



**MID-CONTINENT CASUALTY COMPANY**  
1437 S. BOULDER SUITE 200 TULSA OK 74119

**POLLUTION LIABILITY  
DECLARATION**

**THIS IS A CLAIMS MADE POLICY**

Named Insured & Mailing Address: <b>WHITESTONE BUSINESS INC</b> <b>1405 W WHITESTONE BLVD</b> <b>CEDAR PARK TX 78613</b>		Policy Number: <b>04-TOP-000058945</b>	
		Renewal of: <b>04-TOP-00048473</b>	
		Policy Period	
		Effective: <b>03/24/2025</b> Expiration: <b>03/24/2026</b>	
		At 12:01 A.M. Standard Time at your mailing address.	
Limits of Insurance – Bodily Injury, Property Damage, and Government Mandated “Clean-Up Costs” Liability Coverages		Forms, Options, and Endorsements* <b>See Attached Schedule- MI 9027</b>	
Limits of Insurance			
Coverage A	\$ _____	Pollution Incident	
(NM only)	\$ _____	Annual Aggregate	
Coverage A & B	\$ <b>1,000,000</b>	Pollution Incident	
	\$ <b>1,000,000</b>	Annual Aggregate	
Coverage C	\$ _____	Pollution Incident	
Retroactive Date:	<u>See Schedule of Designated Sites</u>	Policy Premium	\$ <b>4,689.00</b>
This insurance does not apply to any “pollution incident” that commences prior to the Retroactive Date stated herein.		Surcharge/Taxes (if applicable)	\$ _____
Deductible:	<u>See Schedule of Designated Sites</u>	Total Policy Premium	\$ <b>4,689.00</b>
Address of Insured Sites:	<u>See Schedule of Designated Sites</u>	Billing Method**	<b>Agency Bill No Installments</b>
Countersigned at: <b>IRVING TX</b>		Producer: <b>42-0962</b>	
Date Signed: <b>03/24/2025</b>		<b>PRASLA FINANCIAL GROUP, INC.</b> <b>2300 VALLEY VIEW LANE,</b> <b>SUITE 1005</b> <b>IRVING TX 75062</b>	

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

\*\*Please refer to MyBilling for billing information at <http://MyBilling.mcg-ins.com>.



POLLUTION LIABILTY DECLARATIONS  
SCHEDULE OF COVERAGE  
DECLARATION

Policy No. <b>04-TOP-000058945</b>	Effective Date: <b>03/24/2025</b>
Insured: <b>WHITESTONE BUSINESS INC</b>	Agent: <b>PRASLA FINANCIAL GROUP, INC. 42-0962</b>

See Endorsement TO 00 03

\$4,689.00

Policywriting	Total Advance Premium	<b>\$4,689.00</b>
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## EXTENSION OF FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) made a part of this policy at this time\*:

**	TO3089(08/19)	Loading & Unloading Amend Endt
**	TO3028(01/19)	Texas Changes - Duties
**	TO3026(01/19)	Texas Amendatory Endorsement
**	TO3025(01/19)	TX - Underground Storage Tank
**	TO2001(01/19)	Amendment - Aggregate Limits
**	TO0001(01/19)	Pollution Liab Coverage Form
**	MI9101(05/19)	Economic and Trade Sanctions
**	MI9098(01/16)	MCG In Witness Clause
**	MI9059(04/04)	Fighting Insurance Fraud
**	MI9046(06/10)	MCG Privacy Act Notice
**	MI9014(06/23)	Texas Complaint Notice
**	MI9002(06/00)	Notice of Availability of Loss
**	IL0021(09/08)	Nuclear Energy Liability Excl

\*\* - The form applies to all states unless otherwise indicated

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SCHEDULE OF DESIGNATED SITES**

<b>Site No.</b>	<b>Site Location/Address:</b>	<b>Deductible:</b>	<b>Retroactive Date:</b>
71064	FOODIES CORNER 4 1410 W WHITESTONE BLVD CEDAR PARK TX 78613	5,000	03/24/2017

