

Ashleigh Hudson

From: [REDACTED]
Sent: Tuesday, January 09, 2018 3:32 PM
To: Ashleigh Hudson
Subject: Request For Public Records

Request For Public Records

First Name: Jeffrey
Last Name: Smith
Email: heather@drugfreevessel.com
Phone: 4436032132
Address: 409 Chester Ave Ste 102
City: Annapolis
State: MD
Zip Code: 21403

Question: The current Insurance Policy for the Town of Dewey Beach including, but not limited to, a) Commercial Policy Common Declarations b) Commercial Policy Information Page c) Policy Changes Endorsement d) Schedule of Locations e) Additional Insured- Land Leased f) General Liability Coverage Declaration

Date Of Request: 01/09/2018

Please contact me if costs will be greater than \$: 15.00

User IP: 72.81.245.119

Time Sent: 3:31 PM January 9, 2018

Ticket: <https://www2.team-logic.com/dewey/index.cfm?teamLogic=tickets.detail&ticketID=201545>

Note: A duplicate user was found, based on the email entered, the existing user was used.

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCHVILLE, NJ 07890

COMMERCIAL POLICY INFORMATION PAGE

Named Insured and Address TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	Policy Period From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018 12:01 A.M. Standard Time At Location of Designated Premises.
Named Insured is: ASSN/LABOR/RE	Producer Number: 00-04027-00000

Producer:

 LYONS INSURANCE AGENCY INC
 DELAWARE

Schedule of Coverage
 Schedule Effective Date: MARCH 22, 2017

- COMMERCIAL PROPERTY COVERAGE
- COMMERCIAL GENERAL LIABILITY COVERAGE
- COMMERCIAL AUTOMOBILE COVERAGE
- COMMERCIAL INLAND MARINE COVERAGE
- COMMERCIAL UMBRELLA COVERAGE
- PESTICIDE HERBICIDE
- COMMERCIAL CRIME COVERAGE

Date Issued: MARCH 28, 2017
Issuing office: MID ATLANTIC REGION

1000215 1980207319



Endorsement Number
C00001

Policy Number
S 1980207

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	Policy Period From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018
	Endorsement Effective Date: MARCH 22, 2017
Producer LYONS INSURANCE AGENCY INC	Producer Number: 00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL COMMON COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	POLICY CHANGES ENDORSEMENT

AUTO FORMS ADDED/WERE MISSING FROM PRIOR ENDORSEMENT. THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

CA7057	02/92	AUTO DEC -LOSS PAYEE
CA7058	02/92	COMMERCIAL AUTO DECLARATION PAGE 2
IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	POLICY CHANGES ENDORSEMENT

THE FOLLOWING UMBRELLA FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	CHANGE ENDORSEMENT

Forms and Endorsements: REFER TO "COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE"	Endorsement Premium NIL
NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.	D/B - 10 (This premium may be subject to adjustment.)

Date Issued: MARCH 28, 2017

Authorized Representative _____

Issuing Office: MID ATLANTIC REGION

100021S 1980207380

100021S 1980207380



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 Schedule Effective Date: MARCH 22, 2017

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

- IL 70 25A 1189 COMMERCIAL POLICY INFORMATION PAGE
- IL 70 28 0394 POLICY CHANGE ENDORSEMENT
- IL 70 25 1189 COMMERCIAL POLICY COMMON DECLARATION
- IL 70 36 0193 SCHEDULE OF LOCATIONS
- IL 79 56 0610 GOV ENTITY & VF ORG PARTICIPATING ENDT

