



BUSINESS PROTECTION POLICY  
COMMON DECLARATIONS

POLICY PERIOD  
FROM: SEE SECTION DECLARATIONS TO: 10/24/21  
12:01 A.M. STANDARD TIME  
AT YOUR MAILING ADDRESS SHOWN BELOW  
(UNLESS CHANGED ON THE SECTION DECLARATIONS)

\*-----\*  
\* ACCOUNT NUMBER \*  
\* 5 X 9 - 5 4 - 1 5---21 \*  
\*-----\*

NAMED INSURED :

PRODUCER :

SOUTH 641 WATER DISTRICT  
PO BOX 126  
HAZEL KY 42049-0126

TIGRETT & PENNINGTON, INC.  
300 JERE B FORD MEMORIAL HWY  
PO BOX 784  
DYERSBURG TN 38025-0784

AGENT: S 9187  
AGENT PHONE: (731)285-4455  
CLAIM REPORTING: (888)362-2255

INSURED IS: CORPORATION

BUSINESS DESC: WATER UTILITY

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. THE COMPANY AFFORDING COVERAGE IS DESIGNATED BY THE NAME IN THE DECLARATIONS OR INFORMATION PAGE FOR EACH SECTION OF THE POLICY.

SECTION	COVERAGE	PREMIUM
1	PROPERTY	\$ 3,429.82
2	LIABILITY	1,125.91
3	CRIME	NO COVERAGE
4	INLAND MARINE	NO COVERAGE
5	AUTOMOBILE	NO COVERAGE
6	WORKERS' COMPENSATION	1,553.59
7	UMBRELLA	NO COVERAGE
8	OTHER - LINEBACKER	781.82

ESTIMATED TOTAL POLICY PREMIUM \$ 6,891.14

FORMS APPLICABLE TO ALL SECTIONS EXCEPT:

- WORKERS' COMPENSATION
- WHEN EXCLUDED ON SECTION DECLARATIONS  
IL0017(11/98) IL7004(03/20)

THE ADDRESS AND TELEPHONE NUMBER OF THE SERVICING COMPANY IS:  
EMC INSURANCE COMPANIES PHONE: (800) 239-2005  
PO BOX 1568  
BIRMINGHAM, AL. 35201-1568

PLACE OF ISSUE: BIRMINGHAM, AL

DATE OF ISSUE: 08/26/20

COUNTERSIGNED BY:

FORM: IL7000A (ED. 09-02)

08/26/20

LW

5X95415 21





EMCASCO INSURANCE COMPANY

PRIOR POLICY: 5D9-54-15

GENERAL LIABILITY DECLARATIONS

POLICY PERIOD: FROM 10/24/20 TO 10/24/21

\*-----\*
\* POLICY NUMBER \*
\* 5 D 9 - 5 4 - 1 5 ---21 \*
\*-----\*

NAMED INSURED:

PRODUCER:

SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126

TIGRETT & PENNINGTON, INC.
300 JERE B FORD MEMORIAL HWY
PO BOX 784
DYERSBURG TN 38025-0784

DIRECT BILL

AGENT: BS 9187
AGENT PHONE: (731)285-4455
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (800)239-2005

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/20.

INSURED IS: CORPORATION

BUSINESS DESC: WATER UTILITY

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT \$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$ 500,000 ANY ONE PREMISES
MEDICAL EXPENSE LIMIT \$ 10,000 ANY ONE PERSON
PERSONAL AND ADVERTISING INJURY LIMIT \$ 1,000,000 ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE LIMIT \$ 3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT \$ 3,000,000

COVERAGES PROVIDED

PREMIUM

OTHER THAN PRODUCTS/COMPLETED OPERATIONS \$ 1,106.00

TOTAL PREMIUM \$ 1,106.00

KENTUCKY SURCHARGE \$ 19.91

TOTAL ESTIMATED POLICY PREMIUM \$ 1,125.91

SEE ATTACHED SCHEDULE FOR LOCATION OF ALL PREMISES OWNED, RENTED OR OCCUPIED.

