEDULE OF FORMS AND ENDORSEMENTS

The following Declarations, Coverage Forms, Conditions, and Endorsements are applicable to:

All Commercial Inland Marine Coverages

| <u>Number</u> | <u>Edition</u> | <u>Description</u> |
|----------------------|-----------------------|---------------------------------------|
| B CM DS 02 | 09-2000 | Commercial Inland Marine Declarations |

Coverages

| <u>Number</u> | <u>Edition</u> | <u>Description</u> |
|----------------------|-----------------------|--------------------------------------|
| CL IM 01 58 | 10-2021 | Cyber Incident Exclusion |
| IM 20 10 | 01-2023 | Amendatory Endorsement - Connecticut |
| IM 78 80 | 08-2021 | Cannabis Exclusion |

Motor Cargo Legal Liability Coverages

| <u>Number</u> | <u>Edition</u> | <u>Description</u> |
|----------------------|-----------------------|--|
| IM 74 56 | 01-2012 | Schedule Of Coverages - Motor Truck Cargo Legal Liability Coverage |
| IM 74 51 | 03-2020 | Motor Truck Cargo Legal Liability Coverage |
| IM 74 66 | 01-2012 | Property Excluded |

SCHEDULE OF COVERAGES
MOTOR TRUCK CARGO LEGAL LIABILITY COVERAGE

(The entries required to complete this schedule
will be shown below or on the "schedule of coverages".)

COVERED PROPERTY

DESCRIBED PROPERTY

Contractor's Equipment and General Commodities

COVERAGE LIMITS

| | "Limit" |
|---|----------------|
| Property in Vehicles -- The most "we" pay for loss involving any one "vehicle" is: | \$250,000 |
| Catastrophe Limit -- The most "we" pay for loss in any one occurrence is: | \$250,000 |

LIMITS

| Loc No. | TERMINALS | "Limit" |
|---------|-----------|---------|
|---------|-----------|---------|

Check if applicable:

☐ Attach Additional Terminals Schedule to schedule more terminals

COVERAGE EXTENSIONS

"Limit"

Additional Debris Removal Expenses

\$10,000

Defense Costs

See Form

SUPPLEMENTAL COVERAGES

Freight Charges

\$2,500

Newly Acquired Terminals

\$50,000

Pollutant Cleanup And Removal

\$10,000

DEDUCTIBLE

Deductible Amount

\$2,500

ADDITIONAL INFORMATION

PROPERTY EXCLUDED

(The entries required to complete this endorsement
will be shown below or on the "schedule of coverages".)

PROPERTY NOT COVERED

"We" do not cover the property described below (Indicate by checking below):

- | | | |
|-------------------------------------|-----|------------------------------|
| <input checked="" type="checkbox"/> | 1. | Livestock Or Poultry |
| <input checked="" type="checkbox"/> | 2. | Liquor |
| <input checked="" type="checkbox"/> | 3. | Tobacco Products |
| <input checked="" type="checkbox"/> | 4. | Furs Or Fur Trimmed Garments |
| <input checked="" type="checkbox"/> | 5. | Eggs |
| <input type="checkbox"/> | 6. | _____ |
| <input type="checkbox"/> | 7. | _____ |
| <input type="checkbox"/> | 8. | _____ |
| <input type="checkbox"/> | 9. | _____ |
| <input type="checkbox"/> | 10. | _____ |
| <input type="checkbox"/> | 11. | _____ |
| <input type="checkbox"/> | 12. | _____ |
| <input type="checkbox"/> | 13. | _____ |
| <input type="checkbox"/> | 14. | _____ |
| <input type="checkbox"/> | 15. | _____ |