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

- CP 70 26 1011 COMMERCIAL PROP DEC
- CP 00 10 0607 BUILDING & PERSONAL PROPERTY COVERAGE FM
- CP 00 30 0607 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 02 99 0607 CANCELLATION CHANGES
- CP 03 21A 0607 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
- CP 10 30 0607 CAUSES OF LOSS-SPECIAL FORM
- CP 10 32 0808 WATER EXCLUSION ENDORSEMENT
- CP 15 32 0607 CIVIL AUTHORITY CHANGE(S)
- CP 75 51 0511 SYSTEMS POWER PAC
- CP 75 92 0406 SYS POWER PAC EMERGENCY SERVICES
- 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 38 0116 GOVERNMENTAL ELITEPAC PROP EXT END
- CP 76 39 0116 ELITEPAC SCHEDULE - GOVERNMENTAL
- CP 76 63 0116 BI ACTUAL LOSS SUST ES&G - 24 MONTH LIM
- CP 76 64 0116 ACCOUNTS RECEIVABLE COVERAGE ENDORSEMENT
- CP 76 65 0116 COMMANDEERED PROPERTY COVERAGE END
- CP 76 66 0116 COMMUNICATIONS EQUIPMENT COVERAGE END
- 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
- CP 80 11 0406 SYSTEMS POWER PAC MULTIPLE DED. FORM
- IL 00 03 0908 CALCULATION OF PREMIUM
- IL 00 17 1198 COMMON POLICY CONDITIONS
- IL 02 37 0412 DELAWARE CHANGES-TERMINATION PROVISIONS
- IL 09 52 0115 CAP ON LOSS FROM CERT ACTS OF TERRORISM
- IL 09 85A 0115 DISCL PURSUANT TO TERR RISK INS ACT
- IL 89 56 0899 ASBESTOS EXCLUSION
- IN 01 29 0116 NOTICE - OFFER OF TERR COV AND REJECTION

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

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.

1000215 1980207-381



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 Schedule Effective Date: MARCH 22, 2017

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

- CG 21 67 1204 FUNGI OR BACTERIA EXCLUSION
- CG 21 70 0115 CAP ON LOSSES FROM CERT ACTS OF TERROR
- CG 22 58 1185 EXCL-DESCR.HAZ (CARNIVAL,CIRCUS,FA)
- CG 25 03 0509 DESIGNATED CONST PROJECT(S) AGG LIMIT
- CG 25 04 0509 DESIGNATED LOCATION(S) GENERAL AGG LIMIT
- CG 73 00 0116 ELITEPAC GL EXT END
- CG 73 04 0116 EMERG SERV AND GOV ELITEPAC GL EXT END
- CG 79 35 0708 PRODUCT RECALL EXPENSE COV ENDT
- CG 79 54 1009 LIMITED EXT OF COV FOR SEWAGE BACKUP
- CG 80 30 1115 EXCLUSION-FAILURE TO SUPPLY-UTILITIES
- IL 00 03 0908 CALCULATION OF PREMIUM
- IL 00 17 1198 COMMON POLICY CONDITIONS
- IL 00 21 0908 NUCLEAR ENERGY LIABILITY EXCLUSION
- IL 01 51 0112 DELAWARE CHANGES-CIVIL UNION
- IL 02 37 0412 DELAWARE CHANGES-TERMINATION PROVISIONS
- IL 09 85A 0115 DISCL PURSUANT TO TERR RISK INS ACT
- IL 89 48 0100 EXCLUSION - LEAD HAZARD
- IL 89 56 0899 ASBESTOS EXCLUSION
- IN 01 29 0116 NOTICE - OFFER OF TERR COV AND REJECTION

