



Commercial Insurance Program

Presented to:

WILLIS TOWERS WATSON SOUTHEAST INC
11 N WATER ST STE 19250,
MOBILE, AL 36602-

Representing:

MOBILE PUBLIC LIBRARY
700 GOVERNMENT ST
MOBILE, AL 36602

Prepared by:
Kayla Fernandez
Underwriting Associate

On behalf of
Christopher Anderson
Underwriting Specialist

This quotation is based upon your responses in the application or representations made by your agent. A change in any of your responses could affect this offer. All quotes are subject to the application of the correct modification factors, any pending rate changes, and risk reservation. No alterations in the proposal may be made without the prior written approval of CNA. This quotation is valid for 30 days or the inception date whichever is first. This represents a quote based on the information provided in the application and does not guarantee coverage. Coverages and limits quoted may differ from those requested in the application. The dollar amounts are estimates and may not be actual premiums. The agent does not have authority to bind premium amounts. Only the insurance policy can provide the actual coverages, conditions and premium.

Binding Condition: If these quote terms are accepted and a binding order is received for this account, this quote will serve as a Binder of Insurance and is final. Coverages will be issued per policy forms included in this document. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by CNA. Unless otherwise indicated on this Binder, an annual policy will be issued for this Insured. No alterations to this Binder may be made without the prior written approval of CNA. Coverages and limits bound may differ from those requested in the application and/or quote proposal versions previously provided by CNA. Upon issuance of the insurance policy, this Binder of Insurance is null and void and is replaced by the actual insurance contract. Only the insurance policy can provide the actual coverages, conditions and premiums.



Christopher Anderson
Underwriting Specialist
Christopher.Anderson@cna.com

April 11, 2025

TO: Willis Towers Watson Southeast Inc
RE: **Commercial Account Quotation**

Account Name:	MOBILE PUBLIC LIBRARY	New []	Renewal [x]
Effective Date:	April 10, 2024		

ACCOUNT PREMIUM RECAP

Coverage	Quote #	Eff/Exp Date	Company	Premium
Automobile	6017163317	04/10/24 To 04/10/25	Transportation Insurance Company	\$12,469.00
PARAMOUNT	6017163334	04/10/24 To 04/10/25	The Continental Insurance Company	\$103,950.00
Property				\$103,950.00
General Liability	5093258618	04/10/24 To 04/10/25	American Casualty Company Of Reading, PA	\$15,966.00
Umbrella	6017163320	04/10/24 To 04/10/25	The Continental Insurance Company	\$6,102.00
Total Account Premium				\$138,487.00

DID YOU KNOW?

CNA offers a full suite of Management Liability and Crime coverages in one package policy. These include Directors & Officers, Employment Practices Liability, Fiduciary Liability, Crime and Kidnap/Ransom/Extortion coverages. For more details on these coverages, visit CNA.com.

If you place one or more of these coverages for your customer with a different carrier, and you would like a competitive quote from CNA, you can either send us the other carrier's application or find the CNA application on Agent Center, and select:

- I am searching for: **Applications**
- I want to filter them by **Product or Service: Management Liability**
- And choose the Epack **Extra New Business Application**



Account Quotation Is Subject To:

- To further compliance with producer licensing and appointment laws, our processes require the writing individual producer to be appropriately licensed. If the individual's license is not already validated in our system for the relevant state, they will be contacted by the CNA Agency Maintenance Team.

Comments:

One or more of the CNA Property Casualty companies underwrites this program. CNA is a registered service mark and trade name of CNA Financial Corporation.

This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the policy described. All coverages are not available in all states. Remember that only the policy can provide the actual description, terms, conditions and exclusions.



Account Name: MOBILE PUBLIC LIBRARY

IMPORTANT INFORMATION

NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. Originally, the Act provided that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest as part of an effort to coerce the government or population of the United States. However, the 2007 re-authorization of the Act no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism".

In accordance with this Act, we are required to continue to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium for this coverage will be included for each coverage part as shown below under DISCLOSURE OF PREMIUM and is included in, not in addition to, the premium shown on the Account Premium Recap.

DISCLOSURE OF PREMIUM:

Quote Number	Coverage Part	Terrorism Premium*	Effective Date
6017163320	Umbrella	\$60	04/10/2024
6017163334	Property	\$144	04/10/2024
	Property - Fire Following *		04/10/2024
5093258618	Liability	\$158	04/10/2024

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. Beginning in 2020, 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 Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Further, this coverage is subject to a limit on our liability, pursuant to the federal law where, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) 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.

* Due to state Standard Fire Policy regulations, this premium must be retained even if certified acts of terrorism coverage is excluded for locations in the following states: CA, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WV, and WI (the same regulations apply to terrorism premium retained for Inland Marine for locations in the states of CA, ME, MO, OR and WI).



