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**Insurance Partners Agency, Inc.**

## **INSURANCE PROPOSAL**

**PREPARED FOR:**

**Lorain Port Authority**

**PRESENTED BY:**

Larry B. Kerr, CPCU, ARM, CIC

**PHONE: 1-800-229-5266 EXT. 189**

**May 15, 2016 to May 15, 2017**

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This proposal is provided as a convenient summary of your policy/quotations. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.



## **ABOUT US**

Deeply committed to the communities that we all share, Insurance Partners Agency, Inc. is a leading, full service, independent insurance agency that specializes in business and personal insurance, employee benefits, life insurance, and professional liability.

The Agency has earned its reputation for excellence by leveraging more than five decades of risk experience to deliver keen insight, service, and protection for clients from their vulnerabilities, including niche and specialty markets. Organizations of all sizes and sectors benefit from Insurance Partners' business insurance expertise combined with a distinct approach and access to a broad range of premier insurance carriers.

Licensed in most of the U.S.A. with international reach through select affiliates, Insurance Partners Agency was established in 1961, is based in and operates offices across Ohio along with an office in Orlando, Florida.

## **MISSION**

Our Mission is to help our clients achieve their personal, professional, and financial goals by providing sound advice and properly designed, cost effective insurance and risk management solutions. We do this by:

- Continually placing our client's interest above our own
- Operating our business with concern and respect for our employees, suppliers, and shareholders
- Adhering to the highest standards of integrity, ethics, and morality
- Being a responsible community citizen

## **CORE VALUES**

**P R I D E**  
P rofessionalism in work & attitude  
R esourcefulness in finding the best solution  
I ntegrity in dealing with all business relationships  
D ependability in serving our customer's needs  
E nthusiasm in a committed, thoughtful approach with respect and Encouragement

## **COMMUNITY PHILOSOPHY**

"Our communities and people are intertwined and depend on each other. Each of us has or will experience challenging times. We are blessed, grateful and honored to be able to help others. And we challenge every organization and person to do what they can" says George Dadas, President .



## **INSURANCE PARTNERS' FAMILY OF MERGED COMPANIES**

Kann Insurance Agency

Celebreeze Insurance

Insurance Underwriters

TWA Insurance

Insurance Planning Agency

Talbot Insurance

Hemphill Insurance

Humphrey & Cavagna

Mole Agency Insurance

MRSC Insurance

Brassell Insurance

Pease Kerr Canfield Insurance

Hamilton Insurors

Sirak Insurance Agency

Allen Thorley DeLloyd Insurance Agency

Neale Phypers Corporation

Singleton, Hutchinson & Wingo

Palmer Miller & Nelson Insurance Agency Inc.



**BRANCH OFFICES**

<b>Canton</b>	4700 Dressler Road N.S.	Canton, OH 44718
<b>Chardon</b>	100 Center Street, Suite 180	Chardon, OH 44024
<b>Columbus</b>	3215 N. High Street	Columbus, OH 43202
<b>Elyria</b>	5201 N. Abbe Road	Elyria, OH 44035
<b>Mentor</b>	9930 Johnnycake Ridge Road	Mentor, OH 44060
<b>Solon</b>	6190 Cochran Road, Suite E	Solon, OH 44139
<b>Vermilion</b>	5327 Liberty Avenue	Vermilion, OH 44089
<b>Westlake</b>	26865 Center Ridge Road	Westlake, OH 44145
<b>Orlando</b>	529 N. Ferncreek Avenue, Ste B	Orlando, FL 32803

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## INDEPENDENT INSURANCE AGENCY



### Independent Insurance Agents vs. Captive Agents

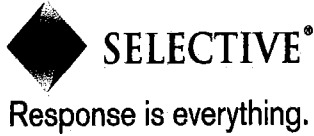
There are two primary types of insurance agents. "Captive" agents are employees of one insurance company. They can only write policies for their company, so are limited to that company's coverage plans.

Trusted Choice® Independent Insurance Agents, however, are able to source from a variety of reputable national and local providers. We have flexibility to offer a broader range of options at highly competitive prices - you get a personally tailored plan to suit your needs and budget.