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

- IL 70 25A 1189 COMMERCIAL POLICY INFORMATION PAGE
- IL 70 28 0394 POLICY CHANGE ENDORSEMENT
- CA 70 57 0292 AUTO DEC -LOSS PAYEE
- CA 70 58 0292 BUSINESS AUTO COVERAGE DECLARATION PAGE2
- CA 00 01 0310 BUSINESS AUTO COVERAGE FORM
- CA 01 77 0412 DEL CHANGES
- CA 04 42 0310 EXCL FED EMPLOYEES USING AUTO IN GOV BUS
- CA 20 18 1293 PROFESSIONAL SERVICES NOT COVERED
- CA 20 54 1001 EMPLOYEE HIRED AUTOS
- CA 22 08 1197 DELAWARE PERS INJURY PROTECTION
- CA 22 09 0394 DE ADDED PERS INJURY PROTECTION END
- CA 70 38 0790 PHYSICAL DAMAGE COVERAGE
- CA 77 74 0706 LIMITED MOBILE EQUIPMENT COVERAGE
- CA 78 09 0116 ELITEPAC COMMERCIAL AUTO EXT END
- CA 78 10 0116 EMERG SERV AND GOV ELITEPAC AUTO EXT END
- CA 78 19 0116 COMM AUTO ELITEPAC SCH - EMERG SERV GOV
- CA 99 23 0310 RENTAL REIMBURSEMENT COVERAGE
- IL 00 03 0908 CALCULATION OF PREMIUM
- IL 00 17 1198 COMMON POLICY CONDITIONS
- IL 00 21 0908 NUCLEAR ENERGY LIABILITY EXCLUSION
- IL 01 51 0112 DELAWARE CHANGES-CIVIL UNION
- IL 89 56 0899 ASBESTOS EXCLUSION
- SCA 02 55 1114 DEL CHANGES-CANC AND NONRENEWAL
- SCA 21 10 0114 DE-UNINSURED 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 38A 0694 PROPERTY EQUIPMENT COVERAGE
- CM 00 01 0695 COMMERCIAL INLAND MARINE CONDITIONS
- CM 70 99 1191 MISCELLANEOUS PROPERTY COVERAGE
- CM 71 50 0694 LOSS PAYEES SCHEDULE
- CM 72 00 0112 LIBERALIZATION

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 "II." endorsements will be attached in the Common Section of the policy.

1000215 1980207382



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 Schedule Effective Date: MARCH 22, 2017

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

IL 00 03	0908	CALCULATION OF PREMIUM
IL 00 17	1198	COMMON POLICY CONDITIONS
IL 09 52	0115	CAP ON LOSS FROM CERT ACTS OF TERRORISM
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT
IN 01 29	0116	NOTICE - OFFER OF TERR COV AND REJECTION

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

IL 70 25A	1189	COMMERCIAL POLICY INFORMATION PAGE
IL 70 28	0394	POLICY CHANGE ENDORSEMENT
CX 00 03A	0199	COMMERCIAL EXCESS/UMBRELLA DEC
CXL 4	0403	COMMERCIAL UMBRELLA LIAB COVG
CXL 17	1099	ASBESTOS EXCLUSION
CXL 22	0199	BAZAARS, CARNIVALS, CIRCUSES & FAIRS
CXL 39	1115	ERRORS & OMISSIONS-SPECIFIC OPER
CXL 48A	0403	LAW ENFORCEMENT ACTIVITIES EXCLUSION
CXL 63A	0199	PROPERTY OF OTHERS EXCLUSION
CXL 108	0403	INJURY TO VOL FIRE/AMBUL/RES SQ/WKRS LIM
CXL 117	0403	VOLUNTEER AMBULANCE & RES SQD LIAB LIM
CXL 118	0199	VOL FIRE CO AMBULANCE & RES SQ E & O LIM
CXL 119	0403	WATERCRAFT LIABILITY LIMITATION
CXL 120	0403	CIVIL RIGHTS LIMITATION
CXL 127	0199	AMEND OF POLL EXCL & ENERGY OPER LIM FRM
CXL 132	0403	PERSONAL & ADVERTISING INJURY LIAB
CXL 160	1115	MUNICIPAL AMENDATORY ENDORSEMENT
CXL 211	0403	EMPLOYEE BENEFITS LIABILITY LIMITATION
CXL 318	0403	EXCLUSION - LEAD HAZARD
CXL 321A	0816	AMENDMENT OF EXPECTED OR INTENDED BI/PD
CXL 374A	0403	ADMINISTRATIVE HEARING
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 453	0413	EXCL-EMPLOYMENT PRACTICES LIABILITY
CXL 462	1115	COMMERCIAL UMBRELLA LIABILITY
IL 00 17	1198	COMMON POLICY CONDITIONS
IL 09 85A	0115	DISCL PURSUANT TO TERR RISK INS ACT
IN 01 29	0116	NOTICE - OFFER OF TERR COV AND REJECTION

THE FOLLOWING FORMS AND ENDORSEMENTS ARE APPLICABLE TO THE PESTICIDE AND HERBICIDE COVERAGE PART:

