

Issued by The Stock Insurance Company

Policy Number  
S

**SELECTIVE INSURANCE COMPANY OF AMERICA**  
40 WANTAGE AVE, BRANCHVILLE, NJ 07890

**COMMERCIAL POLICY COMMON DECLARATION**

Named Insured and Address  
A FAKE COMPANY

Policy Period  
From:  
To:  
12:01 A.M. Standard Time At  
Location of Designated Premises.  
Producer Number:  
00-13103-0000

Named Insured is:  
CORPORATION

Producer:

DEHAYES GROUP  
INDIANA

**Schedule of Coverage**

- COMMERCIAL PROPERTY COVERAGE
- COMMERCIAL GENERAL LIABILITY COVERAGE
- COMMERCIAL AUTOMOBILE COVERAGE
- COMMERCIAL INLAND MARINE COVERAGE
- COMMERCIAL UMBRELLA COVERAGE
- COMMERCIAL ABUSE OR MOLESTATION COVG
- COMMERCIAL CRIME COVERAGE
- SOCIAL SERVICES

<b>PREMIUM INCLUDES</b>	<b>TERRORISM - CERTIFIED ACTS</b>	<b>\$2,630.00</b>
<b>PREMIUM INCLUDES</b>	<b>TERRORISM - AUTO</b>	<b>\$739.00</b>

PAYMENT METHOD  
D/B - 10

Total Policy Premium     \$      
(This premium may be subject to adjustment.)

Date Issued:     Issuing Office:  
HEARTLAND REGION

Authorized Representative \_\_\_\_\_

280089FS Z778963183

000155 547197

# POLICY SCHEDULE

SELECTIVE INSURANCE  
BRANCHVILLE, NEW JERSEY 07890

ISSUE DATE:

Policy No.
<b>S 2278963</b>

Issued To
<b>BONA VISTA PROGRAMS INC</b>

Period

Transaction Type
<b>RENEWAL</b>

Agent Number

Billing Type
<b>DIRECT BILL</b>

Transaction Eff. Date

Number of Remaining Installments
<b>10</b>

BILL ACCOUNT: 380 023 773

**PAYMENT WILL BE BILLED AS FOLLOWS:**

SCHEDULED BILL DATE	SCHEDULED DUE DATE	PREMIUM AMOUNTS
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- 03.
- 04.
- 05.
- 06.
- 07.
- 08.

TOTAL

THIS IS NOT A BILL.

Your bill will be sent under separate cover. This is a Payment Schedule of your policy premium due based on your selected installment plan. Changes made to the policy premium after the issue date listed above, will be reflected on future bills.

An installment fee of \$8.00 may be added to each installment bill. Policies not paid by the installment due date may be subject to a late fee of \$20.00 for each late payment. An insufficient fund fee of \$20.00 will be charged for payments returned by your financial institution.

A reinstatement fee may be incurred when a policy is reinstated after a non-pay cancellation is processed. Fee amounts are generally \$35 for commercial line policies and will appear on the next bill.



**IMPORTANT NOTICE ABOUT YOUR PAYMENT PLAN  
AND LATE PAYMENTS UNDER YOUR PAYMENT PLAN:**

If you have selected a payment plan option to pay for Your policy or policies with Us, we will send You a bill or email notification when premium is due. Bills will show (1) the billed minimum amount due on Your account for that month, and (2) the total balance due on Your account, including late and installment fees, if any have been charged. On or before the due date We specify in Your bill, You will be required to pay Us the total billed minimum amount shown in order to stay current in your payments due to Us (excluding any policy or policies that are pending cancellation).