Most importantly, we are able to offer unparalleled and unbiased advocacy to our customers, from quote through claims. As your needs and your life changes, you can switch coverage, and companies if necessary, without finding a new agent.

**PREMIER COMPANIES REPRESENTED**









**INSURANCE PARTNERS CONTACT INFORMATION**

Home Office 26865 Center Ridge Road Westlake, Ohio 44145  
Fax 1-440-835-9614  
Website [www.inspartners.com](http://www.inspartners.com)

**EMAIL RECEIVER ADDRESSES AND PURPOSE**

CLCERT@INSPARTNERS.COM	Certificate or Proof of Insurance requests
CLCLAIMS@INSPARTNERS.COM	New Claims, Additional Information on Existing Claims
CLCHANGE@INSPARTNERS.COM	Change requests
CLPROCESSING@INSPARTNERS.COM	Any other need

**AFTER HOURS CLAIM?**

In the event you should have a claim after hours, please contact your Insurance Company directly as shown below to expedite the handling of your claim:

Insurance Company: Travelers  
Coverages Provided: Property, Liability, Professional Liability, Umbrella, Non-Owned/Hired Auto, Docks/Piers, Workboat  
Insurance Company Phone Number: 800-842-2522  
Claims Department Fax Number 877-784-5329



**YOUR INSURANCE PARTNERS SERVICE TEAM**

Account Executive:	Larry B. Kerr, CPCU, ARM, CIC
Account Executive Email:	lkerr@inspartners.com
Account Executive Phone:	(800)229-5266 x189
Account Manager:	Tracy L. Murray, CISR
Account Manager Email:	tmurray@inspartners.com
Account Manager Phone:	(800)229-5266 x186

Your business may not only represent your largest asset, but a lifetime of work as well. Our philosophy of doing business goes beyond just writing policies to protect your company from loss. Our professional staff considers every aspect of your business risk management programs such as: unique coverage requirements, funding options and alternatives, and potential problems that could affect your company's liability and coverage in the future.

**Please consider us for all of your Insurance needs. We offer a full range of products including:**

Business Insurance	Professional Liability	Surety Bonds
Employee Benefits	Individual Health	Family Health
Personal Home & Auto	Consulting & Risk Management	

## CUSTOMER INFORMATION

Firm Name: Lorain Port Authority  
Address: 319 Black River Lane  
City/State/Zip: Lorain, OH 44052  
Web Address: [www.lorainportauthority.com](http://www.lorainportauthority.com)  
Email: [rnovak@lorainportauthority.com](mailto:rnovak@lorainportauthority.com)

## INSURED NAME

Firm Name: Lorain Port Authority  
Declaration Page: Lorain Port Authority  
Full Name: Lorain Port Authority  
EntityType:

## **POLICY INFORMATION**

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
H-660- 0D881745- TCT-16	Package	Ppty/GL/Inland Marine	05/15/2016 - 05/15/2017	Travelers Insurance Company	Travelers Indemnity Co of CT	\$33,735.00

## **PROPERTY**

### **GENERAL TERMS & CONDITIONS**

Limits are based on values supplied by Named Insured

### **STANDARD PROPERTY EXCLUSIONS**

Earthquake, Earth movement, landslide or mine subsidence  
Water Damage including Flood, Surface Water, Back up of Sewers and Drains  
Building, Ordinance or Law Coverages  
Mold, Fungi & Bacteria  
Artificially generated current  
Equipment Breakdown  
Off Premises Failure of Utility Services  
Dishonest Acts by officers and employees  
Damage done by rain, sleet, or snow to property in the open  
Wear, Tear, insects, and other animals  
Rust, corrosion, settling and cracking  
War, military or nuclear

*This is an incomplete list of Exclusions. Review Policy language for full terms, conditions and exclusions*

## PREMISES

Location Number	Building Number	Address	Description
00001	00001	138 Alabama Ave	Main Office

## SUBJECT OF INSURANCE

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00001	00001	Building	257,985	2,500	Replacement Cost/Blanket	Special form	90%
00001	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00001	00001	Picnic Shelter	Included	2,500	Replacement Cost	Special form	90%
00001	00001	Picnic Shelter	Included	2,500	Replacement Cost	Special form	90%
00001	00001	Business Income	100,000	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00002	00001	421 Black River Landing	Rental Hall Building

