



SCOTTSDALE INSURANCE COMPANY®
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS1891749 Effective Date 10/01/2013
 12:01 A.M., Standard Time

Named Insured _____ Agent No. 42004

Item 1. Limits of Insurance	
Coverage	Limit of Liability
Aggregate Limits of Liability	Products/ Completed Operations Aggregate \$ <u>1,000,000</u> General Aggregate (other than Products/ Completed Operations) \$ <u>2,000,000</u>
Coverage A - Bodily Injury and Property Damage Liability	any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability \$ <u>100,000</u>
Damage to Premises Rented to You Limit	
Coverage B - Personal and Advertising Injury Liability	any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u>
Coverage C - Medical Payments	any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u>
Item 2. Description of Business	
Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company)	
Location of All Premises You Own, Rent or Occupy: <u>See Schedule of Locations</u>	
Item 3. Forms and Endorsements	
Form(s) and Endorsement(s) made a part of this policy at time of issue: <u>See Schedule of Forms and Endorsements</u>	
Item 4. Premiums	
Coverage Part Premium:	\$ <u> </u>
Other Premium:	\$ <u> </u>
Total Premium:	\$ <u> </u>

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



**COMMERCIAL GENERAL LIABILITY COVERAGE PART
EXTENSION OF SUPPLEMENTAL DECLARATIONS**

Policy No. CPS1891749 Effective Date: 10/01/2013

12:01 A.M., Standard Time

Named Insured _____ Agent No. 42004

Prem. No. 01-02	Bldg. No.	Class Code 63217	Exposure 1	Basis FLAT
Class Description: RATED AS: COUNTY ELECTIONS (COUNTY DESIGNATED LOCATIONS) EXHIBITIONS - IN BUILDINGS - OTHER THAN NOT-FOR-PROFIT				Premises/ Operations
				Rate
				Premium
				INCLUDED
Products/ Comp Operations				Rate
				Premium
				INCLUDED
Prem. No. 01-02	Bldg. No.	Class Code 48557	Exposure 2	Basis EACH LOCATION
Class Description: RATED AS: SHERIFF DEPARTMENT MEETINGS (1,000 ATTENDEES) SOCIAL GATHERINGS AND MEETINGS - ON PREMISES NOT OWNED OR OPERATED BY THE INSURED (FOR-PROFIT) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)				Premises/ Operations
				Rate
				Premium
				INCLUDED
Products/ Comp Operations				Rate
				Premium
				INCLUDED
Prem. No.	Bldg. No.	Class Code	Exposure	Basis
Class Description: BLANKET ADDITIONAL INSUREDS GLS-150s FLAT CHARGE/FULLY EARNED				Premises/ Operations
				Rate
				Premium
				INCLUDED
Products/ Comp Operations				Rate
				Premium
				INCLUDED
Prem. No.	Bldg. No.	Class Code	Exposure	Basis
Class Description:				Premises/ Operations
				Rate
				Premium
				INCLUDED
Products/ Comp Operations				Rate
				Premium
				INCLUDED