PROPOSAL SUMMARY

Account Recap(Pricing Summary)

Property

General Liability

Automobile

Umbrella

TRIA Rejection Letter

Contact Information

Warranty of Underlying Coverage

Misc Supplemental Applications

WC Bureau Criticisms and Auto Suspension Notices

Policyholder Fraud Notification



POLICY FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

POLICY NO : 6017163334 EFFECTIVE DATE : 04/10/24 EXPIRATION DATE : 04/10/25

FORM	ED. DATE	FORM NAME
CNA104750XX	06/23	Policyholder Notice - Fraud Notification
CNA62641XX	10/15	First Party Glossary of Defined Terms
CNA62642XX	10/15	Common Terms and Conditions
CNA62647XX	10/15	First Party Terms and Conditions
CNA62814AL	09/12	Cancellation / Non-Renewal - Alabama
CNA62820XX	01/21	PHN OFFER OF TERRORISM COVERAGE-DISCLOSUR OF PREM
CNA81503XX	02/15	Cap on Losses from Certified Acts of Terrorism Endorsement
CNA62823XX	04/23	Policy Holder Notice-Request for Jurisdictional Inspection of Boilers and Pressure Vessels



LOCATION SUMMARY

Throughout this quotation, location numbers referenced will respond to the location summary shown below:

Loc	Address	City	ST	Zip Code
0001	700 GOVERNMENT ST	MOBILE	AL	36602
0002	701 GOVERNMENT ST	MOBILE	AL	36602
0003	40 MCGREGOR AVE S	MOBILE	AL	36608
0004	702 GOVERNMENT ST	MOBILE	AL	36602
0005	601 STANTON RD	MOBILE	AL	36617
0006	5555 GRELOT RD	MOBILE	AL	36609
0007	9150 MOFFETT RD	SEMMES	AL	36575
0008	2668 BERKLEY AVE	MOBILE	AL	36617
0009	753 GOVERNMENT ST	MOBILE	AL	36602
0010	5808 HIGHWAY 90 SUITE 3	THEODORE	AL	36582
0011	1924 DAUPHIN ISLAND PKWY	MOBILE	AL	36605
0012	10329 FREEDLAND AVE	GRAND BAY	AL	36541



PROPERTY

Quote #	6017163334	Company	The Continental Insurance Company
Effective	04/10/24	Expiration	04/10/25

CNA PARAMOUNT – INCLUDED COVERAGES

The coverages are also provided under this policy ("Included" when referring to limits means the coverage is included within the applicable Real or Personal Property or Time Element coverages):

FEES,COSTS AND EXPENSES COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Architects & Engineers and Other Professional Fees	Included within applicable Limit
Brands & Labels Costs and Expenses	Included within applicable Personal Property Limit
Debris Removal Costs and Expenses	Included within applicable Limit
Debris Removal - Additional Costs & Expenses	\$300,000 Each Location
Debris Removal - Uncovered Property	\$5,000 Each Location
Expediting Costs and Expenses	\$50,000 Each Location
Green Insured Property - Costs and Expenses	Included within applicable Limit
Green Insured Property - Time Element	Included within applicable Limit

OFF-SITE COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Deferred Payments	\$25,000 Each Occurrence
Dependent Property - Time Element (Worldwide)	\$250,000 Each Occurrence
Installation Coverage	\$50,000 Each Occurrence
Mobile Computing Devices - Worldwide Coverage	\$25,000 Each Occurrence
Property at Unspecified Locations - Property Damage and Time Element - Each Location	\$100,000
Property at Unspecified Locations – Property Damage and Time Element – Unspecified Locations Combined	Not Applicable
Property in Transit - Property Damage and Time Element Combined	\$100,000 Each Occurrence
Worldwide Media and Accounts Receivable Coverage	\$100,000 Each Occurrence

ADDITIONAL COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Contaminants or Pollutant Cleanup and Removal Coverage - Property Damage and Time Element Combined	\$50,000 Each Location
Contamination by a Refrigerant Coverage	\$25,000 Each Location
Contractual Penalties	\$50,000 Each Occurrence
Denial of Access to Premises - Civil Authority	Included within applicable Time Element Limit /30 days

ADDITIONAL COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Denial of Access to Premises - Ingress/Egress	\$50,000 Each Location
Electronic Vandalism Coverage – Property Damage and Time Element Combined	\$50,000 Aggregate
Employee Theft (includes Employee Benefits Plans - ERISA)	\$50,000 Each Occurrence
Equipment Breakdown – Spoilage	\$250,000 Each Location
Expense to Reduce Loss – Business Income	Included within applicable Business Income Limit
Extended Indemnity Period – Business Income	90 days
Forgery or Alteration	\$50,000 Each Occurrence
Fungi, Wet Rot, Dry Rot and Microbe Coverage - Property Damage and Time Element Combined	\$50,000 Aggregate
Loss Adjustment Expense Coverage	\$25,000 Each Occurrence
Money and Securities	\$25,000 Each Occurrence
Newly Acquired - Other Property	\$1,000,000 Each Occurrence
Newly Acquired Location - Time Element	\$250,000 Each Occurrence
Newly Acquired or Constructed Property - Period of Coverage	180 days
Newly Acquired or Constructed Real Property	\$2,000,000 Each Occurrence
Ordinance or Law Coverage - Demolition and Repair Cost	\$500,000 Each Location
Ordinance or Law Coverage - Increased Period of Restoration	Included within applicable Time Element Limit
Ordinance or Law Coverage - Undamaged Insured Property	Included within applicable Limit
Pair or Set Coverage	Included within applicable Personal Property Limit
Protection of Property - Preservation of Insured Property	\$2,500 Each Occurrence
Protection of Property - Removal of Insured Property	365 days
Reported Unspecified Locations:	
- Real Property	Not Covered
- Personal Property	Not Covered
- Business Income	Not Covered
- Extra Expense	Not Covered
Research and Development Business Income	Included within applicable Business Income Limit
Research and Development Project Property	\$250,000 Each Location
Theft Damage to Non Owned Property	Included within applicable Personal Property Limit
Trees, Shrubs, Plants and Lawns Coverage	\$250,000 Each Location
Trees, Shrubs, Plants and Lawns Coverage	\$5,000 Each Item
Unintentional Errors or Omissions	\$250,000 Each Occurrence
Utility Supply Failure - Time Element (including Overhead Lines)	\$25,000 Each Occurrence



