



RENEWAL  
**Declaration**

Care Of : SCOTT GRIMES  
INDIANA WATER ENVIRONMENT ASSOCIATION  
6510 Telecom Dr Ste 200  
Indianapolis, IN 46278-6030

Care Of : SCOTT GRIMES  
INDIANA WATER ENVIRONMENT ASSOCIATION  
6510 Telecom Dr Ste 200  
Indianapolis, IN 46278-6030



**(317)639-5679**

Thank you for insuring your business with us.

This package includes important coverage details about your Frankenmuth Insurance policy.

Please carefully review and safely file this information for future reference.

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**Frankenmuth Insurance provides**

- Loss control and safety expert consultations
- Fast, fair claims service
- Financial stability - rated "A" (Excellent) by A.M. Best
- Peace of mind since 1868

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Discover more at <http://www.fmains.com>.

**Keep your coverage up to date**



As your business changes and grows and the value of your property increases, your insurance needs will change as well. Talk to your agent to make sure your assets are covered properly.

**Register your account online**

Take advantage of our online payment option and email delivery system by registering your account at <http://www.fmains.com/register>.

**Report or track a claim**

We are always available at 1-800-234-4433 or <http://secure.fmains.com/phs/fileAclaim.aspx>.

**Billing services**

Call 1-800-288-6121. Please have your account number available so we can best serve you.

**Policyholder Disclosure  
Notice of Terrorism Insurance Coverage**

You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of Terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

UNDER YOUR COVERAGE, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2019. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE.

THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES EXCEEDS \$100 BILLION IN ANY ONE CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Georgia, Illinois, Maine, North Carolina, Wisconsin:** In these states, a terrorism exclusion makes an exception for, (and thereby provides coverage for,) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism and coverage for such fire losses will be provided in your policy. *If this is a renewal policy, coverage will continue to be provided in your policy.* The additional premium just for such fire coverage is stated below. If you reject the offer described above for terrorism coverage, this premium is due.

***As defined within this Notice, coverage for acts of terrorism may apply to your policy. However, coverage is limited to only those Lines of Business below that are already included within your policy.***

	<b><u>Business Owners</u></b>	<b><u>Commercial Property</u></b>	<b><u>Commercial Umbrella</u></b>	<b><u>General Liability</u></b>	<b><u>Inland Marine</u></b>
Terrorism coverage is hereby offered for a prospective premium charge of:	\$ <u>Waived</u>	\$ <u>Waived</u>	\$ <u>Waived</u>	\$ <u>Waived</u>	\$ <u>Waived</u>

**Rejection of Terrorism Insurance Coverage**

<b><u>Business Owners</u></b>	<b><u>Commercial Property</u></b>	<b><u>Commercial Umbrella</u></b>	<b><u>General Liability</u></b>	<b><u>Inland Marine</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing below, I hereby decline to purchase coverage for certified acts of terrorism, as outlined in this Notice.

I understand I will have no coverage for losses resulting from certified acts of terrorism, other than as provided by exception above.

Policyholder/Applicant's Signature

Print Name

Date

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**Notice To Policyholders  
Regarding Filing Complaints  
With The Department Of Insurance**

**Questions regarding your policy or coverage should be directed to:**

**Frankenmuth Insurance  
1-800-234-1133**

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may contact the Department of Insurance by mail, telephone or email:

State of Indiana Department of Insurance  
Consumer Services Division  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

Consumer Hotline: (800) 622-4461; (317) 232-2395

Complaints can be filed electronically at [www.in.gov/idoi](http://www.in.gov/idoi).

FM-518(9-05)

## **ADVISORY NOTICE TO POLICYHOLDERS GENERAL LIABILITY COVERAGE FORM**

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following forms and endorsements which may apply to your renewal policy being issued by us. The forms and endorsements may reduce, broaden or reinforce coverage. This Notice does not reference every change, including editorial changes, made in your policy.