PH 00 05	0196	PESTICIDE AND HERBICIDE APPL COVG DEC
IL 70 69	0115	DELAWARE CHANGES-TERMINATION PROVISIONS
IL 79 96	0112	DELAWARE CHANGES - CIVIL UNION
PH 00 01	0107	PESTICIDE AND HERBICIDE APP COVG
PH 00 07	0395	PH APPLICATOR COVERAGE REFERENCE GUIDE

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

CR 70 26	0292	COMMERCIAL CRIME COVERAGE DECLARATION
CR 00 25	0506	GOVERNMENT CRIME COVERAGE FORM
CR 02 82	0112	DE-INC SPOUSE & CHILDREN OF BLDG MANAGER
CR 79 24	0116	GOVERNMENTAL CRIME ELITEPAC END
IL 00 03	0908	CALCULATION OF PREMIUM

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 "II." endorsements will be attached in the Common Section of the policy.

1000215 1980207-383



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017

Schedule Effective Date: MARCH 22, 2017

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

- IL 00 17 1198 COMMON POLICY CONDITIONS
- IL 09 35 0702 EXCL OF CERTAIN COMPUTER-RELATED LOEPES

1000215 1980207384



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 "II." endorsements will be attached in the Common Section of the policy.

Endorsement Number
AU0002

Policy Number
S 1980207

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	Policy Period From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018
	Endorsement Effective Date: MARCH 22, 2017
Producer LYONS INSURANCE AGENCY INC	Producer Number: 00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL AUTO COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTO FORMS ADDED/WERE MISSING FROM PRIOR ENDORSEMENT.
 THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND
 ARE
 EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

CA7057	02/92	AUTO DEC -LOSS PAYEE
CA7058	02/92	COMMERCIAL AUTO DECLARATION PAGE 2
IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	POLICY CHANGES ENDORSEMENT

Forms and Endorsements: CA 00 01 0310 BUSINESS AUTO COVERAGE FORM CA 01 77 0412 DEL CHANGES CA 04 42 0310 EXCL FED EMPLOYEES USING AUTO IN GOV BUS CA 20 18 1293 PROFESSIONAL SERVICES NOT COVERED CONTINUED ON SCHEDULE: IL-7035 NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.	Endorsement Premium NIL D/B - 10 (This premium may be subject to adjustment.)
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Date Issued: MARCH 28, 2017

Authorized Representative _____

Issuing Office: MID ATLANTIC REGION

1000215 1980207385

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017 | Schedule Effective Date: MARCH 22, 2017

CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER AU0002

CA 20 54	1001	EMPLOYEE HIRED AUTOS
CA 22 08	1197	DELAWARE PERS INJURY PROTECTION
CA 22 09	0394	DE ADDED PERS INJURY PROTECTION END
CA 70 38	0790	PHYSICAL DAMAGE COVERAGE
CA 70 57	0292	AUTO DEC -LOSS PAYEE
CA 70 58	0292	BUSINESS AUTO COVERAGE DECLARATION PAGE2
CA 77 74	0706	LIMITED MOBILE EQUIPMENT COVERAGE
CA 78 09	0116	ELITEPAC COMMERCIAL AUTO EXT END
CA 78 10	0116	EMERG SERV AND GOV ELITEPAC AUTO EXT END
CA 78 19	0116	COMM AUTO ELITEPAC SCH - EMERG SERV GOV
CA 99 23	0310	RENTAL REIMBURSEMENT COVERAGE
IL 00 03	0908	CALCULATION OF PREMIUM
IL 00 17	1198	COMMON POLICY CONDITIONS
IL 00 21	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 01 51	0112	DELAWARE CHANGES-CIVIL UNION
IL 70 25A	1189	COMMERCIAL POLICY INFORMATION PAGE
IL 89 56	0899	ASBESTOS EXCLUSION
IN 00 03	0904	FACTS REGARDING PREMIUM AUDIT
IN 00 68	0699	IMPORTANT NOTICE ASBESTOS EXCLUSION
IN 05 56	0116	EMERG SERV AND GOV ELITEPAC AUTO EXT END
SCA 02 55	1114	DEL CHANGES-CANC AND NONRENEWAL
SCA 21 10	0114	DE-UNINSURED MOTORISTS COVERAGE

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.