ADDITIONAL COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Utility Supply Failure - Property Damage (including Overhead Lines)	\$500,000 Each Occurrence

ADDITIONAL COVERAGE BASKET	
COVERAGES	LIMIT OF INSURANCE
ADDITIONAL COVERAGE BASKET LIMIT INCLUDES THE FOLLOWING:	\$50,000 Each Location
- Accounts Receivable Coverage	
- Fine Arts Coverage (subject to Per Item Limit of \$100,000)	
- Fire Department Service Charge Coverage	
- Lessee Leasehold Interest Coverage	
- Lost Key Replacement Coverage	
- Non Owned Detached Trailers Coverage	
- Recharge of Fire Protection Equipment Coverage	
- Restoration of Media Coverage	
- Reward Payments Coverage	

OTHER POLICY PROVISIONS: The following coverage provisions also apply, unless noted otherwise.

Valuation	Replacement Cost Fine Arts – Market Value Finished Stock – Selling Price
Covered Cause of Loss	Covered Perils (See First Party Glossary of Definitions), not otherwise excluded.
Coinsurance	None, unless otherwise endorsed
EDP Equipment	Included as Personal Property, unless otherwise excluded
Equipment Breakdown	Mechanical Breakdown, Electrical Injury and Explosion or Rupture are covered perils, unless otherwise excluded

The Property Deductible shown below applies to all loss, damage, cost or expense covered by the Business Property Coverage Part, unless a more specific deductible is shown in the Schedule below, or at a location shown in the Location and Coverage Schedule. If a Qualifying Period is shown below, then the qualifying period will apply to all Business Income and Research and Development Business Income Coverage's. If the Deductible/Other column is shown as blank, the applicable deductible or qualifying period for the covered peril will apply.

MONETARY DEDUCTIBLES	Other Information	Deductible Amount
Property Deductible		\$25,000

QUALIFYING PERIODS		
Time Element		72 hours

LOCATION COVERAGE		
LOC #0001	Address: 700 GOVERNMENT ST, MOBILE, AL 36602	
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE



LOCATION COVERAGE		
LOC #0001 Address: 700 GOVERNMENT ST, MOBILE, AL 36602		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$164,207
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0002 Address: 701 GOVERNMENT ST, MOBILE, AL 36602		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$3,078,865
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$450,000	

LOCATION COVERAGE		
LOC #0003 Address: 40 MCGREGOR AVE S, MOBILE, AL 36608		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$1,488,832
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0004 Address: 702 GOVERNMENT ST, MOBILE, AL 36602		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$27,651
Business Income and Extra Expense		\$1,000,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0005 Address: 601 STANTON RD, MOBILE, AL 36617		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$499,209
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0006 Address: 5555 GRELOT RD, MOBILE, AL 36609		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE



LOCATION COVERAGE		
LOC #0006 Address: 5555 GRELOT RD, MOBILE, AL 36609		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$4,589,509
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$450,000	

LOCATION COVERAGE		
LOC #0007 Address: 9150 MOFFETT RD, SEMMES, AL 36575		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$642,435
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0008 Address: 2668 BERKLEY AVE, MOBILE, AL 36617		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$144,981
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0009 Address: 753 GOVERNMENT ST, MOBILE, AL 36602		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$1,309,903
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0010 Address: 5808 HIGHWAY 90SUITE 3, THEODORE, AL 36582		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$437,476
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0011 Address: 1924 DAUPHIN ISLAND PKWY, MOBILE, AL 36605		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE



LOCATION COVERAGE		
LOC #0011 Address: 1924 DAUPHIN ISLAND PKWY, MOBILE, AL 36605		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$771,222
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0012 Address: 10329 FREEDLAND AVE, GRAND BAY, AL 36541		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Personal Property		\$294,406
Extra Expense		\$100,000
Windstorm or Hail Deductible	\$100,000	

Total Location and Reported Unspecified Location Premium	\$103,542.00
Total Dependent Property (Domestic Premises) Premium	\$0.00
Total Policy Level Coverages Premium	\$408.00
Property Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$144.00
Terrorism – Fire Following Premium	\$0.00
Additional to Meet Minimum Premium	\$0.00
Total Property Premium (if Terrorism Coverage is accepted)	\$103,950.00
Total Estimated Property Premium (if Terrorism Coverage is rejected)*	\$103,806.00

*ESTIMATED premium if Terrorism is rejected. CA, IL and NY have capping regulations that impact the fire-following premium if terrorism is rejected. Refer to the Terrorism Disclosure Notice for more detail. If rejecting Terrorism, contact the underwriter for a premium re-calculation if needed prior to binding.

Special Notations/Comments:

RATED LIMITS FOR LOCATIONS AND REPORTED UNSPECIFIED LOCATIONS SUMMARY:

*Represents the limits used for rating purposes. See Quote Proposal for Limits of Insurance structure for this account.

Loc	Real	Personal Property	Personal Property Excl Stock	Stock	Business Income	Business Income and Extra Expense	Extra Expense	Premium
0001	Not Covered	\$164,207	Not Covered	Not Covered	Not Covered	Not Covered	\$100,000	\$1,096

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.