### **NOTICE OF COVERAGES WITHOUT CHANGES**

19395 CONDITION – TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US - this condition is intended to prevent stacking of limits if we issue more than one policy that applies to the same claim. This condition does not apply to any umbrella policy purchased for the purpose of providing excess liability coverage.

## Membership Information

### **Mutual Insurance Company Conditions:**

The policyholder is a member of Frankenmuth Mutual Holding Company and shall participate to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

### **Non-Assessable:**


This policy is non-assessable and the premiums designated herein, and in the endorsements attached hereto, are the only premiums for which the insured shall be liable.

### **Voting Notice:**

As a member of Frankenmuth Mutual Holding Company, the policyholder is entitled to vote either in person or by proxy at any and all meetings of Frankenmuth Mutual Holding Company.

### **Annual Meeting:**

The annual meeting of Frankenmuth Mutual Holding Company shall be held on the last Tuesday in April of each year, at 2:30 o'clock P.M. at its home office in Frankenmuth, Michigan, or in such other place as the Secretary may designate by advertisement and/or notice, duly posted at said office.

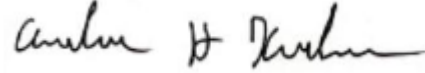


President

05671 (01 23)

**Witness Clause**

In Witness Whereof, the Company has caused this policy to be executed and attested, and if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



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President

**NAMED INSURED**  
INDIANA WATER ENVIRO

**ACCOUNT NO.**  
700001005915

**AGENT**  
**0130080**

**NAMED INSURED**  
INDIANA WATER ENVIRONMENT ASSOCIATION  
6510 Telecom Dr Ste 200  
Indianapolis, IN 46278-6030

*Renewal*  
**Declaration**

**ISSUE DATE**  
10/13/2023 at 12:19 AM

**AGENT**  
Schuetz Insurance Services  
1531 Indiana Avenue  
Indianapolis, IN 46202  
**Phone:** (317) 639-5679 Agent: 0130080/0130080

**LEGAL ENTITY**  
Association

**Insurer:** Frankenmuth Insurance Company

**Summary of Coverages and Premiums**

*This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment. In return for the payment of the premium, and subject to all the terms of this policy, we agree to provide the insurance as stated in this policy.*

COVERAGE PARTS	PREVIOUS POLICY NO.	POLICY NO.	POLICY TERM	PREMIUM
General Liability		6608790	11/12/2023 to 11/12/2024 12:01 AM	\$1,282
Premium for Terrorism Coverage		6608790	11/12/2023 to 11/12/2024 12:01 AM	Waived
<b>Total Annual Premium</b>				<b>\$1,282</b>

**Policy Locations**

**1**  
8909 Purdue Rd Ste 130  
Indianapolis, IN  
Marion 46268-3149

**Billing Information**

**PAYMENT PLAN** 1-Pay  
**BILLING METHOD** Direct Bill - An Account Invoice or Payment Schedule will be mailed to you.  
**Payments and credits may be applied to all policies on the same billing account and may be applied from one policy term to another. Payment received for less than the billed amount may be pro-rated to each policy and may result in cancellation of all policies for nonpayment of premium.**

**Forms and Endorsements**

*The following is a list of the forms and endorsements that make up your policy. Refer to these as needed for detailed information concerning your coverage. Some of these forms were provided when you first purchased your insurance. If you have added new coverages or if the form describing a coverage has changed since you purchased or last renewed your policy, a new copy of the form may be found in this package. An asterisk (\*) indicates a new or updated version is included in this package.*

TITLE	FORM NUMBER	EDITION DATE
<b>Commercial General Liability Coverage Part</b>		
Common Policy Conditions	IL0017	11-98
Commercial General Liability Coverage Form	CG0001	04-13

