

CUSTOMER NUMBER: 2726089

RUN DATE: 07-18-23

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE, MD 21228-6213

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE, MD 21228-6213

# Go green. Go paperless.

Switch to **Paperless Delivery**\* and help reduce your carbon footprint. View your policy and billing documents, notifications and confirmations of payments online.

Register now through **Commercial My Account**  
on Allstate.com

\*State exceptions may apply

CUSTOMER NUMBER: 2726089

RUN DATE: 07-18-23

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE, MD 21228-6213

VALUE VILLAGE THRIFT STORES, INC.;  
THRIFT STORES OF WASHINGTON, D.C., INC.;  
3424 EASTERN AVE  
BALTIMORE, MD 21224-4121

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on Allstate.com

\*State exceptions may apply

IMPORTANT NOTICE ABOUT YOUR RENEWAL OFFER

ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD, SUITE D2W  
NORTHBROOK, IL 60062

DATE: 07/18/2023

VALUE VILLAGE THRIFT STORES, INC.; TH  
3424 EASTERN AVE  
BALTIMORE MD 212244121

POLICY NUMBER: 648910297  
EFFECTIVE DATE OF RENEWAL: 10/01/2023

Dear Policyholder,

Thank you for being a valued Allstate Insurance Company customer. We hope you are completely satisfied with everything Allstate has to offer.

We want to let you know about a change related to your policy. Please note that with this renewal offer, your current annual premium will be increasing. Please see the **Notice of Policy Conditional Renewal** accompanying this letter.

While we know this isn't welcome news, we also want you to know that there are ways you can help manage your insurance costs without sacrificing quality Allstate Insurance Company coverage. For example, some of the ways you may be able to maintain or even reduce your premium include:

- Reviewing your coverages and determining whether or not any changes are needed
- Adjusting your deductible

So we encourage you to contact your Allstate Insurance Company representative to discuss whether any of these suggestions will work for you.

We know that insurance costs are extremely important to you, and it's one of our goals to help you manage those costs while always keeping you in Good Hands®. Thank you for choosing Allstate Insurance Company.

Sincerely,

Customer Service

cc:

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
(410)774-4313

XM CW 10 02 12

Allstate Insurance Company

ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD  
BUILDING D2W  
NORTHBROOK IL 60062

## NOTICE OF POLICY CONDITIONAL RENEWAL

Named Insured & Mailing Address:

Producer: C3984

VALUE VILLAGE THRIFT STORES, INC.; TH  
3424 EASTERN AVE  
BALTIMORE MD 21224-4121

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE MD 21228-6213

Policy No.: 648910297  
Type of Policy: EXCESS LIABILITY OCCURRENCE  
Date of Expiration: 10/01/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following:

An increase in premium of \$10855

Your expiring premium is: \$31301

With this proposed increase, your renewal premium will be: \$42156

The reason for the increase is DUE TO CHANGES IN FILED RATES AND/OR OTHER POLICY CHANGES.

If you have questions regarding the increase in premium, you may contact your Company Representative at the following number: (410) 774-4313

Named Insured

VALUE VILLAGE THRIFT STORES, INC.; TH  
3424 EASTERN AVE  
BALTIMORE MD 21224-4121

Date Mailed:  
9th day of August, 2023

AUTHORIZED REPRESENTATIVE

**Thank you for being a loyal Allstate Insurance Company customer – we're delighted to have you with us!**

Dear Valued Customer,

**Here's Your Allstate Business Insurance Renewal Offer**

We're pleased to offer to continue your Allstate policy for another twelve months, so you can keep getting:

- Quality coverage at competitive prices
- Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

**What's In This Package?**

This package contains your insurance documents, including your Renewal Declarations Page—which lists your coverages, coverage limits, premiums and any discounts you're receiving. You'll want to review the Declarations Page to make sure you're comfortable with the coverage choices you've made. Keep in mind that policy documents may change, so you should carefully review them at each renewal.

**Your Billing And Renewing**

We will send you a payment notice in a separate mailing, which will list several convenient payment options. Please mail your payment to us by the due date indicated to ensure that you're protected.

*Renewing your coverage is simple*—just make sure we receive the required premium payment when it's due.

**Have Questions?**

Feel free to give your Allstate representative a call if you have any questions or if you see something that needs updating—coverages, limits, deductibles. Your Allstate representative will be happy to provide you with any additional information.

**We Appreciate Your Business**

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.

Sincerely,



Ryan Michel  
President  
Allstate Business Insurance  
Allstate Insurance Company  
Enclosures

XM CW 02 05 22

**IMPORTANT NOTICE – PLEASE READ IT CAREFULLY**

## **MARYLAND PREMIUM NOTICE**

We are notifying you that we will waive any return premium of \$5.00 or less. This premium will be refunded upon your request. If you have any questions, please contact your agent.