FORM	ED. DATE	FORM NAME
CNA62648XX	10/15	Business Property Coverage Part
CNA98526XX	05/20	Communicable Disease Exclusion Endorsement
CNA81063XX	10/15	Windstorm or Hail - Direct Damage and Time Element Deductible Endorsement

**POLICY FORM SUMMARY:**

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

POLICY NO : 5093258618 EFFECTIVE DATE : 04/10/24 EXPIRATION DATE : 04/10/25

FORM	ED. DATE	FORM NAME
CNA104750XX	06/23	Policyholder Notice - Fraud Notification
CNA62642XX	10/15	Common Terms and Conditions
CNA62814AL	09/12	Cancellation / Non-Renewal - Alabama
CNA62820XX	01/21	PHN OFFER OF TERRORISM COVERAGE-DISCLOSUR OF PREM
CNA81503XX	02/15	Cap on Losses from Certified Acts of Terrorism Endorsement
CNA75144XX	04/15	Policy Holder Notice - Countrywide - Premium Basis Used on Liability Schedules
CNA89319XX	06/17	Policy Holder Notice - Countrywide



LOCATION SUMMARY

Throughout this quotation, location numbers referenced will respond to the location summary shown below:

Loc	Address	City	ST	Zip Code
0001	700 GOVERNMENT ST	MOBILE	AL	36602
0002	52 WASHINGTON PL 56 WASHINGTON PL	MOBILE	AL	36603
0003	701 GOVERNMENT ST	MOBILE	AL	36602
0004	4 MCGREGOR AVE S	MOBILE	AL	36608
0005	702 GOVERNMENT ST	MOBILE	AL	36602
0006	601 STANTON RD	MOBILE	AL	36617
0007	5555 GRELOT RD	MOBILE	AL	36609
0008	700 1/2 GOVERNMENT ST	MOBILE	AL	36602
0009	9150 MOFFETT RD	SEMMES	AL	36575
0010	2668 BERKLEY AVE	MOBILE	AL	36617
0011	753 GOVERNMENT ST	MOBILE	AL	36602
0012	5808 HIGHWAY 90 SUITE 3	THEODORE	AL	36582
0013	1924 DAUPHIN ISLAND PKWY	MOBILE	AL	36605
0014	10329 FREEDLAND AVE	GRAND BAY	AL	36541



GENERAL LIABILITY

Quote #	5093258618	Company	American Casualty Company Of Reading, PA
Effective	04/10/24	Expiration	04/10/25

LIMITS:

General Liability Coverages	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Medical Expense Limit – Any One Person	\$15,000
Damage to Premises Rented to You Limit	\$100,000
Products/Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit	\$2,000,000

Location: Exposure/Premium/Coverage Summary

Loc	Class Code	Coverage/Hazard Descriptions	Exposure	Prem Basis	Net Rate Premises	Net Rate Prod/CO	Total Estimated Premium
0001	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	6,080	(A)	86.539		\$526
0002	80168	Vacant Land. Products - Completed Operations are subject to the General Aggregate Limit	1	(AC)	27.801		\$28
0003	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	44,536	(A)	86.539		\$3,854
0004	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	12,900	(A)	86.539		\$1,116
0005	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	1,536	(A)	86.539		\$133
0006	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	17,500	(A)	86.539		\$1,514
0007	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	62,000	(A)	86.539		\$5,365
0008	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	800	(A)	86.539		\$69



Loc	Class Code	Coverage/Hazard Descriptions	Exposure	Prem Basis	Net Rate Premises	Net Rate Prod/CO	Total Estimated Premium
0009	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	17,557	(A)	86.539		\$1,519
0010	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	1,647	(A)	86.539		\$143
0011	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	4,049	(A)	86.539		\$350
0012	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	3,452	(A)	86.539		\$299
0013	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	6,000	(A)	86.539		\$519
0014	66309	Libraries. Products - Completed Operations are subject to the General Aggregate Limit	2,500	(A)	86.539		\$216

Ratings and Premium Basis:

(S) - Gross Sales, (P) - Payroll, (A) - Area, (C) - Total Cost, (M) - Admissions, (U) - Unit/Each, (T) – Other

Please refer to form # CNA75144XX 01-15 for full definitions of premium basis

Policy Level Coverages	Exposure	Prem Basis	Rate/%	Estimated Premium
General Liability Extension Endorsement		(SL)	1%	\$157

General Liability Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$158.00
Additional to Meet Minimum Premium	\$0.00
Total General Liability Premium	\$15,966.00

Special Notations/Comments:

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

FORM	ED. DATE	FORM NAME
CG0001	04/13	Commercial General Liability Coverage Form
CNA74879XX	01/15	General Liability Extension Endorsement



FORM	ED. DATE	FORM NAME
CNA74843XX	01/15	Pollution Exclusion Amendatory Endorsement
CG0069	12/23	Exclusion - Violation Of Law Addressing Data Privacy
CG2106	12/23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information
CG4035	12/23	Exclusion - Cyber Incident
CNA74687XX	01/15	Silica Exclusion Endorsement
CNA74708XX	01/15	Fungi / Mold / Mildew / Yeast / Microbe Exclusion Endorsement
CNA74761XX	01/15	Employment-Related Practices Exclusion Endorsement
CNA74975XX	01/15	Absolute Abuse or Molestation Exclusion Endorsement
CNA75116XX	01/15	Amendment - Infringement of Copyright, Patent, Trademark Trade Secret or Other Intellectual Property Rights or Laws Endorsement
CNA62646XX	01/15	Bridge Endorsement
CNA74726XX	01/15	Calculation of Premium Endorsement
CNA74719XX	01/15	Asbestos Exclusion Endorsement
CNA74727XX	01/15	Nuclear Energy Liability Exclusion Endorsement (Broad Form)



CNA PARAMOUNT
Policy Holder Notice – Countrywide
Premium Basis Used on Liability Schedules

This policy includes one or more Liability coverages with associated Schedules of locations, coverages or classifications. When such Schedules display an Exposure amount used to calculate premium, the Exposure amount is often followed by an abbreviation that denotes what the Exposure amount represents (Payroll, Gross Sales, Area, etc.). Such abbreviations are described below.