DATE OF ISSUE: 08/26/20 BPP



PAGE 2

EMCASCO INSURANCE COMPANY  
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

POLICY NUMBER: 5D9-54-15  
EXP DATE: 10/24/21

FORMS APPLICABLE:

CG0001(04/13)\*, CG0300(01/96)\*, CG2106(05/14)\*, CG2146(07/98)\*,  
CG2147(12/07)\*, CG2150(04/13)\*, CG2167(12/04)\*, CG2170(01/15)\*,  
CG2176(01/15)\*, CG7001A(10/12)\*, CG7003(10/13)\*, CG7185(10/13)\*,  
CG7641(12/10)\*, CG7698(10/19)\*, IL0017(11/98)\*, IL0021(09/08)\*,  
IL0263(09/08)\*, IL7028(05/15)\*, IL7130A(04/01)\*, IL7131A(04/01)\*,  
IL7337(12/09)\*, IL8383.5A(01/20)\*, IL8384A(01/08)\*, IL8576(10/17)\*

AUDIT PERIOD: ANNUAL

DATE OF ISSUE: 08/26/20 BPP

FORM CG7000A ED. 08-99 BPP 07/20/20

038

LW

5D95415 2101





EMCASCO INSURANCE COMPANY

POLICY NUMBER: 5D9-54-15---21

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

EXP DATE: 10/24/21

GENERAL LIABILITY POLICY  
DECLARATIONS

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CG0001	04-13	COMMERCIAL GEN LIABILITY COV FORM	
*CG0300	01-96	DEDUCTIBLE LIABILITY INSURANCE	
*CG2106	05-14	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
*CG2146	07-98	EXCL-ABUSE OR MOLESTATION	
*CG2147	12-07	EXCL-EMPLOYMENT RELATED PRACTICES	
*CG2150	04-13	AMENDMENT/LIQUOR LIABILITY EXCLUSION	
*CG2167	12-04	FUNGI OR BACTERIA EXCLUSION	
*CG2170	01-15	CAP/LOSSES FROM CERT ACTS/TERRORISM	
*CG2176	01-15	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
*CG7001A	10-12	GENERAL LIABILITY SCHEDULE	
*CG7003	10-13	GL QUICK REFERENCE (OCCURRENCE)	
*CG7185	10-13	EXCLUSION - LEAD	
*CG7641	12-10	MUNICIPAL LIABILITY ENDORSEMENT	
*CG7698	10-19	GENERAL LIAB ELITE EXT/MUNICIPAL	
*IL0017	11-98	COMMON POLICY CONDITIONS	
*IL0021	09-08	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL0263	09-08	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL7028	05-15	ASBESTOS EXCLUSION	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7337	12-09	AMENDMENT OF OCCUR DEF SUBCONTR WORK	
*IL8383.5A	01-20	DISCL PURSUANT TERRSM RISK INS. ACT PREMIUM THROUGH 12/31/20 PREMIUM BEYOND 12/31/20	\$ 2 \$ 7
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

DATE OF ISSUE: 08/26/20

FORM: IL7131A (ED. 04-01)

038

LW

5D95415 2101





EMPLOYERS MUTUAL CASUALTY COMPANY (15539) PRIOR POLICY: 5H9-54-15-20  
 RENEWAL INFORMATION PAGE WC000001A  
 WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

THIS INFORMATION PAGE ALONG WITH THE 'POLICY \* POLICY NUMBER \*  
 PROVISIONS' COMPLETES THE NUMBERED POLICY. \* 5 H 9 - 5 4 - 1 5 --- 21 \*  
 \*-----\*

ITEM 1

N A M E D I N S U R E D :

P R O D U C E R :

SOUTH 641 WATER DISTRICT  
 PO BOX 126  
 HAZEL KY 42049-0126

TIGRETT & PENNINGTON, INC.  
 300 JERE B FORD MEMORIAL HWY  
 PO BOX 784  
 DYERSBURG TN 38025-0784

DIRECT BILL

AGENT: AS 9187  
 AGENT PHONE: (731)285-4455  
 CLAIM REPORTING: (888)362-2255  
 SERVICING CARRIER: (800)239-2005

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/20.