## **IMPORTANT NOTICE**

To obtain information or make a complaint:

You may call Allstate Insurance Company's toll-free telephone number for information or to make a complaint at

**1-855-552-6636**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

**1-800-252-3439**

You may write the Texas Department of Insurance

P.O. Box 149104

Austin, TX 78714-9104

FAX # (512) 475-1771

Web: <http://www.tdi.state.tx.us>

E-mail: ConsumerProtection@tdi.state.tx.us

### **PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

### **ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for your information only and does not become a part or condition of the attached document.

**Policy Number**  
**648910297**

**COMMON POLICY DECLARATIONS**

**Allstate Insurance Company**

2775 Sanders Road, Northbrook, IL 60062

**A STOCK INSURANCE COMPANY**

<b>Item 1.</b>	<b>Named Insured and Mailing Address</b>	<b>Agent Name and Address</b>
	VALUE VILLAGE THRIFT STORES, (SEE NAMED INSURED ENDT) 3424 EASTERN AVE BALTIMORE MD 21224-4121	HBW INSURANCE GROUP INC 2 E ROLLING XRDS STE 151 CATONSVILLE MD 21228-6213
<b>Item 2.</b>	<b>Policy Period</b>	<b>From: 10-01-2023 To: 10-01-2024</b>
	<b>at 12:01 A.M., Standard Time at your mailing address shown above.</b>	
<b>Item 3.</b>	<b>Business Description: RETAIL STORE</b>	
	<b>Form of Business: CORPORATION</b>	
<b>Item 4.</b>	In return for the payment of the premium, and subject to all the 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
	<b>Coverage Part(s)</b>	<b>Premium</b>
	Commercial Property Coverage Part	
	Commercial General Liability Coverage Part	
	Crime and Fidelity Coverage Part	
	Commercial Inland Marine Coverage Part	
	Commercial Auto (Business or Truckers) Coverage Part	
	Commercial Garage Coverage Part	
	COMMERCIAL EXCESS LIABILITY COVERAGE PART	\$ 42,156.00
	Terrorism Risk Insurance Act Coverage	INCLUDED
	<b>Total Policy Premium</b>	\$ 42,156.00
<b>Item 5.</b>	<b>Forms and Endorsements</b>	
	Form(s) and Endorsement(s) made a part of this policy at time of issue:	
	<b>See Schedule of Forms and Endorsements</b>	

**SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS**

Countersigned:

Date: 07-18-23

By: HBW INSURANCE GROUP INC  
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



**Policy Number**  
**648910297**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

**Named Insured** VALUE VILLAGE THRIFT STORES,

**Effective Date:** 10-01-23  
12:01 A.M., Standard Time

**Agent Name** HBW INSURANCE GROUP INC

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

VALUE VILLAGE THRIFT STORES,  
INC.; THRIFT STORES OF  
WASHINGTON, D.C., INC.;  
DRIVING FORCE, INC

## Important Payment Information – Please Read Carefully.

### Total Premium for the Policy Period

If you pay in installments*	\$42,156.00
If you pay in full (includes FullPay® Discount)**	

#### Choose one of the following types of payment plans that best meets your needs:

\* **Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a \$3.50 installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

\*\* **Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

**Late Fee** – A \$15.00 late fee may be assessed if payment is received after due date.

**Policy Fee** – A policy fee of \$30.00 may be applied to the policy at the beginning of each policy period.

If fees are not paid, action may be taken up to termination of the policy for non-payment.

## Ways to pay

---

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a \$1.00 installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a \$3.50 installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

**Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.**

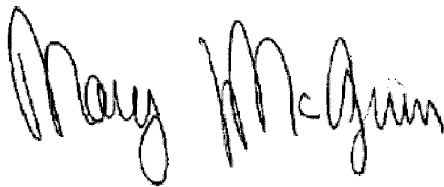
**Failure to pay your premium when due may result in a premium surcharge at renewal.**

POLICY NUMBER: 648910297

MULTILINE  
AM CW 02 11 09

**WITNESS CLAUSE**

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn

Secretary



Thomas J. Wilson

President

Countersigned by : HBW INSURANCE GROUP INC, Authorized Representative

## **ALLSTATE CLAIM REPORTING**

**To report a claim on your Allstate Business Insurance policy, you may contact your agent for assistance or you may report your claim directly by contacting us at the following phone numbers.**

**To report a claim for:**

**Commercial Property/Casualty policies: 1(800) 359-1000**

**Policy Number**  
**648910297**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

**Named Insured** VALUE VILLAGE THRIFT STORES,

**Effective Date:** 10-01-23  
 12:01 A.M., Standard Time

**Agent Name** HBW INSURANCE GROUP INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
APPLIES TO: MD, OK, TX		
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
APPLIES TO: MD, OK, TX		
AM CW 02	11-09	WITNESS CLAUSE
APPLIES TO: MD, OK, TX		
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
APPLIES TO: MD, OK, TX		
IL 09 85	12-20	DISCLOSURE PURSUANT/TERROR RISK INS ACT
APPLIES TO: MD, OK, TX		