Any time a payment is late and You fall behind on the amount that is owed to Us for the policy premium, we will issue a policy cancellation notice for failure to pay the premium, and we may charge you a late fee. For the first two times you fall behind, if You pay the total amount due before the cancellation effective date indicated in the notice, the policy or policies will remain in effect. If, however, We issue a third cancellation notice for nonpayment of premium, We will accelerate the remaining payments due under the payment plan and require You to pay **the full outstanding policy premium (not just the total billed minimum amount in the most recent bill) on or before the cancellation effective date.** If You do not pay the full outstanding balance on or before the cancellation effective date, We will cancel Your policy. If Your policy or policies are cancelled or expired, Your enrollment in an electronic payment option will continue, despite the fact that the policy(s) have been cancelled with Selective and may remain in effect until such time as any payment for any earned premiums, audit balances or other amounts related to your account are settled. If more than one policy is subject to a payment plan, We will apply partial payments proportionately to the billed minimum amount for each policy. Any policy that is not paid in full after this allocation will be subject to cancellation for nonpayment of premium, as provided in the policy.

Selective Insurance  
Main Administrative Offices  
40 Wantage Avenue  
Branchville, New Jersey 07890  
(973) 948-3000

"Selective Insurance" refers to the following affiliated insurers:  
Selective Insurance Company of America, Selective Way Insurance Company, Selective Insurance Company of South Carolina, Selective Insurance Company of the Southeast, Selective Insurance Company of New York, Selective Insurance Company of New England, Selective Casualty Insurance Company, Selective Fire and Casualty Insurance Company, and Selective Auto Insurance Company of New Jersey. The declarations page of your policy identifies the insurance carrier that issued your "Selective Insurance" policy.

Policy Number  
S

### SCHEDULE OF LOCATIONS

Policy Effective Date:		Schedule Effective Date:	
Prem. No.	Location	Bldg. No.	Occupancy
1		1	OFFC/SCHOOL
2		1	SCHOOL/INDUSTRY
3		1	HOME
4		1	HOME
5		1	INDUSTRY
6		1	OFFICE/SCHOOL
7		1	RENTAL
8		1	HOME
9		1	HOME
10		1	SERVICES/RENTAL
11		1	HOME
12		1	HOME/2 GARAGES
13		1	VACANT LAND
14		1	OFFICE
15		1	HOME
16		1	VACANT LAND
17		1	OFFICE
18		1	VACANT LAND
19		1	VACANT LAND
20		1	HOME
21		1	OFFICE
22		1	HOME
23		1	HOME
24		1	HOME

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Policy Number  
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### SCHEDULE OF LOCATIONS

Policy Effective Date:		Schedule Effective Date:	
Prem. No.	Location	Bldg. No.	Occupancy
25		1	HOME
26		1	OFFICE
27		1	RENTAL
28		1 2 3 4	OFFICE REC 1 REC 2 REC 3
29		1	HOME
30		1	HOME

2000015 2278963855



000155 56/197 2 07

## COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date:

Schedule Effective Date:

**THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMON COVERAGE PART:**

IL 70 25	1189	COMMERCIAL POLICY COMMON DECLARATION
IL 70 36	0193	SCHEDULE OF LOCATIONS
IL 00 03	0908	CALCULATION OF PREMIUM
IL 00 17	1198	COMMON POLICY CONDITIONS
IL 00 21	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 79 15	0117	IDENTITY RECOVERY COVERAGE
IL 89 48	0818	EXCLUSION-LEAD HAZARD
IL 89 56	0818	ASBESTOS EXCLUSION

**THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL PROPERTY COVERAGE PART:**

CP 70 26	0617	COMMERCIAL PROP DEC
CP 00 10	1012	BUILDING & PERSONAL PROPERTY COVERAGE FM
CP 00 30	1012	BUSINESS INCOME COVERAGE (W/EX EXP)
CP 00 90	0788	COMMERCIAL PROPERTY CONDITIONS
CP 01 40	0706	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
CP 01 52	0796	INDIANA CHANGES-RIGHTS OF RECOVERY
CP 04 11	0917	PROTECTIVE SAFEGUARDS
CP 10 30	0917	CAUSES OF LOSS-SPECIAL FORM
CP 12 18	1012	LOSS PAYABLE PROVISIONS
CP 15 32	0607	CIVIL AUTHORITY CHANGE(S)
CP 75 51	0511	SYSTEMS POWER PAC
CP 76 11	1011	GREENPAC ENHANCEMENT ENDORSEMENT
CP 76 13	0513	CRISIS RESPONSE COVERAGE
CP 76 23	1011	COMMERCIAL PROP MORTGAGE HOLDERS SCHED
CP 76 30	0116	ELITEPAC PROPERTY EXT END
CP 76 50	0116	SOCIAL SERVICE ELITEPAC PROP EXT END
CP 76 51	0116	ELITEPAC SCHEDULE - SOCIAL SERVICE
CP 76 60	0116	BI ACTUAL LOSS SUST - 12 MONTH LIMIT END
CP 76 64	0116	ACCOUNTS RECEIVABLE COVERAGE ENDORSEMENT
CP 76 67	0116	ELECTRONIC INFORMATION SYSTEMS COVER END
CP 76 68	0116	FINE ARTS COVERAGE ENDORSEMENT
CP 76 69	0116	INSTALLATION PROPERTY COVERAGE END
CP 76 70	0116	MOBILE EQUIPMENT COVERAGE END
CP 76 71	0116	PERSONAL EFFECTS COVERAGE END
CP 76 72	0116	PROPERTY IN TRANSIT COVERAGE END
CP 76 73	0116	SALESPERSONS SAMPLES COVERAGE END
CP 76 74	0116	TOOLS AND EQUIPMENT COVERAGE END
CP 76 75	0116	VALUABLE PAPERS COVERAGE END
IL 01 56	1117	INDIANA CHANGES-CONCEALMENT, MISREPRESENT
IL 01 92	0702	INDIANA CHANGES-POLLUTION
IL 02 72	0907	INDIANA CHANGES-CANC AND NONRENEWAL
IL 09 52	0115	CAP ON LOSS FROM CERT ACTS OF TERRORISM
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT

**THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART:**

CG 70 35	0690	COMMERCIAL LIABILITY COVG DECLARATION
CG 00 01	0413	CGL COV FORM (OCCURRENCE)
CG 04 35	1207	EMPLOYEE BENEFITS LIAB COVERAGE
CG 21 06	0514	EXCL ACCESS DISCL CONF PERS INF-W/LIM BI
CG 21 47	1207	EMPLOYMENT-RELATED PRACTICES EXCL
CG 21 57	0413	EXCLUSION - COUNSELING SERVICES
CG 21 67	1204	FUNGI OR BACTERIA EXCLUSION
CG 21 70	0115	CAP ON LOSSES FROM CERT ACTS OF TERROR

**NOTICE TO POLICYHOLDER:** All the forms and endorsements contained in this policy as of the "Schedule Effective Date" are listed above. Forms and endorsements added to the policy after this date will appear on a "Policy Changes" endorsement. Please read your policy and all "Policy Changes" carefully.

**NOTE:** All applicable "IL" endorsements will be attached in the Common Section of the policy.



## COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date:

Schedule Effective Date:

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART:

CG 22 30	0798	EXCLUSION-CORPORAL PUNISHMENT
CG 22 40	0196	EXCL-MED PAY TO CHILDREN (DAY CARE CTRS)
CG 22 44A	0413	EXCLUSION-HEALTH OR COSMETICS SVS.
CG 22 52	1093	EXCL-MEDICAL PAYMENTS-INMATES
CG 22 71	0413	COLLEGES OR SCHOOLS (LIMITED FORM)
CG 24 28A	0208	IN CHANGES-AMEND OF DEF OF POLLUTANTS
CG 25 04	0509	DESIGNATED LOCATION(S) GENERAL AGG LIMIT
CG 73 00	0119	ELITEPAC GL EXT END
CG 73 10	0116	SOCIAL SERVICES ELITEPAC GL EXT END
CG 79 35A	0708	PRODUCT RECALL EXPENSE COV ENDT
CG 79 88	0119	CONT INSTALL SERV REPAIR ELITEPAC GL EXT
CG 79 95	0418	DATA COMPROMISE COVERAGE
CG 79 97	1116	GENERAL AGGREGATE LIMIT PER PROJECT
CG 80 29	0610	ABUSE OR MOLESTATION LIAB COV EXCL
IL 01 17	1210	INDIANA CHANGES-WORKERS COMP EXCLUSION
IL 01 58	0908	INDIANA CHANGES
IL 02 72	0907	INDIANA CHANGES-CANC AND NONRENEWAL
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT
IN 05 81	0216	ERISK HUB IMPORTANT NOTICE