A	= Area	(Per 1,000 Sq. ft.)	GL	= Gallons	(Per 1,000 Gallons)
AC	= Acres	(Each)	GS	= Grandstands/Bleacher	(Each)
AD	= Activity Days	(Each)	H	= Number of Golf Holes	(Each)
AN	= Animals	(Each)	HO	= Hoists	(Each)
AP	= Airports	(Each)	HQ	= Headquarters	(Each)
AT	= Attendants	(Each)	K	= Kennels	(Each)
AU	= Audited Premium	(Last Year of Manufacture - %)	L	= Limit	(Limit of Insurance for Coverage)
B	= Bodies	(Each)	LD	= Locations Days	(Each)
BA	= Bales	(Per 1,000 Bales)	LE	= Lessees	(Each)
BD	= Beds	(Each)	LO	= Locations	(Each)
BE	= Beaches	(Each)	LR	= Lakes/Reservoirs	(Each)
BO	= Boats	(Each)	LW	= Lawyers	(Each)
C	= Total Cost	(Per \$1,000 of Total Cost*)	M	= Admissions	(Per 1,000 Admissions)
CD	= Camper Days	(Each Camper Day)	ME	= Members	(Each)
CN	= Contestants	(Each)	MH	= Model Homes	(Each)
CU	= Convention Days	(Each)	MI	= Miles	(Each)
CW	= Cost of Work	(Per \$1,000 of Total Cost of Work)	NB	= Newsboys	(Each)
DB	= Drawbridges	(Each)	O	= Operators	(Each)
DM	= Dams	(Each)	OE	= Operating Expenditures	(Per \$1,000 of Operating Expenditures)
DW	= Dwellings	(Each)	P	= Payroll	(Per \$1,000 of Payroll*)
E	= Each	(Per Entity Described)	PD	= Passenger Days	(Per 1,000 Passenger Days)
EM	= Employees	(Each)	PG	= Picnic Grounds	(Each)
ES	= Solar Energy Systems	(Each)	PP	= Parks/Playgrounds	(Each)
ET	= Turbines	(Each)	PR	= Parades	(Each)
EX	= Exhibitions	(Each)	PS	= Persons	(Each)
F	= Flat Charge	(Flat Premium Charge)	PU	= Pupils	(Each)
FG	= Fairgrounds	(Each)	R	= Receipts	(Per \$1,000 of Receipts)
FM	= Faculty Members	(Each)	RG	= Registrants	(Each)
FP	= Fishing Piers	(Each)	RN	= Range	(Each)
G	= Graduates	(Each)	RV	= Revenue	(Per \$1,000 of Revenue)
GA	= Games	(Each)	SP	= Swimming Pools	(Each)
S	= Gross Sales	(Per \$1,000 of Gross Sales)	ST	= Stations	(Each)
SA	= Classification	(Total Class Specific Premium - %)	SU	= Sub 334 (Premium Premises & Operations Premium %)	
SB	= Sub 336 Premium	(Products & Completed Operations Premium - %)	TE	= Teams	(Each)
SC	= Scouts	(Each)	TO	= Towers	(Each)
SD	= Students	(Each)	U	= Unit	(Per Dwelling Unit)
SE	= Seats	(Each)	VE	= Vehicles	(Per 1,000 Vehicles)
SG	= Total GL Premium	(General Liability Premium -%)	VO	= Volunteers	(Each)
SH	= Shows	(Each)	WC	= WC Premium	(Per 1,000 of Workers' Compensation Premium)
SL	= 334/336 Premium	(Premises & Operations Premium - %)	Z	= Zoos	(Each)

CNA75144XX 0

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UWS Rev 01/27/2017 (PREMBS.doc)



AUTOMOBILE

Quote #	6017163317	Company	Transportation Insurance Company
Effective	04/10/24	Expiration	04/10/25

Premium Summary

Coverage	Symbol	Limit / Deductible	Premium
LIABILITY	1	\$1,000,000 Combined Single Limit No Deductible	\$9,757
MEDICAL PAYMENTS	2	\$5,000 Limit	\$27
UNINSURED MOTORISTS	2	\$1,000,000 Combined Single Limit	\$297
COMPREHENSIVE	7,8	See Schedule	\$601
COLLISION	7,8	See Schedule	\$1,664
		Premium for Endorsements	\$123
		Total Coverage Premium	\$12,469

Coverage Detail for Vehicles:

Veh #	Model Year	Make/Model/VIN	Class Code	ST	Garaging Location/Terr	Deductibles Comp Coll	Premium
0001	2014	FREIGHTLINER - SPRINTER 3500 WDYPF4CC2E5876 593	7960	AL	MOBILE,MOBILE / 115	\$2,000/4* \$2,000	\$2,692
0002	2016	PORT CITY - UTILITY TRAILER 4PCU21420H10000 33	69199	AL	MOBILE,MOBILE / 115	\$1,000/4* \$1,000	\$437
0003	2020	ISUZU - NPR HD 54DC4W1B0LS804 906	23199	AL	MOBILE,MOBILE / 115	\$2,000/4* \$2,000	\$4,785