EXCESS POLICY FORMS AND ENDORSEMENTS

DU CW 50	01-10	COMMERCIAL EXCESS LIABILITY DECLARATION
DU CW 51	01-10	SCHEDULE OF UNDERLYING INS. EXCESS LIAB.
*CX 02 13	11-13	TEXAS CHANGES CANCELLATION AND NON RENL
*CX 01 30	09-08	MARYLAND CHANGES
*CX 02 04	09-08	OK CHANGES - CANC AND NON RENL
*CX 02 35	12-17	MD CHANGES - CANCELLATION AND NONRENEWAL
*CX 21 01	09-08	NUCLEAR ENERGY LIAB EXCL BROAD FM
*CX 21 02	04-13	TOTAL POLLUTION EXCLUSION
*CX 21 16	04-13	EXCLUSION-SILICA OR SILICA-RELATED DUST
*CX 21 19	04-13	EXCLUSION - EMPLOYMENT-RELATED PRACTICES
*CX 21 20	04-13	EXCLUSION - PROFESSIONAL SERVICES
*CX 21 31	01-15	EXCL OTHER ACTS OF TERROR O/S US W/CAP
*CX 21 47	11-16	PUBLIC OR LIVERY PASS CONV ON-DEMAND EXC
*CX 21 62	12-18	TX PUBLIC LIVERY TRANS & ON-DEMAND EXCL
*CX 21 68	12-19	EXCLUSION - AIRCRAFT OR WATERCRAFT
*CX 21 71	06-15	EXCLUSION - UNMANNED AIRCRAFT
*CX 21 72	12-19	GENETICALLY MODIFIED ORGANISM EXCLUSION
*CX 21 77	12-19	EXCL-ALL HAZARDS ELEC SMOKING DEVICE
*CX 21 78	12-19	EXCL-HEALTH HAZRDS ELEC SMOKNG DEV VAPOR
*CX 21 79	12-19	CANNABIS EXCLUSION
*CX 00 01	04-13	COMM EXCESS LIAB COVG FORM

\* These forms are part of this policy but are not printed

### **Important Notice – Customer-Requested Cancellation**

**When a mid-term cancellation request is made by the customer, an administrative fee may be applied, as allowed by applicable law.**

Allstate Business Insurance follows industry standards for processing early cancellation requests.

Please refer to paragraph A.5. of the Common Policy Conditions (IL 00 17). If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Policies cancelled prior to the expiration date, by the first Named Insured, will be subject to an **administrative fee also known as a short-rate fee of 10% of the unearned premium.**

*The following is an **example** of the administrative fee calculation, when the refund is less than pro rata:*

*An annual policy with a premium of \$1,200 is cancelled 30 days after the start of the policy. Allstate will collect on the unearned premium (the premium that corresponds to the time period remaining on the policy).*

*Annual Policy Premium:    \$1,200            30 days of coverage*

*Pro rata: .918 (365 days - 30 days coverage = 335 unearned days, divided by 365 days = .918)*

*Short-rate: .826 (pro rata .918 times .90 (10% short rate fee) = .826)*

*\$1,200 x .826 = \$991.00 Return Premium*

### **Important Notice – Customer-Requested Cancellation**

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*\$1,200 x .826 = \$991.00 Return Premium*



**IL 09 85 12 20**

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE – PART I	
Terrorism Premium (Certified Acts)	\$0.00
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):	
Additional information, if any, concerning the terrorism premium:	
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.

Policy Number: 648910297

**COMMERCIAL EXCESS LIABILITY DECLARATIONS****Allstate Insurance Company**

Northbrook, IL

Named Insured and Mailing Address		Producer Name and Address	
VALUE VILLAGE THRIFT STORES, (SEE NAMED INSURED ENDT) 3424 EASTERN AVE BALTIMORE MD 21224-4121		HBW INSURANCE GROUP INC 2 E ROLLING XRDS STE 151 CATONSVILLE MD 21228-6213	
Policy Period      From:    10-01-2023    To:    10-01-2024			
at 12:01 A.M., Standard Time at your mailing address shown above.			
<b>IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.</b>			
<b>DESCRIPTION OF BUSINESS</b>			
FORM OF BUSINESS: CORPORATION			
BUSINESS DESCRIPTION:    RETAIL STORE			
<b>LIMITS OF INSURANCE</b>			
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)		\$ 5,000,000	
PERSONAL & ADVERTISING INJURY LIMIT		\$ 5,000,000    Any one person or organization	
AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to "covered autos")		\$ 5,000,000	
OTHER:		\$ 5,000,000	
SELF INSURED RETENTION		\$ 0	
Sub-total Premium		\$ 42,156.00	
STATE TAX OR OTHER (if applicable)		_____	
TERRORISM RISK INSURANCE ACT COVERAGE		INCLUDED	
TOTAL PREMIUM (SUBJECT TO AUDIT) (PAYABLE AT INCEPTION)		\$ 42,156.00	
AUDIT PERIOD (IF APPLICABLE): WAIVED			
<b>ENDORSEMENTS</b>			
<b>ENDORSEMENTS ATTACHED TO THIS POLICY:      SEE SCHEDULE OF FORMS AND ENDORSEMENTS</b>			