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE BUSINESS AUTOMOBILE COVERAGE PART:

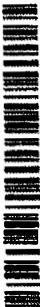
CA 70 57	0292	AUTO DEC -LOSS PAYEE
CA 70 58	0292	BUSINESS AUTO COVERAGE DECLARATION PAGE2
CA 00 01	1013	BUSINESS AUTO COVERAGE FORM
CA 01 19	1013	INDIANA CHANGES
CA 04 33	1013	IN CHGS- POLLUTION EXCL
CA 04 34	1013	IN CHANGES-AMEND DEF OF POLLUTANTS
CA 04 42	1013	EXCL FED EMPLOYEES USING AUTO IN GOV BUS
CA 20 01	1013	ADDL INSURED LESSOR
CA 20 18	1013	PROFESSIONAL SERVICES NOT COVERED
CA 20 54	1013	EMPLOYEE HIRED AUTOS
CA 24 02	1013	PUBLIC TRANSPORTATION AUTOS
CA 70 38	0818	PHYSICAL DAMAGE COVERAGE
CA 77 74	0706	LIMITED MOBILE EQUIPMENT COVERAGE
CA 78 09	1117	ELITEPAC COMMERCIAL AUTO EXT END
CA 78 13	0116	SOCIAL SERVICES ELITEPAC AUTO EXT END
CA 78 22	0116	COMM AUTO ELITEPAC SCH - SOCIAL SERVICES
CA 80 23	0610	ABUSE OR MOLESTATION LIAB COV EXCL
CA 89 14A	0818	NAMED DRIVER EXCLUSION - INDIANA
CA 99 03	1013	AUTO MEDICAL PAYMENTS COVERAGE
CA 99 44	1013	LOSS PAYABLE CLAUSE
IL 01 17	1210	INDIANA CHANGES-WORKERS COMP EXCLUSION
IL 01 56	1117	INDIANA CHANGES-CONCEALMENT, MISREPRESENT
IL 01 58	0908	INDIANA CHANGES
IL 02 72	0907	INDIANA CHANGES-CANC AND NONRENEWAL
SA 21 44	0818	INDIANA UNINSURED MOTORISTS COVERAGE
SA 31 16	0818	INDIANA UNDERINSURED MOTORISTS COVERAGE

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL INLAND MARINE COVERAGE PART:

CM 70 71	0794	COMMERCIAL INLAND MARINE DECLARATIONS
CM 71 00	0310	ELECTRONIC INFORMATION SYSTEMS SUPPL DEC
CM 00 01	0904	COMMERCIAL IM CONDITIONS
CM 01 39	0900	INDIANA CHANGES - RIGHT OF RECOVERY

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## COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date:

Schedule Effective Date:

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL INLAND MARINE COVERAGE PART:

CM 71 01	0310	ELECTRONIC INFO SYS COVERAGE FORM
CM 72 00	0112	LIBERALIZATION
IL 01 56	1117	INDIANA CHANGES-CONCEALMENT, MISREPRESENT
IL 02 72	0907	INDIANA CHANGES-CANC AND NONRENEWAL
IL 09 52	0115	CAP ON LOSS FROM CERT ACTS OF TERRORISM
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL UMBRELLA COVERAGE PART:

CX 00 03A	0199	COMMERCIAL EXCESS/UMBRELLA DEC
CXL 4	0403	COMMERCIAL UMBRELLA LIAB COVG
CXL 17	1099	ASBESTOS EXCLUSION
CXL 28	0403	CORPORAL PUNISHMENT EXCLUSION
CXL 63A	0199	PROPERTY OF OTHERS EXCLUSION
CXL 119	0403	WATERCRAFT LIABILITY LIMITATION
CXL 132	0403	PERSONAL & ADVERTISING INJURY LIAB
CXL 211	0403	EMPLOYEE BENEFITS LIABILITY LIMITATION
CXL 318	0403	EXCLUSION - LEAD HAZARD
CXL 326	0403	INDIANA CHANGES-CANC AND NONRENEWAL
CXL 338B	0804	SCHEDULED POLICY FOLLOWING FORM-LIAB COV
CXL 383	0702	FUNGI OR BACTERIA EXCLUSION
CXL 388	0115	CAP ON LOSSES FROM CERT ACTS OF TERR
CXL 400	0403	NUCLEAR ENERGY LIABILITY EXCLUSION END
CXL 452	0612	ABUSE OR MOLESTATION FOLLOWING-FORM LIAB
CXL 453	0413	EXCL-EMPLOYMENT PRACTICES LIABILITY
CXL 459A	1014	IN CHANGES-AMEND OF DEF OF POLLUTANTS
CXL 460IN	1114	NAMED DRIVER EXCLUSION
CXL 462	1115	COMMERCIAL UMBRELLA LIABILITY
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE ABUSE OR MOLESTATION COVERAGE PART:

AM 00 07	0610	ABUSE OR MOLESTATION OCCUR LIAB COV DEC
AM 00 01	0610	ABUSE OR MOLESTATION LIAB COV PART
AM 00 02	0610	INNOCENT EMPLOYEE VOLUNTEER
AM 00 31	0115	CAP ON LOSSES FROM CERT ACTS OF TRSM
AM 00 37	0519	ADDL INSURED - AUTOMATIC STATUS
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT
IL 70 76	0115	IN CHANGES - CANC AND NONRENEWAL

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL CRIME FIDELITY COVERAGE PART:

CR 70 26	0292	COMMERCIAL CRIME COVERAGE DECLARATION
CR 00 21	0506	COMMERCIAL CRIME COVERAGE FORM
CR 01 54	0702	INDIANA CHANGES-RIGHTS OF RECOVERY
CR 02 36	0702	INDIANA CHANGES
CR 70 36	0116	ERISA INFLATION GUARD ENDORSEMENT
CR 79 13	0109	COMPUTER FRAUD ADDITIONAL EXCL
CR 79 31	0116	SOCIAL SERVICE CRIME ELITEPAC END
IL 02 72	0907	INDIANA CHANGES-CANC AND NONRENEWAL
IL 09 35	0702	EXCL OF CERTAIN COMPUTER-RELATED LOSSES
SCR 25 47	0917	U.S. DEPT OF LABOR-ERISA PLAN COVERAGE

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE COMMERCIAL SOCIAL SERVICE COVERAGE PART:

SS 00 01	0312	PROFESSIONAL LIABILITY DEC
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**COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE**

Policy Effective Date:

Schedule Effective Date:

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE

COMMERCIAL	SOCIAL	SERVICE	COVERAGE	PART:
IL 70 76	0115	IN CHANGES -	CANC AND	NONRENEWAL
SS 00 10	1014	SOC SERV ORG	PROF LIAB	COV FORM
SS 00 49	1014	ABUSE OR	MOLESTATION	EXCL
SS 79 05	1014	CALCULATION	OF PREMIUM	
SS 79 33	0317	EDUCATORS	PROFESSIONAL	LIABILITY
SS 79 34	0417	ADDITIONAL	INSURED -	FUNDING SOURCE
SS 79 35	0417	LIBERALIZATION	CLAUSE	
SS 89 06	1014	NUCLEAR ENERGY	LIAB EXCL	

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# DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

POLICY NUMBER: S

IL 09 85 01 15

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

## SCHEDULE

### SCHEDULE — PART I

**Terrorism Premium (Certified Acts)    \$**

**This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):**

INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
GENERAL LIABILITY COVERAGE PART  
UMBRELLA LIABILITY COVERAGE PART

**Additional Information, if any, concerning the terrorism premium:**

### SCHEDULE — PART II

**Federal share of terrorism losses    81%    Year:**  
(Refer to Paragraph B. in this endorsement.)

**Federal share of terrorism losses    80%    Year:**  
(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.