**Tank Details:**

**Line Details:**

<b>Tank No.</b>	<b>Type</b>	<b>Const.</b>	<b>Install</b>	<b>Capacity</b>	<b>Product</b>	<b>Leak Detect</b>	<b>Spill Contain</b>	<b>Const.</b>	<b>Install</b>	<b>Leak Detect</b>	<b>AST/ UST</b>	<b>Prem.</b>
1	IU	DWFG	09/1997	20,000	DSL	IM	Y	DRF	09/1997	PLLD	UST	561
2	IU	DWFG	09/1997	20,000	UNL	IM	Y	DRF	09/1997	PLLD	UST	561
3	IU	DWFG	09/1997	20,000	UNL	IM	Y	DRF	09/1997	PLLD	UST	561

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SCHEDULE OF DESIGNATED SITES**

<b>Site No.</b>	<b>Site Location/Address:</b>	<b>Deductible:</b>	<b>Retroactive Date:</b>
55347	FOODIES CORNER 5 1405 W WHITESTONE BLVD CEDAR PARK TX 78613	5,000	03/24/2017

**Tank Details:**

**Line Details:**

<b>Tank No.</b>	<b>Type</b>	<b>Const.</b>	<b>Install</b>	<b>Capacity</b>	<b>Product</b>	<b>Leak Detect</b>	<b>Spill Contain</b>	<b>Const.</b>	<b>Install</b>	<b>Leak Detect</b>	<b>AST/ UST</b>	<b>Prem.</b>
1	IU	SO	09/1988	8,000	UNL	GM	Y	SRF	09/1988	PLLD	UST	1,002
2	IU	SO	09/1988	8,000	UNL	GM	Y	SRF	09/1988	PLLD	UST	1,002
3	IU	SO	09/1988	8,000	UNL	GM	Y	SRF	09/1988	PLLD	UST	1,002

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDMENT – AGGREGATE LIMITS OF INSURANCE  
(PER LOCATION)**

This endorsement modifies insurance provided under the following:

POLLUTION LIABILITY COVERAGE FORM – TO 00 01

The Aggregate Limit under LIMITS OF INSURANCE applies separately to each of your “insured sites.”

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ENDORSEMENT – UNDERGROUND STORAGE TANK**

### **STATE OF TEXAS**

This endorsement modifies insurance provided under the following:

#### **POLLUTION LIABILITY COVERAGE FORM**

Period of Coverage:	From:	<b>03/24/2025</b>	To:	<b>03/24/2026</b>
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<b>Named Insured Name and Mailing Address</b>	<b>Insurer Name and Mailing Address</b>
<b>WHITESTONE BUSINESS INC 1405 W WHITESTONE BLVD CEDAR PARK, TX 78613</b>	<b>MID CONTINENT CASUALTY COMPANY 1437 SOUTH BOULDER, SUITE 200 TULSA, OK 74119</b>

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following underground storage tank(s):

Facility ID	Name and Location Address	#PST
<b>71064</b>	<b>FOODIES CORNER 4 1410 W WHITESTONE BLVD CEDAR PARK, TX 78613</b>	<b>0003</b>


For taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are	\$	<b>1,000,000</b>	for each occurrence	\$	<b>1,000,000</b>
For the annual aggregate, exclusive of legal defense costs. This coverage is provided under the Policy Number provided above.					
The effective date of said policy is:		<b>03/24/2025</b>			

2. The Insurance afforded with respect to these occurrences is subject to all the terms and conditions of the policy; provided, however, that any provisions inconsistent with subparagraphs (a) – (e) of this paragraph are to be amended to confirm with these subparagraph(s):
- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

- b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in Title 30, TAC 37.825 of this title, 37.830 of this title, 37.835 of this title, 37.840 of this title, 37.845 of this title and 37.850 of this title.
- c. Whenever requested by the Executive Director of the Texas Commission on Environmental Quality (TCEQ), the Insurer agrees to furnish to the Executive Director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the Insurer, except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of this written notice is received by the insured. Cancellation for non-payment or premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of ten days after a copy of such written notice is received by the insured.
- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in Title 30, Texas Administrative Code 37.835 (b) (1) and that the Insurer is licensed to transact the business of insurance in Texas.



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President/ COO  
Authorized Representative of  
MID-CONTINENT CASUALTY  
COMPANY





**MID-CONTINENT CASUALTY COMPANY**

MI 90 98 01 16

1437 S. BOULDER SUITE 200 TULSA OK 74119

**IN WITNESS CLAUSE**

In Witness Whereof, we have caused this Policy to be executed and attested, and, if required by state law, this Policy shall not be valid unless countersigned by our authorized representative.

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**President**

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**Secretary**