*SPC=Specified Cause of Loss, LSPC=Limited Specified Cause of Loss, F=Fire, FT=Fire and Theft, FTW=Fire, Theft and Windstorm, 1=Glass, 2=Theft, Mischief or Vandalism, 3=Theft, Mischief or Vandalism (Glass), 4=All Perils, 5=All Perils (Glass)

Other Coverages	State	Exposure Base	Exposure/ Deductible	Premium
EXTENDED BUSINESS AUTO PLUS ENDORSEMENT	AL	Percentage	1	\$123
HIRED AUTO - LIABILITY COMBINED SINGLE LIMIT	AL		If Any	\$500
HIRED AUTO - COLLISION	AL		\$1,000	Included
NON-OWNED AUTO - LIABILITY COMBINED SINGLE LIMIT	AL	Number of Employees	500	\$3,682
HIRED AUTO - COMPREHENSIVE	AL		\$100	\$250

Automobile Taxes, Fees, and Surcharges	\$0.00
Total Automobile Premium	\$12,469.00

Special Notations/Comments:

**FORM SUMMARY:**

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

FORM	ED. DATE	FORM NAME
CA 00 01	11/20	BUSINESS AUTO COVERAGE FORM
CA 20 01	11/20	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE
CA 20 54	11/20	EMPLOYEE HIRED AUTOS
CA 21 59	10/13	ALABAMA UNINSURED MOTORISTS COVERAGE
CA 23 44	11/20	PUBLIC OR LIVERY PASSENGER CONVEYANCE EXCLUSION
CA 99 03	10/13	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 16	10/13	HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN
CA 99 28	11/20	STATED AMOUNT INSURANCE
CA 99 44	10/13	LOSS PAYABLE CLAUSE
CNA104750XX	06/23	POLICYHOLDER NOTICE - FRAUD NOTIFICATION
CNA84401XX	12/15	PAYMENT PLAN SCHEDULE
CNA85611XX	01/21	BUSINESS AUTO COVERAGE PART DECLARATIONS
CNA86257XX	07/16	UNINSURED/UNDERINSURED MOTORIST SUPPLEMENTARY SCHEDULE
CNA86492XX	03/18	COMMERCIAL AUTO POLICY HOLDERS RIDE-SHARING EXCLUSION
G-144291-A	03/03	ECONOMIC AND TRADE SANCTIONS CONDITION
IL 00 03	09/08	CALCULATION OF PREMIUM
IL 00 17	11/98	COMMON POLICY CONDITIONS
IL 00 21	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
SCA 23 500 D	10/11	EXTENDED COVERAGE ENDORSEMENT BA PLUS

If UM/UIM is requested, signed supplemental applications denoting limits will be required prior to inception date.

Final premium is subject to VIN verification.

Loss payee information as provided



UMBRELLA

Quote #	6017163320	Company	The Continental Insurance Company
Effective	04/10/24	Expiration	04/10/25

LIMITS:

Each Incident Limit:	\$2,000,000
Aggregate:	\$2,000,000
Policy Aggregate:	N/A
Aggregate Products-Completed Operations Hazard:	\$2,000,000
Crisis Management Expenses Aggregate:	\$300,000
Key Employee Replacement Expenses Aggregate:	\$100,000
Self Insured Retention	\$10,000
Terrorism Premium	\$60.00
Premium	\$6,102.00

Special Notations/Comments:

This CNA quote is conditioned upon verification of underlying coverage, limits and premium. You must promptly advise us of any material change in the underlying coverage relied upon for purposes of creating this quote. In the event of such material change, CNA reserves the right to revise or withdraw this quote.

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

FORM	ED. DATE	FORM NAME
CNA102395XX	08/21	EMPLOYERS LIABILITY (UNLIMITED) EXCLUSION ENDORSEMENT
CNA104750XX	06/23	POLICYHOLDER NOTICE - FRAUD NOTIFICATION
CNA62814AL	09/12	CANCELLATION AND NON-RENEWAL ENDORSEMENT - ALABAMA
CNA75501XX	03/15	CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY DECLARATIONS
CNA75504XX	03/15	CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY
CNA75532XX	01/21	NOTICE OFFER OF TERRORISM COVERAGE DISCLOSURE OF PREMIUM
CNA76447XX	03/15	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CNA76462XX	10/17	NONCONCURRENT UNDERLYING INSURANCE ENDORSEMENT
CNA76492XX	03/15	UNDERLYING INSURANCE COVERAGE LIMITATION ENDORSEMENT
CNA76614XX	03/15	POLICYHOLDER NOTICE OF AC REQUIREMENTS
CNA84401XX	12/15	PAYMENT PLAN SCHEDULE
CNA88301XX	08/17	AMENDMENT TO NAMED INSURED



REJECTION OF CERTIFIED ACTS OF TERRORISM COVERAGE

INSTRUCTIONS TO INSURED:

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

This Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism, which is an act committed by an individual or individuals to coerce the government or population of the United States, that results in aggregate losses of \$5 million or more. The 2007 re-authorization no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism."

You may choose to exclude Certified Acts of Terrorism, as described above. This Rejection of Certified Acts of Terrorism Coverage Form is valid only if fully completed and returned to us. For each Coverage Part rejected, the corresponding "Reject" area must be checked, and the "Policy Number" and "Policy Period" must be indicated. In addition, the SIGNATURE BLOCK (below) must be completed in its entirety. The applicable policy will then be endorsed to exclude terrorism, and the premium recalculated.