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

Countersigned:

Date: 07-18-23By: HBW INSURANCE GROUP INC  
Authorized Representative

Allstate Insurance Company

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
<input type="checkbox"/> w/Personal Injury	Personal & Advertising Injury Liability	
<input type="checkbox"/> and Advertising Injury	General Aggregate	
<input type="checkbox"/> Liability Coverage	Products/Completed Work Aggregate	
<input type="checkbox"/> w/Broad Form		
<input type="checkbox"/> Contractual		
<input type="checkbox"/> Liability Coverage		
<input type="checkbox"/> w/Non-Owned Auto		
<input type="checkbox"/> Liability Coverage/		
<input type="checkbox"/> Hired Auto Liability		
<input type="checkbox"/> Coverage		
<input type="checkbox"/> Occurrence Form		
<input type="checkbox"/> Claims-Made Form		
Retroactive Date: _____		
Insurer:	NOT APPLICABLE	
Policy Number:	_____	
Policy Period:	-	

<b>Auto Liability Limits:</b>			
<input type="checkbox"/>	Any "Auto"	Combined Single Limit Or	\$ 1,000,000
<input checked="" type="checkbox"/>	Specifically Described "Autos"	Bodily Injury-Each Person	
<input checked="" type="checkbox"/>	Hired "Autos"	Bodily Injury-Each Accident	
<input checked="" type="checkbox"/>	Non-Owned "Autos"	Property Damage-Each Accident	
Insurer: Allstate Insurance Company			
Policy Number: 648910256			
Policy Period: 10/01/23 - 10/01/24			

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
<input type="checkbox"/> w/Personal Injury	Personal & Advertising Injury Liability	
<input type="checkbox"/> and Advertising Injury	General Aggregate	
<input type="checkbox"/> Liability Coverage	Products/Completed Work Aggregate	
<input type="checkbox"/> w/Broad Form		
<input type="checkbox"/> Contractual		
<input type="checkbox"/> Liability Coverage		
<input type="checkbox"/> w/Non-Owned Auto		
<input type="checkbox"/> Liability Coverage/		
<input type="checkbox"/> Hired Auto Liability		
<input type="checkbox"/> Coverage		
<input type="checkbox"/> Occurrence Form		
<input type="checkbox"/> Claims-Made Form		
Retroactive Date:		
Insurer:	NOT APPLICABLE	
Policy Number:		
Policy Period:	-	

<b>Auto Liability Limits:</b>		
<input type="checkbox"/>	Any "Auto"	Combined Single Limit Or \$ 1,000,000
<input checked="" type="checkbox"/>	Specifically Described "Autos"	Bodily Injury-Each Person
<input checked="" type="checkbox"/>	Hired "Autos"	Bodily Injury-Each Accident
<input checked="" type="checkbox"/>	Non-Owned "Autos"	Property Damage-Each Accident
Insurer:		
Policy Number: 648910261		
Policy Period: 10/01/23 - 10/01/24		

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
<input type="checkbox"/> w/Personal Injury	Personal & Advertising Injury Liability	
<input type="checkbox"/> and Advertising Injury	General Aggregate	
<input type="checkbox"/> Liability Coverage	Products/Completed Work Aggregate	
<input type="checkbox"/> w/Broad Form		
<input type="checkbox"/> Contractual		
<input type="checkbox"/> Liability Coverage		
<input type="checkbox"/> w/Non-Owned Auto		
<input type="checkbox"/> Liability Coverage/		
<input type="checkbox"/> Hired Auto Liability		
<input type="checkbox"/> Coverage		
<input type="checkbox"/> Occurrence Form		
<input type="checkbox"/> Claims-Made Form		
Retroactive Date: _____		
Insurer:	NOT APPLICABLE	
Policy Number:	_____	
Policy Period:	-	

<b>Auto Liability Limits:</b>		
<input type="checkbox"/>	Any "Auto"	Combined Single Limit Or \$ 1,000,000
<input checked="" type="checkbox"/>	Specifically Described "Autos"	Bodily Injury-Each Person
<input checked="" type="checkbox"/>	Hired "Autos"	Bodily Injury-Each Accident
<input checked="" type="checkbox"/>	Non-Owned "Autos"	Property Damage-Each Accident
Insurer: Allstate Insurance Company		
Policy Number: 648910267		
Policy Period: 10/01/23 - 10/01/24		