INSURED IS: CORPORATION  
 BUS DESC: WATER UTILITY  
 INTRASTATE ID:  
 FED. EMPLOYER'S ID: 610979997  
 SIC CODE: 4941

ITEM 2 POLICY PERIOD: FROM: OCT/24/20 TO: OCT/24/21  
 AT 12:01 A.M., STANDARD TIME AT THE INSURED'S MAILING ADDRESS

ITEM 3

- A. WORKERS' COMPENSATION INSURANCE: PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE; KY
- B. EMPLOYERS' LIABILITY INS.: PART TWO OF THE POLICY APPLIES TO WORK IN EACH STATE LISTED IN ITEM 3.A. THE LIMITS OF OUR LIABILITY UNDER PART TWO ARE
  - BODILY INJURY BY ACCIDENT \$ 500,000 EACH ACCIDENT
  - BODILY INJURY BY DISEASE \$ 500,000 EACH EMPLOYEE
  - BODILY INJURY BY DISEASE \$ 500,000 POLICY LIMIT
- C. OTHER STATES INS: PART THREE OF THE POLICY APPLIES TO ALL STATES EXCEPT ME, ND, OH, WA, WY AND STATES DESIGNATED IN ITEM 3.A SHOWN ABOVE.
- D. THIS POLICY INCLUDES THESE ENDORSEMENTS AND SCHEDULES:
  - 0417A\*, IL7004(03/20)\*, IL7130A(04/01)\*, IL7131A(04/01)\*,
  - IL8383.5A(01/20)\*, IL8576(10/17)\*, WC000000C(01/15), WC000115(01/20)\*,
  - WC000414A(01/19), WC000419(01/01), WC000421D(01/15), WC000422B(01/15),
  - WC000424(01/17), WC000425(05/17), WC160305(06/07), WC160601(12/97),
  - WC160602(10/99)\*, WC7003A(09/86)\*, WC7005(07/11), WC8130(10/14)

Refer to prior distribution(s) for any forms not attached

ITEM 4

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

ESTIMATED

COPYRIGHT 1983 NATIONAL COUNCIL ON COMPENSATION INSURANCE  
 ISSUED FROM: EMC INSURANCE CO, PO BOX 1568, BIRMINGHAM, AL 35201

DATE OF ISSUE: 08/26/20 (BPP) COUNTERSIGNED BY: DATE:

FORM WC7002A 09/86 (BPP) 10/24/20 038 LW 5H95415 2101



PAGE 2

EMPLOYERS MUTUAL CASUALTY COMPANY  
SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

POLICY NUMBER: 5H9-54-15---21  
EXP DATE: 10/24/21  
WC000001A

ANNUAL  
PREMIUM

SEE CLASSIFICATION OF OPERATIONS SCHEDULE ATTACHED  
PREMIUM SUBTOTAL - SEE SCHEDULE ATTACHED  
EXPENSE CONSTANT

. \$ 1,280.00  
. \$ 180.00

MINIMUM PREMIUM \$ 639  
KENTUCKY

ESTIMATED POLICY PREMIUM . \$ 1,460.00

-----  
Kentucky Special Fund Assessment . \$ 93.59  
TOTAL ESTIMATED POLICY PREMIUM . \$ 1,553.59  
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INTERIM ADJUSTMENTS WILL BE MADE: ANNUALLY

COPYRIGHT 1983 NATIONAL COUNCIL ON COMPENSATION INSURANCE  
ISSUED FROM: EMC INSURANCE CO, PO BOX 1568, BIRMINGHAM, AL 35201  
DATE OF ISSUE: 08/26/20 (BPP) COUNTERSIGNED BY: DATE:

FORM WC7002A 09/86 (BPP) 10/24/20 038 LW 5H95415 2101





EMPLOYERS MUTUAL CASUALTY COMPANY (15539)