**NAMED INSURED**  
INDIANA WATER ENVIRO

**ACCOUNT NO.**  
700001005915

**AGENT**  
**0130080**

<b>TITLE</b>	<b>FORM NUMBER</b>	<b>EDITION DATE</b>
Indiana Changes - Workers' Compensation Exclusion	IL0117	12-10
Indiana Changes	IL0158	09-08
Indiana Changes - Cancellation And Nonrenewal	IL0272	11-21
Indiana Changes - Amendment of Definition of Pollutants	14078	01-17
Indiana Changes - Pollution Exclusion	CG0123	03-97
Calculation Of Premium	IL0003	09-08
Cap On Losses From Certified Acts Of Terrorism	CG2170	01-15
Disclosure Pursuant To Terrorism Risk Insurance Act	IL0985	12-20
Additional Insured - Managers Or Lessors Of Premises	CG2011	04-13*
Additional Insured - Designated Person Or Organization	CG2026	04-13*
Condition - Two Or More Coverage Forms Or Policies Issued By Us	19395	05-23*
Limited Fungi Or Bacteria Coverage	CG2425	12-04
Absolute Asbestos Exclusion	93068	01-17
Lead Contamination Exclusion	96210	01-17
Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception	CG2106	05-14
Communicable Disease Exclusion	CG2132	05-09
Employment - Related Practices Exclusion	CG2147	12-07
Silica Or Silica - Related Dust Exclusion	CG2196	03-05
Nuclear Energy Liability Exclusion Endorsement	IL0021	09-08



<b>NAMED INSURED</b>	<b>POLICY</b>	<b>POLICY TERM</b>	<b>AGENT</b>
INDIANA WATER ENVIRO	6608790	11/12/2023 to 11/12/2024	<b>0130080</b>

## Commercial General Liability Coverage

### Limits of Insurance

COVERAGE	LIMIT
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit, Any One Premises	\$300,000
Medical Expense Limit, Any One Person	\$5,000
Personal and Advertising Injury Limit, Any One Person or Organization	\$1,000,000
General Aggregate Limit	\$2,000,000

### Classification Schedule

PREMISES	DESCRIPTION AND DETAILS OF CLASSIFICATION	PREMIUM
1	Profl,Trade Assoc-no bldgs or prems owned,leased-not offices-Not-For-Profit only Products-Completed Operations are subject to the General Aggregate Limit  <b>STATE TERRITORY CLASS CODE DEDUCTIBLE PREMIUM BASIS</b> <b>Premises Operations</b> IN 501 46882 1,500 Number of Members	\$694
1	Social Gathering and Meetings-on prem not owned,operated by the insd-Not-FP only Products-Completed Operations are subject to the General Aggregate Limit  <b>STATE TERRITORY CLASS CODE DEDUCTIBLE PREMIUM BASIS</b> <b>Premises Operations</b> IN 501 48558 5 Number of Locations	\$288
ALL	Managers or Lessors of Premises	\$100
ALL	Designated Person or Organization	\$200
<i>Premises Operations - Total Premium</i>		\$982
<b>Total Commercial General Liability Coverage Premium</b>		<b>\$1,282</b>

### Additional Interests

PREMISES	NAME AND ADDRESS	ADDITIONAL INTEREST TITLE
ALL	HENDRICKS COUNTY 4-H & AGRICULTURAL FAIR ASSOCIATION PO Box 7 Danville, IN 46122-0007	Managers or Lessors of Premises
		<b>Description / Interest</b> PO Box 7 Danville, IN 46122
ALL	GRAND WAYNE CONVENTION CENTER 120 W Jefferson Blvd Fort Wayne, IN 46802-3013	Managers or Lessors of Premises
		<b>Description / Interest</b> 120 W. Jefferson Blvd. Fort Wayne, IN 46802
ALL	White River State Park 801 W Washington St Indianapolis, IN 46204-2734	Designated Person or Organization

<b>NAMED INSURED</b> INDIANA WATER ENVIRO	<b>POLICY</b> 6608790	<b>POLICY TERM</b> 11/12/2023 to 11/12/2024	<b>AGENT</b> <b>0130080</b>
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**Commercial  
General  
Liability  
Coverage**