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<b>Employers Liability Limits:</b>	Combined Single Limit Or	_____
(Separate Policy)	Bodily Injury by Accident-Each Accident	_____
	Bodily Injury by Disease-Policy Limit	_____
	Bodily Injury by Disease-Each Employee	_____
Insurer:	NOT APPLICABLE	_____
Policy Number:	_____	_____
Policy Period:	-	_____

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<b>Liquor Liability Limits</b>	_____
	_____
	_____
	_____

_____	Occurrence Form	_____
_____	Claims-Made Form	_____
Retroactive Date:	_____	_____
Insurer	_____	_____
Policy Number:	_____	_____
Policy Period	-	_____

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<b>Miscellaneous Liability</b>	Each Occurrence	_____
Type: Employee Benefits	Aggregate	_____
(Describe)		

_____	Occurrence Form	_____
_____	Claims-Made Form	_____
Retroactive Date:	_____	_____
Insurer	_____	_____
Policy Number	_____	_____
Policy Period	-	_____

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CUSTOMER NUMBER: 2726089

RUN DATE: 07-18-23

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE, MD 21228-6213

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE, MD 21228-6213



IMPORTANT NOTICE ABOUT YOUR RENEWAL OFFER

ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD, SUITE D2W  
NORTHBROOK, IL 60062

DATE: 07/18/2023

VALUE VILLAGE THRIFT STORES, INC.; TH  
3424 EASTERN AVE  
BALTIMORE MD 212244121

POLICY NUMBER: 648910297  
EFFECTIVE DATE OF RENEWAL: 10/01/2023

Dear Policyholder,

Thank you for being a valued Allstate Insurance Company customer. We hope you are completely satisfied with everything Allstate has to offer.

We want to let you know about a change related to your policy. Please note that with this renewal offer, your current annual premium will be increasing. Please see the **Notice of Policy Conditional Renewal** accompanying this letter.

While we know this isn't welcome news, we also want you to know that there are ways you can help manage your insurance costs without sacrificing quality Allstate Insurance Company coverage. For example, some of the ways you may be able to maintain or even reduce your premium include:

- Reviewing your coverages and determining whether or not any changes are needed
- Adjusting your deductible

So we encourage you to contact your Allstate Insurance Company representative to discuss whether any of these suggestions will work for you.

We know that insurance costs are extremely important to you, and it's one of our goals to help you manage those costs while always keeping you in Good Hands®. Thank you for choosing Allstate Insurance Company.

Sincerely,

Customer Service

cc:

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
(410)774-4313

ALLSTATE INSURANCE COMPANY  
2775 SANDERS ROAD  
BUILDING D2W  
NORTHBROOK IL 60062

## NOTICE OF POLICY CONDITIONAL RENEWAL

Named Insured & Mailing Address:

Producer: C3984

VALUE VILLAGE THRIFT STORES, INC.; TH  
3424 EASTERN AVE  
BALTIMORE MD 21224-4121

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE MD 21228-6213

Policy No.: 648910297  
Type of Policy: EXCESS LIABILITY OCCURRENCE  
Date of Expiration: 10/01/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following:

An increase in premium of \$10855

Your expiring premium is: \$31301

With this proposed increase, your renewal premium will be: \$42156

The reason for the increase is DUE TO CHANGES IN FILED RATES AND/OR OTHER POLICY CHANGES.

If you have questions regarding the increase in premium, you may contact your Company Representative at the following number: (410) 774-4313

Producer

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE MD 21228-6213

Date Mailed:  
9th day of August, 2023

AUTHORIZED REPRESENTATIVE

**Policy Number**  
**648910297**

**COMMON POLICY DECLARATIONS**

**Allstate Insurance Company**

2775 Sanders Road, Northbrook, IL 60062

**A STOCK INSURANCE COMPANY**

<b>Item 1.</b>	<b>Named Insured and Mailing Address</b>	<b>Agent Name and Address</b>
	VALUE VILLAGE THRIFT STORES, (SEE NAMED INSURED ENDT) 3424 EASTERN AVE BALTIMORE MD 21224-4121	HBW INSURANCE GROUP INC 2 E ROLLING XRDS STE 151 CATONSVILLE MD 21228-6213
<b>Item 2.</b>	<b>Policy Period</b>	<b>From: 10-01-2023 To: 10-01-2024</b>
	<b>at 12:01 A.M., Standard Time at your mailing address shown above.</b>	
<b>Item 3.</b>	<b>Business Description: RETAIL STORE</b>	
	<b>Form of Business: CORPORATION</b>	
<b>Item 4.</b>	In return for the payment of the premium, and subject to all the 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. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
	<b>Coverage Part(s)</b>	<b>Premium</b>
	Commercial Property Coverage Part	
	Commercial General Liability Coverage Part	
	Crime and Fidelity Coverage Part	
	Commercial Inland Marine Coverage Part	
	Commercial Auto (Business or Truckers) Coverage Part	
	Commercial Garage Coverage Part	
	COMMERCIAL EXCESS LIABILITY COVERAGE PART	\$ 42,156.00
	Terrorism Risk Insurance Act Coverage	INCLUDED
	<b>Total Policy Premium</b>	<b>\$ 42,156.00</b>
<b>Item 5.</b>	<b>Forms and Endorsements</b>	
	Form(s) and Endorsement(s) made a part of this policy at time of issue:	
	<b>See Schedule of Forms and Endorsements</b>	