1000215 1980207386



Previous Policy Number
S 1980207

Policy Number
S 1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: FEBRUARY 18, 2017	Coverage Effective Date: MARCH 22, 2017
Business of Named Insured: MUNICIPALITY	

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage Schedule

Coverages	Covered Autos Symbols	Limit		Premium
		The Most We Will Pay for Any One Accident or Loss		
Liability	1	\$1,000,000	CSL	\$12,563.00
Personal Injury Protection (or First Party Benefits)	5	Separately stated in each P.I.P. Endorsement		\$2,785.00
Added Personal Injury Protection (or Added First Party Benefits)	5	Separately stated in each P.I.P. Added Endorsement		\$1,136.00
Auto Medical Payments				
Uninsured Motorists	2	\$1,000,000	CSL	\$4,774.00
Underinsured Motorists				
Physical Damage Comprehensive Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto for all Loss except Fire or Lightning.		\$1,457.00
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus \$25 deductible for Each Covered Auto for Loss caused by Mischief or Vandalism.		
Physical Damage Collision Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus the applicable deductible shown on the Auto Schedule for Each Covered Auto.		\$5,364.00
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.		
Hired Auto and Non-Owned Auto Coverage Premium for Endorsement				INCL. \$1,538.00

Auto Schedule

No.	Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use/Class/Radius Code	List Symbol	Purchased by Insured		Cost
								Year	N/U	
DE 1	HARL	05	MOTORCYCLE	1HD1FNW1YX5Y68350		791100				\$16,546
DE 2	HARL	05	FLHTPI	1HD1FMW175Y679900		791100				\$16,546
DE 3	FORD	04	F250 SUPER	1FDNF21L34EC05132	L	S/014990/L				\$24,470
DE 4	FORD	04	CROWN VIC	2FAFP71W04X139284		791100				\$26,775
DE 5	FORD	08	CROWN VIC	2FAFP71V08X154218		791100				\$26,690
DE 7	FORD	04	CROWN VICT	2FAFP73W54X154005		791100				\$23,620
DE 8	FORD	10	ECONOLINE	1FTNE2EW3ADA54001		791100				\$26,250

CONTINUED ON SCHEDULE: CA-7059

No.	Terr.	Liability Insurance Premium	P.I.P. or F.P.B.	Add. P.I.P. or F.P.B.	Med. Paymts. Prem.	Um & Uim Motorists Premium	Physical Damage Insurance				Towing Prem.	
							Comprehensive		Specified Causes of Loss	Collision		
							Ded.	Prem.		Ded.		Prem.
DE 1	103	581	145	58		237	1,000	36		1,000	143	
DE 2	103	581	145	58		237	1,000	36		1,000	143	
DE 3	103	484	64	30		149	1,000	40		1,000	101	
DE 4	103	581	145	58		237	1,000	47		1,000	159	
DE 5	103	581	145	58		237	1,000	61		1,000	227	
DE 7	103	581	145	58		237	1,000	40		1,000	151	
DE 8	103	581	145	58		237	1,000	78		1,000	272	

Totals \$

Item Three - Schedule of Covered Autos You Own (see Auto Schedule) - Loss Payees Subject to Loss Payable Clause:
 Vehicle No. _____ Name and Address of Loss Payee _____

Forms and Endorsements: Refer to "Commercial Policy Forms and Endorsement Schedule"	Total Premium \$30,655.00 (This premium may be subject to adjustment.)
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1000215 1980207 387