The states of CA, CT, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WI, and WV have Standard Fire Policy (SFP) statutes that are applicable to your Property and, in CA, ME, MO, OR and WI, to your Inland Marine coverages. In these states, coverage is required to be provided for fire damage that results or follows from any cause of loss, even those that are otherwise excluded. As a result, although certified acts of terrorism are excluded from your policy, we are statutorily required to insure against fire damage that might result from otherwise excluded acts of terrorism. In addition, certain states may not allow coverage for certified acts of terrorism to be rejected for any coverage part. Terrorism coverage cannot be rejected for Workers' Compensation in any state.

If the circumstances in the above paragraph apply, the United States Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Beginning in 2020, 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 Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Further, this coverage is subject to a limit on our liability, pursuant to the federal law where if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the 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.

This Rejection of Certified Acts of Terrorism Coverage Form applies only during the "Policy Period" indicated below. Please consult your CNA agent with any questions regarding this form.



REJECTION OF TERRORISM STATEMENT

Coverage Part/Policy Form	Reject	Policy Number	Policy Period	
Property	X	PMT 6017163334	04/10/24	04/10/25
General Liability	X	GL 5093258618	04/10/24	04/10/25
Umbrella	X	CUE 6017163320	04/10/24	04/10/25

I hereby acknowledge that I have been notified that under the Terrorism Risk Insurance Act, any covered losses caused by a "Certified Act of Terrorism" will be partially reimbursed by the United States and I have been notified of the amount of my premium of such coverage.

I hereby agree to the rejection of terrorism coverage for the listed coverage parts, as indicated above. I understand that a rejection of terrorism coverage means the exclusion of foreign and domestic acts of terrorism that are determined by the Department of Treasury to be Certified Acts of Terrorism as defined in the Terrorism Risk Insurance Act. I also recognize by waiving this coverage, the insurer has no obligation to add terrorism coverage at a later date within this policy term. I hereby agree that I am abiding by the rules and terms of my mortgagee, loss payee or additional insured as interest may appear, and have notified them of my intent to reject coverage.

SIGNATURE BLOCK

By: _____	_____
Authorized Representative's Signature	Authorized Representative's Title
<u>MOBILE PUBLIC LIBRARY</u> _____	_____
Named Insured	Date of Signature

CNA Update 10/30/2020 (TRIAREj.doc)



CNA Worldwide Operations - How Can We Help You?

We want to provide you with the most efficient, accurate and best possible service. You may reach a department, team or individual in Worldwide Operations-Maitland by calling toll free 877-574-0540.

CNA Central.com	Available 24 hours a day, 7 days a week for new business on-line quote and issuance processing for CNA Connect, Commercial Auto, Workers' Compensation and Umbrella business. For all service support questions: Toll Free: 800-CNA-HELP (800-262-4357) E-mail: CNA.HELP@cna.com	
Customer Support Center	Contact the Customer Support Center for status on new business, renewals, endorsements, CNA Central support, and all other service support questions. Toll Free: 877-574-0540 E-mail: CIC@cnacentral.com	
Mail	Send U.S. mail to: CNA Processing Operation PO BOX 946350 Lake Mary, FL 32746	Send overnight mail to: CNA Processing Operation 500 Colonial Center Parkway Lake Mary, FL 32746
New Business	Send all Commercial Lines Middle Market requests via e-mail, fax, and mail as indicated below: <i>Do not send new business to the branch or underwriter, as it may delay processing.</i> Small Business submissions should be via CNA Central or Real-Time Quoting. E-mail: CNANEWBUSINESS@CNA.COM	
Endorsements	Send all endorsement requests via e-mail, fax, and mail, as indicated below. If we made an error on your new business, renewal or endorsement policy, please complete and fax the quality letter that was attached to the transaction. <i>Do not send endorsements to the branch or underwriter, as it may delay processing.</i> Fax: 877-363-8669 E-mail: CJET@cna.com	
Small Business Service	Contact the Licensed CSR staff for status on new business, renewals, Endorsements, certificates of insurance, etc., for SERVICE CENTER ACCOUNTS ONLY . Toll Free: 877-724-2669 Fax: 877-763-5122 E-Mail: SBICCSR@cna.com	
Center Contracted Agents only		
Billing and Collections	Direct Bill - Contact the Customer Support Center for payments, commissions or payment inquiries, and all other billing support questions. Toll Free: 877-276-7507 E-mail: CIDIRECTBILL@cnacentral.com Send Direct Bill commission correspondence to: E-mail: CIDBCOMMISSIONS@cnacentral.com	
	Send Direct Bill U.S. mail payments to: CNA INSURANCE PO Box 74007619 CHICAGO IL 60674-7619	Agency Bill Send Agency Bill correspondence to: E-mail: CIAGENCYBILL@cnacentral.com Toll Free: 855-262-2345
Cancellations Reinstatements	Toll Free: 877-574-0540	E-mail: FSRMail@cnacentral.com
Filings, Claim Kits, Loss Runs		
DMV Changes		
Premium Audit	EAST (CT, DE, DC, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV) CNA Premium Audit Department Spring Ridge Corporate Center One Meridian Boulevard, Suite 3A01 Wyomissing, PA 19610 Phone: 800-847-2736 Fax: 800-262-9633	ALL OTHER Email: cnapremiumaudit@cna.com CNA Premium Audit Department PO BOX 946350 Lake Mary, FL 32746 Phone: 800-847-2736 Fax: 407-670-0156



WARRANTY OF UNDERLYING COVERAGE:

Umbrella coverage is being quoted based on the following underlying coverages and limits in place with effective dates that are concurrent with the quoted umbrella effective dates. Changes to the insurer or underlying limits of insurance or failure to purchase the underlying coverages referenced will change the pricing and/or coverage structure of the umbrella, and may effect our decision to offer any Umbrella coverage. Binding this coverage indicates an acknowledgement of the information shown below. Any change during the policy period must promptly be reported to us and may result in cancellation of coverage.