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00002	00001	Building	1,726,515	2,500	Replacement Cost/Blanket	Special form	90%
00002	00001	Business Personal Property	23,153	2,500	Replacement Cost/Blanket	Special form	90%
00002	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00002	00001	Benches	Included	2,500	Replacement Cost	Special form	90%
00002	00001	8 Trash Recep.	Included	2,500	Replacement Cost	Special form	90%
00002	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

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**PREMISES**

Location Number	Building Number	Address	Description
00003	00001	422 Black River Landing	Event Rental Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00003	00001	Pavilion	119,070	2,500	Replacement Cost/Blanket	Special form	90%
00003	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00004	00001	423 Black River Landing	Event Rental Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00004	00001	Pavilion	119,070	2,500	Replacement Cost/Blanket	Special form	90%
00004	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00005	00001	424 Black River Landing	Event Rental Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00005	00001	Pavilion	119,070	2,500	Replacement Cost/Blanket	Special form	90%
00005	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00006	00001	425 Black River Landing	Event Rental Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00006	00001	Pavilion	119,070	2,500	Replacement Cost/Blanket	Special form	90%
00006	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

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**PREMISES**

Location Number	Building Number	Address	Description
00007	00001	426 Black River Landing	Event Rental Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00007	00001	Pavilion	119,070	2,500	Replacement Cost/Blanket	Special form	90%
00007	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00008	00001	427 Black River Landing	Stage/Storage

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00008	00001	Building/Stage	373,748	2,500	Replacement Cost/Blanket	Special form	90%
00008	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00009	00001	Ft of Alabama/Riverside Park	Storage

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00009	00001	Building	196,245	2,500	Replacement Cost/Blanket	Special form	90%
00009	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00009	00001	Picnic Shelter	Included	2,500	Replacement Cost	Special form	90%
00009	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

## **PREMISES**

Location Number	Building Number	Address	Description
00010	00001	East Pier/Lakeside	Open Air Parking/Observation

## **SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00010	00001	Building	1,295,438	2,500	Replacement Cost/Blanket	Special form	90%
00010	00001	Benches	Included	2,500	Replacement Cost	Special form	90%
00010	00001	Observation	Included	2,500	Replacement Cost	Special form	90%
00010	00001	Trash Recep	Included	2,500	Replacement Cost	Special form	90%
00010	00001	BPARD Chain	Included	2,500	Replacement Cost	Special form	90%
00010	00001	Brick Walkway	Included	2,500	Replacement Cost	Special form	90%
00010	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00010	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00035	00001	1355 Black River	Black River Wharf- Bait/Snack Shop

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00035	00001	Building	295,798	2,500	Replacement Cost/Blanket	Special form	90%
00035	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00035	00001	Light Poles	Included	2,500	Replacement Cost	Special form	90%
00035	00001	Picnic Shelter	Included	2,500	Replacement Cost	Special form	90%
00035	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00036	00001	319 Black River Lane	Ferry Terminal Bldg- Offices

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00036	00001	Building	1,102,500	2,500	Replacement Cost/Blanket	Special form	90%
00036	00001	Business Personal Property	77,175	2,500	Replacement Cost	Special form	90%
00036	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

**PREMISES**

Location Number	Building Number	Address	Description
00038	00001	421 Black River Landing	Pavilion

**SUBJECT OF INSURANCE**

Location Number	Building Number	Subject of Insurance	Limit	Deductible	Valuation	Cause of Loss	Coins %
00038	00001	Building	130,000	2,500	Replacement Cost/Blanket	Special form	90%
00038	00001	Business Income	Included	72 Hours	Blanket	Special form	90%

## COVERAGES/LIMITS

Coverage    Limit    Deductible

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Public Entity Property Endorsement

## ADDITIONAL INTERESTS

Name	Name2	Address	City/State/Zip	Interest	Loc #	Bldg #	Interest in item
Pitney Bowes Global Financial	Services, LLC.	2225 American Drive	Neenah, WI 54956	Loss payee	00036	00001	
U.S. Bank Corp Equipment	Finance	1310 Madrid Street Ste 101	Marshall, MN 56258	Lenders Loss Payable	00036	00001	Copier

