

NBP1551396E

Renewal of Number

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. NBP1551396F

NAMED INSURED AND ADDRESS:

Riverside Brookfield High School Educational
Foundation
160 Ridgewood Ave
Riverside, IL 60546



POLICY PERIOD: (MO. DAY YR.) From: 08/24/2018 To: 08/24/2019

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Non Profit Organization

BUSINESS DESCRIPTION: Foundation

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.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Businessowners Liability Coverage Part	\$345.00
Businessowners Property Coverage Part	\$50.00
TOTAL:	\$395.00

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue
See Endorsement EOD (1/95)

Agent: BUSCHBACH INSURANCE AGENCY (1051)
P.O. Box 5000
Oak Lawn, IL 60455-5000

Issued: 08/17/2018 3:48 PM

Broker:

By:

Thomas P. Kinney
Authorized Representative

UPD (08-07) THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. NBP1551396F

Effective Date: 08/24/2018

12:01 AM STANDARD TIME

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
BP 15 05	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data -Related Liability - Limited Bodily Injury Exception Not Included
BP0003	01/10	Businessowners Coverage Form
BP0154	09/11	Illinois Changes
BP0417	01/10	Employment-Related Practices Exclusion
BP0419	01/06	Amendment - Liquor Liability Exclusion - Exception For Scheduled Activities
BP0643	04/06	Illinois Changes - Defense Costs
BP-101	02/15	Exclusion of Certified Acts of Terrorism (Coverage for Certain Fire Losses)
BP-11	05/04	Exclusion - Fiduciary Liability And Financial Services
BP-115	07/08	Protective Devices Or Services Provisions
BP-124	07/08	Event Limitation Endorsement
BP-145 NPP	06/10	Blanket Additional Insured Endorsement
BP-15	07/04	Business Income And Extra Expense Limit
BP-152	01/13	Separation of Insureds Clarification Endorsement
BP-168	11/11	Exclusion - Injury To Performers Or Entertainers
BP-179	10/12	Amendment of Liquor Liability Exclusion
BP-193	08/14	Limits Of Insurance Under Multiple Coverage Parts
BP-40 IL	11/10	Molestation Or Abuse Exclusion With Limited Vicarious Liability Coverage - Illinois
BP-48IL	05/16	Exclusion - Asbestos, Lead Contamination, Absolute Pollution, Mold, FunBActeria, Virus and Organice Pathogen
BP-49IL	02/13	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead-Illinois
BP-58 IL	02/13	Animal Exclusion
BP-59	02/13	Exclusion - Athletic Activity Or Sport Participants
BP-60	05/07	Exclusion For Bleacher Collapse
BP-65	05/07	Exclusion For Mechanical Rides
BP-88	04/06	Expanded Definition Of Bodily Injury
BP-90	11/10	Amended Definition
BP-95 IL	05/14	Exclusion for Climbing, Rebounding and Interactive Games and Devices
BP-96	05/07	Exclusion For Firearms, Fireworks And Other Pyrotechnic Devices
BP-97	05/07	Exclusion For Event Vendor/Exhibitor & Contractor
TRIADN	02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
NPP Jacket	09/10	Non Profit Package Policy Jacket

BUSINESSOWNERS PROPERTY COVERAGE PART DECLARATIONS

Policy No. NBP1551396F

Effective Date: 08/24/2018

12:01 AM STANDARD TIME

DESCRIPTION OF PREMISES

Prem	Bldg	Location, Construction, Occupancy and Other Information	Territory	Fire Code
1	1	160 Ridgewood Avenue, Riverside, IL 60546	007	0702
		Description: Foundation		
		Covered Causes of Loss: Special	Protection Class	5
		Construction: Frame	Square Footage:	1000
		Special Deductible: None	Special Deductible Type:	

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN

Prem	Bldg	Coverage	Limits of Insurance	Deductible	Coinsurance % or Monthly Indemnity	+ Valuation	Premium
1	1	Business Income and Extra Expense	\$13,150	\$0			Included
1	1	Business Personal Property	\$5,000	\$1,000		RC	Included
MINIMUM PREMIUM FOR PROPERTY COVERAGE PART:							\$50
TOTAL PREMIUM FOR PROPERTY COVERAGE PART:							\$50 MP
MP - minimum premium							

+ Valuation: ACV - Actual Cash Value; RC - Replacement Cost; RC/ACV - Replacement Cost/ACV Roof
 FBV - Functional Building Value; AA - Agreed Amount; ALS - Actual Loss Sustained

LOSS PAYABLE(S): NONE

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Endorsement EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

BUSINESSOWNERS GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. **NBP1551396F**

Effective Date: **08/24/2018**
12:01 AM STANDARD TIME

LIMITS OF INSURANCE

Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000

An Aggregate Limit of Liability applies to this Coverage as defined in SECTION II - LIABILITY, paragraph D.4. of the Businessowners Coverage Form.

LIABILITY DEDUCTIBLE

\$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	160 Ridgewood Avenue, Riverside, IL 60546	007

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	All Other
1	Foundation - Not-For-Profit only	41668	1,000 Per 1,000 Total Area	0.000	166.870	\$0		\$167
1	Blanket Additional Insured - Non-Profit Package	49950	1 Flat	0.000	100.000	\$0		\$100
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$345
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$345 MP
(This Premium may be subject to adjustment.) MP - minimum premium								

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

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