POLICY NUMBER: 5H9-54-15---21

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

EXP DATE: 10/24/21

WORKERS COMPENSATION POLICY DECLARATIONS

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*0417A	-	SPECIAL INTEREST/ADD.NAMED INSUREDS	
*IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8383.5A	01-20	DISCL PURSUANT TERRSM RISK INS. ACT	
		PREMIUM THROUGH 12/31/20	\$ 1
		PREMIUM BEYOND 12/31/20	\$ 3
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	
WC000000C	01-15	WC AND EMPLOYERS LIABILITY INSURANCE	
*WC000115	01-20	NOTICE PENDING LAW CHANGE TO TERR	
WC000414A	01-19	NOTIFICATION OF CHANGE IN OWNERSHIP	
WC000419	01-01	PREMIUM DUE DATE ENDORSEMENT	
WC000421D	01-15	CATASTROPHE O/T CERT ACTS TERRORISM	
WC000422B	01-15	TERRORISM REAUTHORIZATION ACT END.	
WC000424	01-17	AUDIT NONCOMPLIANCE CHARGE	
		STATE(S): KY	
		BASIS OF AUDIT NONCOMPLIANCE CHARGE:	
		ESTIMATED ANNUAL PREMIUM	
		MAXIMUM AUDIT NONCOMPLIANCE CHARGE	
		MULTIPLIER: 2.000	
WC000425	05-17	EXPERIENCE RATING MOD FACTOR REVISIO	
WC160305	06-07	KY PART ONE WC INSURANCE ENDORSEMENT	
WC160601	12-97	KY CANCELLATION & NONRENEWAL	
*WC160602	10-99	KY NOTICE OF APPEAL RIGHTS ENDST	
*WC7003A	09-86	WORKERS COMPENSATION SCHEDULE	
WC7005	07-11	WC QUICK REFERENCE	
WC8130	10-14	IMPORTANT NOTICE	

DATE OF ISSUE: 08/26/20

FORM: IL7131A (ED. 04-01)

038

LW

5H95415 2101



EMCASCO INSURANCE COMPANY

PRIOR POLICY: 5A9-54-15

COMMERCIAL PROPERTY DECLARATIONS

POLICY PERIOD: FROM 10/24/20 TO 10/24/21

\*-----\*
\* POLICY NUMBER \*
\* 5 A 9 - 5 4 - 1 5 ---21 \*
\*-----\*

NAMED INSURED :

PRODUCER :

SOUTH 641 WATER DISTRICT
PO BOX 126
HAZEL KY 42049-0126

TIGRETT & PENNINGTON, INC.
300 JERE B FORD MEMORIAL HWY
PO BOX 784
DYERSBURG TN 38025-0784

DIRECT BILL

AGENT: BS 9187
AGENT PHONE: (731)285-4455
CLAIM REPORTING: (888)362-2255
SERVICING CARRIER: (800)239-2005

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/20.

INSURED IS: CORPORATION

BUSINESS DESC: WATER UTILITY

SEE ATTACHED SCHEDULE FOR DESCRIPTION OF LOCATIONS, SPECIAL INTERESTS AND DEDUCTIBLES

COVERAGES PROVIDED

PREMIUM

BLANKET 001 - SEE SCHEDULE FOR DESCRIPTION \$ 743.00
BLANKET 002 - SEE SCHEDULE FOR DESCRIPTION \$ 140.00
BLANKET 003 - SEE SCHEDULE FOR DESCRIPTION \$ 2,376.00

TOTAL PROPERTY PREMIUM \$ 3,259.00

KENTUCKY SURCHARGE \$ 58.66

KENTUCKY MUNICIPAL TAX/COLLECTION FEE
MURRAY \$ 112.16

TOTAL PROPERTY PREMIUM \$ 3,429.82

FORMS APPLICABLE:

CP0140(07/06)\*, CP0166(09/00)\*, CP1040(02/19)\*, CP7001A(02/12)\*,
CP7003A(02/12)\*, CP7121(10/19)\*, IL0263(09/08)\*, IL0952(01/15)\*,
IL7130A(04/01)\*, IL7131A(04/01)\*, IL7306(08/98)\*, IL8383.5A(01/20)\*,
IL8384A(01/08)\*

DATE OF ISSUE: 08/26/20 (BPP)

FORM: CP7000A ED. 2-12

07/20/20

038

LW

5A95415 2101





EMCASCO INSURANCE COMPANY

POLICY NUMBER: 5A9-54-15---21

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

EXP DATE: 10/24/21

COMMERCIAL PROPERTY POLICY  
DECLARATIONS

=====  
ENDORSEMENT SCHEDULE  
=====

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CP0140	07-06	EXCL OF LOSS DUE TO VIRUS/BACTERIA	
*CP0166	09-00	KENTUCKY CHANGES	
*CP1040	02-19	EARTHQUAKE AND VOLCANIC ERUPTION	
*CP7001A	02-12	COMMERCIAL PROPERTY SCHEDULE	
*CP7003A	02-12	SCHEDULE OF LOCATIONS	
*CP7121	10-19	BUILDING AND PERS PROP - PUBLIC ENTI	
*IL0263	09-08	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL0952	01-15	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7306	08-98	EXCLUSION OF CERTAIN COMPUTER LOSSES	
*IL8383.5A	01-20	DISCL PURSUANT TERRSM RISK INS. ACT	
		PREMIUM THROUGH 12/31/20	\$ 6
		PREMIUM BEYOND 12/31/20	\$ 24
*IL8384A	01-08	TERRORISM NOTICE	