# COMMERCIAL INLAND MARINE

## GENERAL TERMS & CONDITIONS

Equipment is valued on an Actual Cash Value basis

## STANDARD INLAND MARINE EXCLUSIONS

- Wear, tear, deterioration or climate change
- Earthquake
- Flood and Water Backup
- Inherent Vice
- Civil Authority
- Disappearance and inventory loss
- Mechanical or Electrical Breakdown
- Dishonest Acts of Directors or Employees

## EQUIPMENT FLOATER

Type of Operation	Equipment Floater
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Territory of Operation	
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## EQUIPMENT SUMMARY

Loc #	Category	Coverage	Deductible	Ded Type
00001	Contractors Equipment	Special form	1,000	Flat

## UNSCHEDULED EQUIPMENT INFORMATION

Description	Maximum Item	Amt of Insurance
Leased/Rented Items		25,000
Unlisted Items	1,000	14,000

## EQUIPMENT SUMMARY

Loc #	Category	Coverage	Deductible	Ded Type
00001	Computer Equipment	Special form	1,000	Flat

## UNSCHEDULED EQUIPMENT INFORMATION

Description	Amt of Insurance
Hardware	43,400
Software	7,000

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## **GENERAL LIABILITY**

### **TERMS & CONDITIONS**

Policy is subject to Audit  
Uninsured Subcontractors will be included in your Audit figures

### **STANDARD GENERAL LIABILITY EXCLUSIONS**

Real & Personal Property of others in your care, custody & control

Asbestos

Silica

Mold, Fungus and Bacteria

Aircraft, Watercraft, & Automobile Liability

Professional Liability

Fiduciary Liability

Directors & Officers Liability

Employment Practices Liability

Expected Intended Injury

Pollution including defense arising out of the actual, alleged or threatened discharge, dispersal, release or escape of pollutants

Cross suits

Nuclear Hazards

***This is an incomplete list of Exclusions. Review Policy language for full terms, conditions and exclusions***

## **GENERAL COVERAGE INFORMATION**

### **Coverage Type**

Occurrence/Claims Made

Other

### **Commercial General Liability**

Occurrence

Ohio Stop Gap \$1,000,000/\$1,000,000/\$1,000,000 - Payroll  
\$100,000

Employee Benefits \$1,000,000/\$3,000,000 - No Retro Active  
Date, \$0 Deductible

Law Enforcement Liability \$1,000,000/\$1,000,000 w/  
\$15,000 Deductible

Public Entity Management Liability \$1,000,000/\$1,000,000  
w/ \$10,000 Deductible, 4/15/2003 Retro Active Date

Employment Practices Liability \$1,000,000/\$1,000,000 w/  
\$10,000 Deductible, 4/15/2003 Retro Active Date

## **GENERAL LIABILITY COVERAGES & LIMITS**

Coverage	Limit
Each Occurrence	1,000,000
Fire Damage	100,000
General Aggregate	2,000,000
Medical Expense	Excluded
Personal & Advertising Injury	1,000,000
Products/Completed Ops Aggregate	2,000,000

## **CLASSIFICATIONS**

Location Number	Classification	Class Code	PremBasis	Exposure
00001	Buildings or Premises occupied by employees of insured	61224	Area	1,120
00002	Halls - Other Than Not For Profit	44276	Area	5,000
00003	Bldg/Premises - Pavilion	61217	Area	800
00004	Bldg/Premises - Pavilion	61217	Area	800
00005	Bldg/Premises - Pavilion	61217	Area	800
00006	Bldg/Premises - Pavilion	61217	Area	800
00007	Bldg/Premises - Pavilion	61217	Area	800
00008	Bldg/Premises - Stage	61217	Area	1,000
00009	Wharf and Waterfront not occupied by insured	49802	Area	100
00010	Fireworks Exhibitions	43629	Total	1 Each
00010	Parking - Public - Open Air	46604	Area	2,500
00011	Vacant Land	49452	Total	4 Acres
00012	Vacant Land	49452	Total	4 Acres
00013	Parking Open Air - Public	46604	Area	2,500
00014	Vacant Land	49452	Total	4 Acres
00015	Vacant Land	49452	Total	4 Acres
00016	Vacant Land	49452	Total	4 Acres
00017	Vacant Land	49452	Total	4 Acres
00018	Vacant Land	49452	Total	6 Acres
00019	Vacant Land	49452	Total	6 Acres
00020	Vacant Land	49452	Total	4 Acres
00021	Vacant Land	49452	Total	4 Acres