***Additional Interests***

PREMISES	NAME AND ADDRESS	ADDITIONAL INTEREST TITLE
ALL	Mattison Corporation 8909 Purdue Rd Ste 130 Indianapolis, IN 46268-3149	Designated Person or Organization  <b>Description / Interest</b> 8909 Purdue Rd Ste 130, Indianapolis, IN 46268-3149
ALL	REI Real Estate Services, LLC 11711 Pennsylvania St Ste 200 Carmel, IN 46032-6931	Designated Person or Organization
ALL	NCAA 700 W Washington St Indianapolis, IN 46204-2710	Designated Person or Organization

**COMMERCIAL GENERAL LIABILITY  
CG 20 11 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Designation of Premises (Part Leased to You):</b> PO Box 7 Danville, IN 46122
<b>Name of Person or Organization (Additional Insured):</b> HENDRICKS COUNTY 4-H & AGRICULTURAL FAIR ASSOCIATION
<b>Additional Premium:</b> \$50.00
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY**  
**CG 20 11 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Designation of Premises (Part Leased to You):</b> 120 W. Jefferson Blvd. Fort Wayne, IN 46802
<b>Name of Person or Organization (Additional Insured):</b> GRAND WAYNE CONVENTION CENTER
<b>Additional Premium:</b> \$50.00
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;  
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
White River State Park
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

However:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance

afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
Mattison Corporation
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

However:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance

afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
REI Real Estate Services, LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

However:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance

afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**COMMERCIAL GENERAL LIABILITY  
CG 20 26 04 13**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
NCAA
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

However:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance

afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CONDITION – TWO OR MORE COVERAGE FORMS OR  
POLICIES ISSUED BY US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**A. The following is added to SECTION IV –  
COMMERCIAL GENERAL LIABILITY  
CONDITIONS**

**10. Two or More Coverage Forms or Policies  
Issued By Us**

If more than one coverage form or policy issued to you by us or any company affiliated with us, applies to the same "occurrence", wrongful act, accident or loss the most that we will pay for "bodily injury", "property damage", "personal and advertising injury" or any other injury, damage, loss or expense arising out of such "occurrence", offense, wrongful act, accident or loss is the highest applicable Limit of Insurance under any one coverage form or policy, regardless of the number of coverage forms or policies issued to you by us, or any company affiliated with us that apply to the same "occurrence", offense, wrongful act, accident or loss.

This condition does not apply to any coverage form or policy issued by us or any affiliated company specifically to apply as excess insurance over this insurance.



## **SAFETY SERVICE – LOSS CONTROL**

**We go above and beyond to help our customers avoid losses in the first place.**

At Frankenmuth Insurance, we don't just take pride in protecting businesses. We take pride in the way we're able to protect the business owners, too. Of course we offer the basics - Property insurance, Workers Compensation, Commercial Auto insurance and Umbrella insurance. But we also offer the little extras that help businesses run smoother during the workday, and business owners sleep sounder during the night.

Within our Loss Control program, we offer access to loss control consultants who can:

- Identify hazards and perform loss analysis
- Evaluate existing safety programs
- Recommend ways to make your business safer

We also provide an array of services and customized plans for your client's risk management needs:

- No-cost safety training with streaming online videos, PowerPoints and quizzes
- Workplace assessments to identify job hazards
- Development of individual risk management strategies for each location
- Lead and support safety meetings
- Risk control recommendations
- Safety programs audits/reviews
- Mock OSHA inspections
- Hazard evaluations surveys and jobsite visits
- Lifting injury reductions programs
- Development of safety behavior programs
- Competent fall protection training
- Risk transfer seminars
- Safety committee development and support
- Development of risk management action plans and more

**Ready to have a frank conversation? Contact Michael Lightsey, our Technical Coordinator, today.**

**Michael Lightsey,**

**Technical Coordinator, Loss Control**

michael.lightsey@fmins.com

989.652.6121 x 4240