BUSINESS AUTOMOBILE SCHEDULE

Auto Schedule										
No.	Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use/Class/Radius Code	List Symbol	Purchased by Insured		Cost
								Year	N/C	
DE 9	FORD	11	EXPEDITION	1FMJU1G50DEF36853		791100				\$38,490
DE 10	AMER	90	HUMVEE	19207875005700000		791100				\$25,000
DE 11	AM M	93	HUMVEE	131646		791100				\$40,000
DE 12	CHEV	12	TAHOE C150	1GNLC2E07CR204732		791100				\$26,396
DE 13	CHEV	13	TAHOE C150	1GNLC2E05DR276675		791100				\$39,080
DE 14	FORD	08	CROWN VIC	2FAFP71V38X168937		791100				\$26,690
DE 15	AM G	90	HUMWV	105206		791100				\$48,000
DE 16	FORD	97	E SUPER DU	1FDLE47SXVHB92237	M	S/214990/L				
DE 17	CHEV	15	TAHOE C150	1GNLC2EC9FR650380		791100				\$40,160
DE 18	BMY	91	M925A2	00000000002501359	H	S/314990/L				\$40,000
DE 19	CHEV	14	CAPRICE PO	6G3NS5U20EL944883		791100				\$30,170
DE 20	CHEV	16	TAHOE POLI	1GNSKDEC4GR327740		791100				\$37,375
DE 21	CHEV	16	TAHOE POLI	1GNLCDEC1GR326496		791100				\$34,477
DE 22	RAM	16	1500 SSV	1C6RR7XT1GS281477	L	S/014990/L				\$27,990
DE 23	FORD	16	F250 SUPER	1FTBF2B67GEB19844	M	S/214990/L				\$35,180

No.	Terr.	Liability Insurance Premium	P.I.P. or F.P.B.	Add. P.I.P. or F.P.B.	Med. Paymts. Prem.	Um & Um Motorists Premium	Physical Damage Insurance				Towing Prem.	
							Comprehensive		Specified Causes of Loss	Collision		
							Ded.	Prem.		Ded.		Prem.
DE 9	103	581	145	58	237	1,000		82		1,000	317	
DE 10	103	581	145	58	237	1,000		40		1,000	151	
DE 11	103	581	145	58	237	1,000		47		1,000	159	
DE 12	103	581	145	58	237	1,000		87		1,000	340	
DE 13	103	581	145	58	237	1,000		93		1,000	364	
DE 14	103	581	145	58	237	1,000		61		1,000	227	
DE 15	103	581	145	58	237	1,000		61		1,000	183	
DE 16	103	508	64	30	149							
DE 17	103	581	145	58	237	1,000		135		1,000	496	
DE 18	103	587	64	30	149	1,000		37		1,000	101	
DE 19	103	581	145	58	237	1,000		97		1,000	386	
DE 20	103	581	145	58	237	1,000		103		1,000	430	
DE 21	103	581	145	58	237	1,000		103		1,000	430	
DE 22	103	484	64	30	149	1,000		99		1,000	334	
DE 23	103	508	64	30	149	1,000		74		1,000	250	
Totals \$		12,448	2,785	1,136		4,774		1,457			5,364	

1000215 1980207388



Previous Policy Number
S 1980207

Policy Number
S 1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION (Continued)

Policy Effective Date: FEBRUARY 18, 2017 Coverage Effective Date: MARCH 22, 2017

Item Four - Schedules of Hired or Borrowed Covered Auto Coverage and Premiums. Liability Insurance - Rating Basis, Cost of Hire

State	Estimated Cost of Hire for Each State	Rate per Each \$100 Cost of Hire	Minimum Premium	Premium
DELAWARE	IF ANY	.854	\$45.00	\$45.00
Total Premium				\$45.00

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners, employees or their family members). Cost of hire does not include charges for service performed by motor carriers of property or passengers.

Physical Damage Coverage

Coverages	Limit of Insurance	Estimated Annual Cost of Hire	Rate per Each \$100 Annual Cost of Hire	Premium
Comprehensive	Actual Cash Value, Cost of Repairs or Whichever is Less Minus Ded. for Each Covered Auto For all Loss Except Fire or Lightning			
Specified Causes of Loss	Actual Cash Value, Cost of Repairs or Whichever is Less Minus \$ 25 Ded. for Each Covered Auto, for Loss Caused by Mischief or Vandalism			
Collision	Actual Cash Value, Cost of Repairs or Whichever is Less Minus Ded. for Each Covered Auto			
Total Premium				

PHYSICAL DAMAGE INSURANCE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered "auto" you hire or borrow is deemed to be a covered "auto" you own.