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Location Number	Classification	Class Code	PremBasis	Exposure
00022	Vacant Land	49452	Total	6 Acres
00023	Vacant Land	49452	Total	4 Acres
00024	Vacant Land	49452	Total	4 Acres
00025	Vacant Land	49452	Total	4 Acres
00026	Vacant Land	49452	Total	6 Acres
00027	Vacant Land	49452	Total	4 Acres
00028	Vacant Land	49452	Total	4 Acres
00029	Parks and Playgrounds	46671	Total	1
00030	Vacant Land	49452	Total	8 Acres
00031	Vacant Land	49452	Total	10 Acres
00032	Wharf and Waterfront property not occupied by insured	49802	Area	200
00033	Vacant Land	49452	Total	4 Acres
00034	Vacant Land	49452	Total	4 Acres
00035	Wharf and Waterfront property not occupied by insured	49802	Area	300
00036	Contractors-Subcontracted work-in connection with cost	91581	Cost	If Any
00036	Exhibitions-Outside-no stadiums or grandstands	43424	Sales	If Any
00036	Security & Patrol Agencies	98751	Payroll	18,000
00036	Bldg/Premises - Office	61224	Area	5,000
00037	Vacant Land	49452	Total	8 Acres
00038	Bldg/Premises - Pavilion	61217	Area	3,200

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## **ADDITIONAL INTERESTS**

<b>Name</b>	<b>Address</b>	<b>City/State/Zip</b>	<b>Interest</b>	<b>Loc #</b>	<b>Bdg #</b>
Palace Civic Center, Inc.,	617 Broadway,	Lorain, OH 44052	Additional insured	00004	00001

## **FORMS**

<b>Form No</b>	<b>Edition Date</b>	<b>Form Name</b>	<b>Description</b>
CGD4 80	02/2009	Public Entities Xtend Endt.	

## **POLICY INFORMATION**

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
BA- 0G669782- 16-PUB	Business Auto	Hired/Non Owned Liability	05/15/2016 - 05/15/2017	Travelers Insurance Company	The Travelers Indemnity Company	\$1,407.00

## **BUSINESS AUTO**

### **GENERAL TERMS & CONDITIONS**

Non Owned & Hired Auto Liability applies on an Excess basis  
Hired Car Physical Damage applies on a Primary basis  
Autos must be titled to, leased to, and or leased by the Named Insured  
New acquisitions or changes in your Autos must be reported withing 30 days unless you are on a Composite Rate basis

### **STANDARD AUTOMOBILE EXCLUSIONS**

Expected or intended injury  
Pollution  
Wear, tear, mechanical or electrical  
Car phones, radar detectors, sound equipment  
Contents of Vehicles  
Joint ventures

***This is an incomplete list of Exclusions. Review Policy language for full terms, conditions and exclusions***

## LIABILITY-COVERED AUTO SYMBOLS

Liability 8,9

## PHYSICAL DAMAGE-COVERED AUTO SYMBOLS

Comprehensive 8

Collision 8

## COVERED AUTO SYMBOLS DESCRIBED:

- 1 Any Auto
- 2 Owned Auto
- 3 Owned Private Passenger Autos
- 4 Owned Autos other than Private Passenger Autos
- 5 All Owned autos which require No Fault Coverage
- 6 Owned Autos Subject to Compulsory UM laws
- 7 Scheduled Autos
- 8 Hired Autos
- 9 Non Owned Autos

## COVERAGES/LIMITS

Coverage	Limit
Combined single limit	1,000,000

## HIRED/BORROWED LIABILITY

State	If Any Basis	Coverage	Limit	Comp Limit	Comp Deductible	Coll Limit	Coll Deductible
OH	Yes	Hired Cmb Single Lmt	1,000,000	50,000	0	50,000	500