DATE OF ISSUE: 08/26/20

FORM: IL7131A (ED. 04-01)

038

LW

5A95415 2101



EMCASCO INSURANCE COMPANY  
SOUTH 641 WATER DISTRICT

POLICY NUMBER: 5A9-54-15---21  
EFF DATE: 10/24/20 EXP DATE: 10/24/21

T E R R O R I S M   N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE  
-----

For additional information, please contact your agent





EMPLOYERS MUTUAL CASUALTY COMPANY  
 LINEBACKER PUBLIC OFFICIALS AND  
 EMPLOYMENT PRACTICES LIABILITY  
 DECLARATIONS

PRIOR POLICY: 5L9-54-15

POLICY PERIOD: FROM 10/24/20 TO 10/24/21

\*-----\*  
 \* POLICY NUMBER \*  
 \* 5 L 9 - 5 4 - 1 5 --- 21 \*  
 \*-----\*

NAMED INSURED

PRODUCER

SOUTH 641 WATER DISTRICT  
 PO BOX 126  
 HAZEL KY 42049-0126

TIGRETT & PENNINGTON, INC.  
 300 JERE B FORD MEMORIAL HWY  
 PO BOX 784  
 DYERSBURG TN 38025-0784

DIRECT BILL

AGENT: AS 9187  
 AGENT PHONE: (731)285-4455  
 CLAIM REPORTING: (888)362-2255  
 SERVICING CARRIER: (800)239-2005

THIS POLICY RENEWAL IS OFFERED CONTINGENT UPON THE RECEIPT OF PAYMENT WHICH IS DUE ON 10/24/20.

INSURED IS: CORPORATION BUSINESS DESC: WATER UTILITY

\*\*\*\*\*  
 \* THIS IS A CLAIMS MADE POLICY \*  
 \* PLEASE READ CAREFULLY \*  
 \*\*\*\*\*

L I M I T S O F L I A B I L I T Y	
EACH LOSS	\$ 1,000,000
AGGREGATE FOR EACH POLICY TERM	\$ 1,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE)	\$ 1,000

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:  
 THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR  
 BEFORE THE RETROACTIVE DATE SHOWN BELOW.  
 RETROACTIVE DATE: 10/24/18  
 AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (UNLIMITED)

TOTAL PREMIUM \$	768.00
KENTUCKY SURCHARGE \$	13.82
-----	
TOTAL ADVANCE PREMIUM \$	781.82
-----	



EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 5L9-54-15---21

SOUTH 641 WATER DISTRICT

EFF DATE: 10/24/20

EXP DATE: 10/24/21

L I N E B A C K E R P O L I C Y  
D E C L A R A T I O N S

-----  
E N D O R S E M E N T S C H E D U L E

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CL7001	01-18	LNBKR PUBLIC/EPLI COVERAGE FORM	
CL7110	01-18	NUCLEAR ENERGY LIABILITY EXCLUSION	
CL7112	01-18	BOARD ONLY ENDORSEMENT	
CL7153	01-18	EXCL-FUNGI OR BACTERIA	
CL7156	01-18	CAP ON LOSSES CERT ACTS OF TERRORISM	
CL7161	01-18	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CL7202	10-15	DATA COMPROMISE & CYBER LIAB EXCL	
CL7210	01-16	EXCL UNMANNED AIRCRAFT	
*CL7222	03-20	SILICA OR SILICA-RELATED DUST EXCL	
CL8322	10-15	ADVISORY NOTICE TO POLICYHOLDERS	
CL8324	03-16	LNBKR POLICYHOLDER NOTICE AIRCRAFT	
IL7126	01-18	KY CHANGES - CANCELLATION/NONRENEWAL	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7326	01-18	CALCULATION OF PREMIUM	
IL8384A	01-08	TERRORISM NOTICE	

DATE OF ISSUE: 08/26/20

FORM: IL7131A (ED. 04-01)

038

LW

5L95415 2101