Item Five - Schedule for Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees	0 - 25	\$70.00
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
Total Premium			\$70.00

Item Six - Schedule for Gross Receipts or Mileage Basis - Liability Insurance - Public Auto or Leasing Rental Concerns -

Estimated Yearly	Rates		Premiums	
	Liability Insurance	Auto Medical Payments	Liability Insurance	Auto Medical Payments
Total Premiums				

1000215 1980207389

Endorsement Number
SU0001

Policy Number
S 1980207

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCHVILLE, NJ 07890

POLICY CHANGES

Named Insured and Address TOWN OF DEWEY BEACH 105 RODNEY AVE DEWEY BEACH, DE 19971-3207	Policy Period From: FEBRUARY 18, 2017 To: FEBRUARY 18, 2018
	Endorsement Effective Date: MARCH 22, 2017
Producer LYONS INSURANCE AGENCY INC	Producer Number: 00-04027-00000

COVERAGE PART AFFECTED COMMERCIAL UMBRELLA COVERAGE PART

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	POLICY CHANGES ENDORSEMENT

THE FOLLOWING UMBRELLA FORM(S) AND ENDORSEMENT(S) ARE ADDED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:

IL7025A	11/89	COMMERCIAL POLICY INFORMATION PAGE
IL7028	03/94	CHANGE ENDORSEMENT

Forms and Endorsements: IL 70 25A 1189 COMMERCIAL POLICY INFORMATION PAGE CX 00 03A 0199 COMMERCIAL EXCESS/UMBRELLA DEC CXL 4 0403 COMMERCIAL UMBRELLA LIAB COVG CXL 17 1099 ASBESTOS EXCLUSION CONTINUED ON SCHEDULE: IL-7035 NOTICE TO POLICYHOLDER: All the forms and endorsements contained in this coverage part as of the Endorsement Effective Date are listed above. Forms and endorsements added to this policy after this date will appear on another Policy Changes endorsement. Please read your policy and all "Policy Changes" carefully.	Endorsement Premium NIL D/B - 10 (This premium may be subject to adjustment.)
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Date Issued: MARCH 28, 2017

Issuing Office: MID ATLANTIC REGION

Authorized Representative _____

1000215 1980207390



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017	Schedule Effective Date: MARCH 22, 2017
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CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER SU0001

- CXL 22 0199 BAZAARS, CARNIVALS, CIRCUSES & FAIRS
- CXL 39 1115 ERRORS & OMISSIONS-SPECIFIC OPER
- CXL 48A 0403 LAW ENFORCEMENT ACTIVITIES EXCLUSION
- CXL 63A 0199 PROPERTY OF OTHERS EXCLUSION
- CXL 108 0403 INJURY TO VOL FIRE/AMBUL/RES SQ/WKRS LIM
- CXL 117 0403 VOLUNTEER AMBULANCE & RES SQD LIAB LIM
- CXL 118 0199 VOL FIRE CO AMBULANCE & RES SQ E & O LIM
- CXL 119 0403 WATERCRAFT LIABILITY LIMITATION
- CXL 120 0403 CIVIL RIGHTS LIMITATION
- CXL 127 0199 AMEND OF POLL EXCL & ENERGY OPER LIM FRM
- CXL 132 0403 PERSONAL & ADVERTISING INJURY LIAB
- CXL 160 1115 MUNICIPAL AMENDATORY ENDORSEMENT
- CXL 211 0403 EMPLOYEE BENEFITS LIABILITY LIMITATION
- CXL 318 0403 EXCLUSION - LEAD HAZARD
- CXL 321A 0816 AMENDMENT OF EXPECTED OR INTENDED BI/PD
- CXL 374A 0403 ADMINISTRATIVE HEARING
- 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 453 0413 EXCL-EMPLOYMENT PRACTICES LIABILITY
- CXL 462 1115 COMMERCIAL UMBRELLA LIABILITY
- IL 00 17 1198 COMMON POLICY CONDITIONS
- IL 09 85A 0115 DISCL PURSUANT TO TERR RISK INS ACT
- IN 01 29 0116 NOTICE - OFFER OF TERR COV AND REJECTION
- IN 00 68 0699 IMPORTANT NOTICE ASBESTOS EXCLUSION
- IN 01 08 0702 IMPORTANT NOTICE FUNGI OR BACTERIA EXCL

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 "II." endorsements will be attached in the Common Section of the policy.