**NON-OWNED LIABILITY**

State	Group Type
OH	Employees

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## POLICY INFORMATION

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
ZOH-15P05022-16-ND	Watercraft	Workboats	05/15/2016 - 05/15/2017	Travelers Insurance Company	Travelers Property Casualty Company of America	\$12,236.00

		Vessel #1	Vessel #2	Vessel #3
<b>Vessel Description</b>		<i>Boston Whaler</i>	<i>Crosby Boat 1</i>	<i>Crosby Boat 2</i>
<b>Hull Coverage</b>	Agreed Value	\$166,000	\$101,000	\$101,000
	Deductible	\$2,500	\$2,500	\$2,500
<b>Liability Coverage</b>	Liability Limit	\$1,000,000	\$1,000,000	\$1,000,000
	BI/PD Deductible	\$1,000	\$1,000	\$1,000
	Number of Crew	1	1	1
<b>Medical Payments</b>	Limit Per Person	\$5,000	\$5,000	\$5,000
	Limit Per Accident	\$10,000	\$10,000	\$10,000
<b>Trailer Coverage</b>	Agreed Value	\$7,600	\$6,000	\$6,000
	Trailer Deductible	\$500	\$500	\$500

## POLICY INFORMATION

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
ZPD-81M31941-16-ND	Ocean Marine	Dock/Piers	05/15/2016 - 05/15/2017	Travelers Insurance Company	Travelers Property Casualty Company of America	\$3,483.00

Description of Covered Property	Property Type	Fixed/Floating	Construction	Limit
3 Docks @ 1355 Black River	Uncovered Dock	Floating	Composite	\$10,500
2 Docks @ Alabama Avenue	Uncovered Dock	Floating	Composite	\$7,000
1 Dock @ Black River	Uncovered Dock	Floating	Composite	\$125,000

## **POLICY INFORMATION**

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
ZUP- 15N93187-16- PB	Umbrella	\$5mil Umbrella	05/15/2016 - 05/15/2017	Travelers Insurance Company	The Travelers Indemnity Company	\$9,347.00

## **UMBRELLA**

### **GENERAL TERMS & CONDITIONS**

### **STANDARD UMBRELLA EXCLUSIONS**

*This is an incomplete list of Exclusions. Review Policy language for full terms, conditions and exclusions*

### **GENERAL COVERAGE INFORMATION**

Umbrella (Y/N)	Y
First Dollar Defense (Y/N)	Y

### **COVERAGES/LIMITS**

Coverage	Limit	Retention Basis	Retention Amount
Umbrella	5,000,000	Per Occurrence	10,000

## PRIMARY LOCATION INFORMATION

Address                      Annual Gross Sales    Foreign Gross Sales    Annual Payroll    Number Of Employees  
319 Black River Lane,

## UNDERLYING AUTO LIABILITY

Policy Number	Company	Type of Policy	Eff Date	Exp Date	Auto Single Limit/BI Per Person
BA-0G669782-16-PUB	Travelers Insurance Company	Auto Liability	5/15/2016	5/15/2017	1,000,000

## UNDERLYING GENERAL LIABILITY

Policy Number	Company	Type of Policy	Eff Date	Exp Date	EA Occurrence	General Aggregate	Prod & Comp Ops Aggregate	Damage to Rental Premises	Medical Expense
H-660-OD881745-TCT-16	Travelers Insurance Company	General Liability Occurrence	5/15/2016	5/15/2017	1,000,000	2,000,000	2,000,000	100,000	Excluded

## UNDERLYING OTHER LIABILITY

Policy Number	Company	Type of Policy	Eff Date	Exp Date	Other Limit 1	Other Limit 2
H-660-OD881745-TCT-16	Travelers Insurance Company	Employee Benefits	5/15/2016	5/15/2017	1,000,000	3,000,000

**UNDERLYING EMPLOYERS LIABILITY**

Policy Number	Company	Type of Policy	Eff Date	Exp Date	EL Each Accident	EL Disease Policy Limit	EL Disease Each Employee
H-660-OD881745-TCT-16	Travelers Insurance Company	Employer's Liability	5/15/2016	5/15/2017	1,000,000	1,000,000	1,000,000

**UNDERLYING OTHER LIABILITY**

Policy Number	Company	Type of Policy	Eff Date	Exp Date	Other Limit 1	Other Limit 2
ZPL-91M34314-16-PB	Travelers Insurance Company	Law Enforcement/Public Mgmt Liability/EPLI	5/15/2016	5/15/2017	1,000,000	1,000,000

This proposal is provided as a convenient summary of your policy/quotations. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.

