

POLICY NUMBER: 1000010584 EXCESS LIABILITY POLICY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

This endorsement modifies insurance provided under the following:

EXCESS LIABILITY POLICY FORM

XS-103 (10/08)

Effective Date of Change: 07/01/2014 at 12:01 A.M. Change Endorsement No.: 1				
Named Insured:	DETHMERS MANUFACTURING COMPANY			
The following item(s):				
Insured's Name		Insured's Mailing Address		
Policy Number		Company		
Effective/Expiration D	ate	Insured's Legal Status/Business of Insured		
Payment Plan		Premium Determination		
Additional Interested Parties:		Coverage Forms and Endorsements		
Limits/Exposures		Self-Insured Retention		
Covered Property/Located Description		Classification/Class Codes		
Rates		✓ Underlying Insurance		
is (are) changed to read {See Additional Page(s)}:				
The above amendments result in a change in the premium as follows:				



[✓] NO CHANGES [TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM \$	RETURN PREMIUM \$			
Endorsement Effective: 07/01/2014		Countersigned By:	/			
Named Insured: DETHMERS MANUFACTURING COMPANY			Johnson			
			(Authorized Representative)			
	POLICY CHANGES ENDO	DRSEMENT DESCRIPTION				
Schedule of Underlying Insu	POLICY CHANGES ENDORSEMENT DESCRIPTION Schedule of Underlying Insurance is hereby amended per attached.					

Signed for the Company as of the Effective Date above:

Charles H. Dangelo, President

Nehemiah E. Ginsburg, General Counsel



Excess Liability Policy Schedule of Underlying Insurance

Policy Number:	1000010584	Effective Date: 07/01/2014 at 12:01 A.M.	
Named Insured:	DETHMERS MANUFACTURING COMPANY	Issuing Company:	Starr Indemnity & Liability Company

The Declarations, Schedule(s), and all terms and conditions complete this insurance Policy.

Type of Policy or Coverage and

Insurer, Policy Number and Policy Period Limits of Insurance

A. First Underlying Insurance Policy(ies)

Carrier: Phoenix Insurance Company Policy No.: Y-630-9A951468-PHX-14

Limits:

Coverage: GENERAL LIABILITY \$1,000,000 Each Occurrence Limit Policy Period: 07/01/2014 to 07/01/2015 \$2,000,000 General Aggregate Limit

\$2,000,000 Products/Comp. Ops. Aggregate Limit

Carrier: Great American Alliance Insurance

Company

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Limits:

Coverage: EMPLOYERS LIABILITY \$500,000 Disease - Each Accident Limit

Policy Period: 07/01/2014 to 07/01/2015 \$500,000 Disease - Each Employee Limit

\$500,000 Disease - Policy Limit

Carrier: Indian Harbor Insurance Company

Policy No.: ESG3000393

Limits:

Coverage: PRODUCTS LIABILITY

Policy Period: 07/01/2014 to 07/01/2015

\$1,000,000 Each Occurrence

\$2,000,000 Products-Completed Operations Agg

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Carrier: Travelers Indemnity Company of

Connecticut

07/01/2014 to 07/01/2015

Policy No.: Y-840-9A951468-TCT-14

Limits:

Coverage: AUTO LIABILITY

Policy Period:

\$1,000,000

Combined Single Limit

B. Additional Underlying Insurance Policy(ies)

Date of Issue:

12/03/2014

Authorized Representative:

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