**SEE THE IMPORTANT PAYMENT INFORMATION FORM FOR DETAILS ABOUT PAYMENT OPTIONS**

Countersigned:

Date: 07-18-23

By: HBW INSURANCE GROUP INC  
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

**Policy Number**  
**648910297**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

**Named Insured** VALUE VILLAGE THRIFT STORES,

**Effective Date:** 10-01-23  
12:01 A.M., Standard Time

**Agent Name** HBW INSURANCE GROUP INC

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

VALUE VILLAGE THRIFT STORES,  
INC.; THRIFT STORES OF  
WASHINGTON, D.C., INC.;  
DRIVING FORCE, INC

## Important Payment Information – Please Read Carefully.

### Total Premium for the Policy Period

If you pay in installments*	\$42,156.00
If you pay in full (includes FullPay® Discount)**	

#### Choose one of the following types of payment plans that best meets your needs:

**\* Pay in installments.** You will be sent a bill each month. The minimum amount due on each billing statement will include a \$3.50 installment fee. The installment fee may vary by payment method – see below. You can choose to pay more toward your premium, but the monthly installment fee will still apply.

**\*\* Pay your premium in full and receive the FullPay® Discount.** The amount to pay in full is shown above and will appear on your initial invoice for renewals only. To qualify for this discount on a new business policy, the policy must be paid in full at the time the policy was bound/issued. To qualify for this discount on a renewal policy, the policy must be paid in full by the effective date of the policy. This discount is not applicable to Umbrella or Excess policies. Other restrictions may apply.

**Late Fee** – A \$15.00 late fee may be assessed if payment is received after due date.

**Policy Fee** – A policy fee of \$30.00 may be applied to the policy at the beginning of each policy period.

If fees are not paid, action may be taken up to termination of the policy for non-payment.

## Ways to pay

---

- **Pay using the Allstate® Easy Pay Plan.** You can have the payment automatically deducted from your checking account using the Allstate® Easy Pay Plan. There is a \$1.00 installment fee for each Allstate® Easy Pay Plan payment. (You may be eligible for an Allstate® Easy Pay Plan discount – contact your Allstate representative.)
- **Pay using Recurring Credit Card (RCC).** You can have your payment automatically taken from your credit card each month with recurring credit card payments. There is a \$3.50 installment fee for each Recurring Credit Card payment.
- **Call or Visit your Allstate Agent or Send by Mail.** You may pay your bill by mail or contact your Allstate representative to pay using a one-time electronic check, check, credit or branded debit card.
- **On-Line Banking.** Be sure to enter [account number] as the account number and P.O. BOX 4344, Carol Stream, IL 60197-4344 as the payment address.

**Note: If you are on Allstate® Easy Pay Plan or Recurring Credit Card your automatic deductions will be scheduled based on the payment plan currently applied to your policy. You must contact your agent to change your payment plan.**

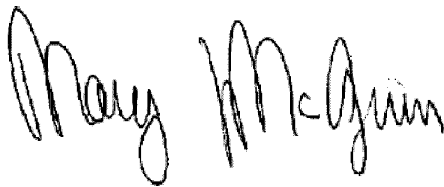
**Failure to pay your premium when due may result in a premium surcharge at renewal.**

POLICY NUMBER: 648910297

MULTILINE  
AM CW 02 11 09

**WITNESS CLAUSE**

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn  
Secretary



Thomas J. Wilson  
President

Countersigned by : HBW INSURANCE GROUP INC, Authorized Representative

**Policy Number**  
**648910297**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

**Named Insured** VALUE VILLAGE THRIFT STORES,

**Effective Date:** 10-01-23  
 12:01 A.M., Standard Time

**Agent Name** HBW INSURANCE GROUP INC

COMMON POLICY FORMS AND ENDORSEMENTS

DM CW 02	01-10	COMMON POLICY DECLARATIONS
APPLIES TO: MD, OK, TX		
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
APPLIES TO: MD, OK, TX		
AM CW 02	11-09	WITNESS CLAUSE
APPLIES TO: MD, OK, TX		
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
APPLIES TO: MD, OK, TX		
IL 09 85	12-20	DISCLOSURE PURSUANT/TERROR RISK INS ACT
APPLIES TO: MD, OK, TX		