INSURED WARRANTS THAT THE FOLLOWING COVERAGES ARE IN PLACE AND WILL BE MAINTAINED THOUGHOUT THE POLICY PERIOD. THIS IS A MATERIAL CONDITION UPON WHICH THE INSURANCE CARRIER HAS RELIED IN QUOTING YOUR UMBRELLA COVERAGE:

- | | |
|---------------------------|-------------------------------|
| I. General Liability: | As per CNA Quotation attached |
| II. Automobile Liability: | As per CNA Quotation attached |
| III. Employers Liability: | As per CNA Quotation attached |

IV. Other CNA Coverage:

If carrier other than CNA, complete below:

Employers Liability:

Carrier:	
Effective Dates:	
Each Accident:	\$
Disease – Policy Limit:	\$
Disease – Each Employee:	\$

Warranties and representations made regarding underlying coverages apply to Umbrella.

Note: If the carrier information is not filled in, this quotation is subject to your completion of this form indicating coverage with an admitted carrier with a rating of A-VII or better by A.M.Best.

UWS Rev. 9/25/15 (WarranUC.doc)



Important information - If this quote includes Workers' Compensation or Commercial Auto

How to Avoid WC Bureau Criticisms and Auto Suspension Notices

Exceeding Service Expectations for Our Mutual Clients

Recently, many state bureaus have upgraded their systems to perform higher-quality compliance reviews. As a result, we have seen an uptick in both Workers' Compensation ("WC") criticisms and Automobile ("Auto") suspension notices being sent to our mutual customers. In collaboration with you, our brokers and agents, we usually resolve these quickly. However, we would like to avoid these notices from being sent at all.

The following guidance is being shared to explain some of the main causes for WC criticisms and Auto suspension notices, so you can work with your clients to provide us with necessary information early in the submission or binding process. In addition to helping avoid WC criticisms, providing this information prior to issuing the policy will also help ensure that WC posting notices will be sent out correctly the first time.

Workers' Compensation

The best way to avoid WC criticisms is to ensure we receive complete information prior to issuing the policy. Complete information relative to WC is defined as follows:

FEIN> NAME> LINK TO STATE> UI#. If any of the items below are incorrect or missing, the state will not accept the proof of coverage as valid, which may result in a WC criticism.

- Electronic filing for proof of coverage is by the FEIN number. Each Named Insured and FEIN listed on the policy must be linked to the state location or locations where the entity is registered to file proof of coverage. **Two Named Insureds can not share the same FEIN.**
- The **Named Insured/Employing Entity** included on the policy must have payroll associated with its operations.
- Each **Named Insured listed on the policy must be combinable with the policy owner/First Named Insured** by common ownership of at least 51%. In states other than California, ownership information must be provided on the ERM-14 form, which should be obtained prior to issuance when multiple names are on or added to a policy. In California, Form 601B is completed electronically by the Agent/Insured.
- All physical locations must be added to a policy unless the insured has no physical address and is a contractor or salesperson.

When a "no specific location" entry is provided instead of the "physical location" the Named Insured's mailing address is used. However, some states do not permit a "no specific location" entry so a physical address is needed. The physical address is requested by way of a criticism in Michigan, Wisconsin and California.

To comply with state guidelines, prior to issuing a policy; **HI, ME, MN, NJ, NY, RI &** require the State Unemployment ID number (UI#); HI UI# is called D.O.L.#; NJ UI# is called NJTIN. Policies will be rejected for proof of coverage without the valid UI#/D.O.L.#/NJTIN.

- Please note that a Legal Entity must be an employing entity in the United States. Any Named Insured with a foreign country in its name **should not** be listed on the policy.

Automobile

In order to best mitigate Auto suspension notices from being sent, we must have the following information for each vehicle:

- A valid VIN#
- Garage Location
- Proper registrant name for each vehicle (Do not assume that every vehicle is registered to the First Named Insured)
- FEIN numbers

SPECIAL NOTE:

These guidelines apply to **BOTH** new business, renewals and endorsements for WC and Auto. When adding entities or vehicles midterm, receipt of the complete information outlined above is needed.

(wcpolattach.doc) UWS Rev 11/27/20



POLICYHOLDER NOTICE - FRAUD NOTIFICATION

IMPORTANT INFORMATION

POLICYHOLDER FRAUD NOTIFICATION

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Iowa, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, South Carolina, South Dakota, Texas, Utah, Vermont:

Any person who knowingly presents false or fraudulent information in **an** application for insurance, to obtain or amend insurance coverage, or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who knowingly presents false or fraudulent information in an application for insurance, to obtain or amend insurance coverage, or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan, Wisconsin, Wyoming:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York – **SIGNATURE REQUIRED** (See bottom of this notice)

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: **WARNING**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Oregon: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement of material fact, may be guilty of insurance fraud and subject to criminal or civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



NEW YORK ONLY - Signature Required:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Insured

Applicant Date

Authorized Representative

Title

CNA104750XX (Ed 6/23) UWS Rev 11/17/2023 (104750.doc)

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