## POLICY INFORMATION

Policy Number	Coverage	Description	Effective/Expiration	Parent Company	Writing Company	Full Term Premium
ZOX-15P05138-16-ND	Umbrella	Excess Liab for Boats	05/15/2016 - 05/15/2017	Travelers Insurance Company	Travelers Property Casualty Company of America	\$2,625.00

## UMBRELLA

### GENERAL TERMS & CONDITIONS

### STANDARD UMBRELLA EXCLUSIONS

*This is an incomplete list of Exclusions. Review Policy language for full terms, conditions and exclusions*

### GENERAL COVERAGE INFORMATION

Excess Liability (Y/N)

Y

## **COVERAGES/LIMITS**

Coverage	Column "A" Excess Limit of Liability
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Excess Liability	1,000,000
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## **COVERAGES/LIMITS**

Coverage	Column "B" Primary Limit of Liability
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Excess Liability	1,000,000
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## **PRIMARY LOCATION INFORMATION**

Address	Annual Gross Sales	Foreign Gross Sales	Annual Payroll	Number Of Employees
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319 Black  
River Lane,

## **SCHEDULE OF EXCESS LIABILITIES**

Policy Number	Company	Type of Policy	Eff Date	Exp Date	Other Limit 1
ZOH- 15P05022-16- ND	Travelers Insurance Company	Excess Protection & Indemnity/Excess Collision Liability/Excess General Average & Salvage & Excess Sue & Labor Charges	5/15/2016	5/15/2017	1,000,000

## **PAYMENT INFORMATION**

AFCO Premium Financing is available.

## **SUGGESTED COVERAGES**

Data Breach  
Cyber Liability

## **COMPENSATION NOTICE**

*Insurance Partners Agency, Inc. in connection with the purchase of insurance contracts, is acting as an independent insurance broker, which means that we act as the agent for the selling insurance carriers, on your behalf. In the event of any insurance sales transaction or insurance related services, we expect to receive compensation that may be based, in whole or in part, on the insurance policies or insurance related services that you purchase. The compensation paid to us in connection with such an insurance sales transaction may vary, depending on a number of factors, including, but not limited to, the insurance contract, riders, endorsements, the selling insurer you select, the volume of business that we provide to the selling insurer and the profitability of certain insurance contracts that we place with the selling insurers. You may obtain information about the compensation we expect to receive based, in whole or in part, on the transaction, or on any alternative quotes we present to you, by requesting such information from us. Your request should be addressed to Insurance Partners Agency, Inc.*





**PREMIUM SUMMARY**

**CARRIERS PROVIDING QUOTATIONS**

CARRIER NAME	ADMITTED OR NON ADMITTED CARRIER?	AM BEST RATING
Travelers	Admitted	A++

**QUOTATIONS/INDICATIONS**

COVERAGE	EXPIRING PREMIUMS	RENEWAL PREMIUMS
Package	\$23,481.00	\$26,589.00
Automobile	\$ 1,440.00	\$ 1,407.00
Professional	\$ 6,781.00	\$ 7,146.00
Umbrella	\$ 9,306.00	\$ 9,347.00
Workboats	\$12,236.00	\$12,236.00
Docks	\$ 3,483.00	\$ 3,483.00
Excess Umbrella	\$ 2,625.00	\$ 2,625.00
<b>TOTAL</b>	<b>\$59,352.00</b>	<b>\$62,833.00</b>

This proposal is provided as a convenient summary of your policy/quotations. You must refer to the provisions found in your policy for the details of your coverage, terms, conditions and exclusions that apply.