EXCESS POLICY FORMS AND ENDORSEMENTS

DU CW 50	01-10	COMMERCIAL EXCESS LIABILITY DECLARATION
DU CW 51	01-10	SCHEDULE OF UNDERLYING INS. EXCESS LIAB.
*CX 02 13	11-13	TEXAS CHANGES CANCELLATION AND NON RENL
*CX 01 30	09-08	MARYLAND CHANGES
*CX 02 04	09-08	OK CHANGES - CANC AND NON RENL
*CX 02 35	12-17	MD CHANGES - CANCELLATION AND NONRENEWAL
*CX 21 01	09-08	NUCLEAR ENERGY LIAB EXCL BROAD FM
*CX 21 02	04-13	TOTAL POLLUTION EXCLUSION
*CX 21 16	04-13	EXCLUSION-SILICA OR SILICA-RELATED DUST
*CX 21 19	04-13	EXCLUSION - EMPLOYMENT-RELATED PRACTICES
*CX 21 20	04-13	EXCLUSION - PROFESSIONAL SERVICES
*CX 21 31	01-15	EXCL OTHER ACTS OF TERROR O/S US W/CAP
*CX 21 47	11-16	PUBLIC OR LIVERY PASS CONV ON-DEMAND EXC
*CX 21 62	12-18	TX PUBLIC LIVERY TRANS & ON-DEMAND EXCL
*CX 21 68	12-19	EXCLUSION - AIRCRAFT OR WATERCRAFT
*CX 21 71	06-15	EXCLUSION - UNMANNED AIRCRAFT
*CX 21 72	12-19	GENETICALLY MODIFIED ORGANISM EXCLUSION
*CX 21 77	12-19	EXCL-ALL HAZARDS ELEC SMOKING DEVICE
*CX 21 78	12-19	EXCL-HEALTH HAZRDS ELEC SMOKNG DEV VAPOR
*CX 21 79	12-19	CANNABIS EXCLUSION
*CX 00 01	04-13	COMM EXCESS LIAB COVG FORM

\* These forms are part of this policy but are not printed



### **Important Notice – Customer-Requested Cancellation**

**When a mid-term cancellation request is made by the customer, an administrative fee may be applied, as allowed by applicable law.**

Allstate Business Insurance follows industry standards for processing early cancellation requests.

Please refer to paragraph A.5. of the Common Policy Conditions (IL 00 17). If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

Policies cancelled prior to the expiration date, by the first Named Insured, will be subject to an **administrative fee also known as a short-rate fee of 10% of the unearned premium.**

*The following is an **example** of the administrative fee calculation, when the refund is less than pro rata:*

*An annual policy with a premium of \$1,200 is cancelled 30 days after the start of the policy. Allstate will collect on the unearned premium (the premium that corresponds to the time period remaining on the policy).*

*Annual Policy Premium:    \$1,200            30 days of coverage*

*Pro rata: .918 (365 days - 30 days coverage = 335 unearned days, divided by 365 days = .918)*

*Short-rate: .826 (pro rata .918 times .90 (10% short rate fee) = .826)*

*\$1,200 x .826 = \$991.00 Return Premium*

### **Important Notice – Customer-Requested Cancellation**

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*\$1,200 x .826 = \$991.00 Return Premium*

**IL 09 85 12 20**

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE – PART I	
Terrorism Premium (Certified Acts)	\$0.00
This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):	
Additional information, if any, concerning the terrorism premium:	
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.

Policy Number: 648910297

**COMMERCIAL EXCESS LIABILITY DECLARATIONS****Allstate Insurance Company**

Northbrook, IL

**Named Insured and Mailing Address**

VALUE VILLAGE THRIFT STORES,  
(SEE NAMED INSURED ENDT)  
3424 EASTERN AVE  
BALTIMORE MD 21224-4121

**Producer Name and Address**

HBW INSURANCE GROUP INC  
2 E ROLLING XRDS  
STE 151  
CATONSVILLE MD 21228-6213

Policy Period From: 10-01-2023 To: 10-01-2024

at 12:01 A.M., Standard Time at your mailing address shown above.

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

**DESCRIPTION OF BUSINESS**

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: RETAIL STORE

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT  
(LIABILITY COVERAGE)

\$ 5,000,000

PERSONAL & ADVERTISING INJURY LIMIT

\$ 5,000,000

Any one person or organization

AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to  
"covered autos")

\$ 5,000,000

OTHER:

\$ 5,000,000

SELF INSURED RETENTION

\$ 0

Sub-total Premium

\$ 42,156.00

STATE TAX OR OTHER (if applicable)

TERRORISM RISK INSURANCE ACT COVERAGE

INCLUDED

TOTAL PREMIUM (SUBJECT TO AUDIT)

\$ 42,156.00

(PAYABLE AT INCEPTION)

AUDIT PERIOD (IF APPLICABLE): WAIVED

**ENDORSEMENTS**

**ENDORSEMENTS ATTACHED TO THIS POLICY:**

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

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

Countersigned:

Date: 07-18-23

By: HBW INSURANCE GROUP INC

Authorized Representative

Allstate Insurance Company

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
_____ w/Personal Injury	Personal & Advertising Injury Liability	_____
_____ and Advertising Injury	General Aggregate	_____
_____ Liability Coverage	Products/Completed Work Aggregate	_____
_____ w/Broad Form		
_____ Contractual		
_____ Liability Coverage		
_____ w/Non-Owned Auto		
_____ Liability Coverage/		
_____ Hired Auto Liability		
_____ Coverage		
_____ Occurrence Form		
_____ Claims-Made Form		
Retroactive Date: _____		
Insurer:	NOT APPLICABLE	
Policy Number:	_____	
Policy Period:	-	

<b>Auto Liability Limits:</b>		
_____ Any "Auto"	Combined Single Limit Or	\$ 1,000,000
<input checked="" type="checkbox"/> Specifically Described "Autos"	Bodily Injury-Each Person	_____
<input checked="" type="checkbox"/> Hired "Autos"	Bodily Injury-Each Accident	_____
<input checked="" type="checkbox"/> Non-Owned "Autos"	Property Damage-Each Accident	_____
Insurer: Allstate Insurance Company		
Policy Number:	648910256	
Policy Period:	10/01/23 - 10/01/24	

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
<input type="checkbox"/> w/Personal Injury	Personal & Advertising Injury Liability	
<input type="checkbox"/> and Advertising Injury	General Aggregate	
<input type="checkbox"/> Liability Coverage	Products/Completed Work Aggregate	
<input type="checkbox"/> w/Broad Form		
<input type="checkbox"/> Contractual		
<input type="checkbox"/> Liability Coverage		
<input type="checkbox"/> w/Non-Owned Auto		
<input type="checkbox"/> Liability Coverage/		
<input type="checkbox"/> Hired Auto Liability		
<input type="checkbox"/> Coverage		
<input type="checkbox"/> Occurrence Form		
<input type="checkbox"/> Claims-Made Form		
Retroactive Date: _____		
Insurer:	NOT APPLICABLE	
Policy Number:	_____	
Policy Period:	-	

<b>Auto Liability Limits:</b>		
<input type="checkbox"/> Any "Auto"	Combined Single Limit Or	\$ 1,000,000
<input checked="" type="checkbox"/> Specifically Described "Autos"	Bodily Injury-Each Person	
<input checked="" type="checkbox"/> Hired "Autos"	Bodily Injury-Each Accident	
<input checked="" type="checkbox"/> Non-Owned "Autos"	Property Damage-Each Accident	
Insurer: _____		
Policy Number:	648910261	
Policy Period:	10/01/23 - 10/01/24	

## COMMERCIAL UMBRELLA/ EXCESS LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

### SCHEDULE OF UNDERLYING INSURANCE

(Show insurer, policy number, policy period, coverage, and limits of insurance)

<b>Commercial Liability Limits:</b>	Each Occurrence	
_____ w/Personal Injury	Personal & Advertising Injury Liability	_____
_____ and Advertising Injury	General Aggregate	_____
_____ Liability Coverage	Products/Completed Work Aggregate	_____
_____ w/Broad Form		
_____ Contractual		
_____ Liability Coverage		
_____ w/Non-Owned Auto		
_____ Liability Coverage/		
_____ Hired Auto Liability		
_____ Coverage		
_____ Occurrence Form		
_____ Claims-Made Form		
Retroactive Date: _____		
Insurer:	NOT APPLICABLE	
Policy Number:	_____	
Policy Period:	-	

<b>Auto Liability Limits:</b>		
_____ Any "Auto"	Combined Single Limit Or	\$ 1,000,000
<input checked="" type="checkbox"/> Specifically Described "Autos"	Bodily Injury-Each Person	_____
<input checked="" type="checkbox"/> Hired "Autos"	Bodily Injury-Each Accident	_____
<input checked="" type="checkbox"/> Non-Owned "Autos"	Property Damage-Each Accident	_____
Insurer: Allstate Insurance Company		
Policy Number:	648910267	
Policy Period:	10/01/23 - 10/01/24	



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<b>Employers Liability Limits:</b>	Combined Single Limit Or	_____
(Separate Policy)	Bodily Injury by Accident-Each Accident	_____
	Bodily Injury by Disease-Policy Limit	_____
	Bodily Injury by Disease-Each Employee	_____
Insurer:	NOT APPLICABLE	_____
Policy Number:	_____	_____
Policy Period:	-	_____

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<b>Liquor Liability Limits</b>	_____
	_____
	_____
	_____
_____ Occurrence Form	
_____ Claims-Made Form	
Retroactive Date:	_____
Insurer	_____
Policy Number:	_____
Policy Period	-

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<b>Miscellaneous Liability</b>	Each Occurrence	_____
Type: Employee Benefits	Aggregate	_____
(Describe)		
_____ Occurrence Form		
_____ Claims-Made Form		
Retroactive Date:	_____	
Insurer	_____	
Policy Number	_____	
Policy Period	-	

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