

LYONS COMPANIES

Accessible Expertise®

PROPERTY & CASUALTY INSURANCE COVERAGE PROPOSAL FEBRUARY 18, 2018 TO FEBRUARY 18, 2019

Prepared for:

Town of Dewey Beach

Prepared by:

Jenn Mayer and David F. Lyons, Sr.

EXECUTIVE SUMMARY

Thank you for the opportunity to assist you with your Property & Casualty Insurance program renewal. Renewal coverage is offered by the incumbent, Selective Insurance, through the Selective Municipalities Program.

Package Policy:

The 2018 Selective quote reflected an overall 1% savings from last year's renewal. This quote was based off expiring information since updated renewal information was not provided. When reviewing the proposal, if you feel we need to make any updates, we can do so prior to renewing or by endorsement after the renewal.

Last year, we advised that 1505 Coastal Highway **DOES NOT** have any building coverage. If this is something you would like to add, please provide the value of the building. We would also recommend that you purchase a flood policy for this location as well.

Please review the premium summary page for the breakouts in premium vs. expiring premium.

PREMIUM SUMMARY

The following premium comparison provides information for each line of insurance.

Line of Coverage	Expiring Program	Renewal Program	Difference
General Liability	\$6,380	\$6,100	-4%
Business Auto	\$30,926	\$30,548	-1%
Property	\$2,257	\$2,425	7%
Crime	\$622	\$596	-4%
Umbrella	\$4,498	\$4,395	-2%
Inland Marine	\$4,521	\$4,521	0%
Pest/Herb	\$559	\$559	0%
Total Premiums	\$49,763	\$49,144	-1%

PAYMENT TERMS

- Direct Bill: 20% Down Payment and 9 Installments

Lyons Companies takes very seriously our role as a trusted adviser to our clients. Our compensation is occasionally derived from fees, but is largely made up of commissions paid by insurers. Those commissions are part of the premium quoted and are equal to, or less than, industry norms. We do have arrangements with a number of insurance and financial service companies that provide additional commission or compensation to us for joint advertising efforts, training and professional development of our staff, and growth of our overall book of business. This additional compensation represents less than 1% of the total premium handled in our office.

We believe the important issue is the value-added service, advice and counsel we provide to our clients. Lyons has not, and will never, permit the amount, or source, of our compensation to impact negatively on our responsibility to our clients. We work with the worldwide insurance marketplace to offer 1) the most competitive premium, 2) the broadest terms and conditions, 3) the most effective service, and 4) a financially secure insurer.

ADDITIONAL COVERAGE CONSIDERATIONS:

- Bonds
- **Cyber Liability**
- Identity Fraud
- Inland Marine
- Workplace Violence
- Flood

Please note that the coverages listed above are not shown in order of importance, priority or risk magnitude.

*****Over the last few years, we have highly suggested the Town purchase cyber liability coverage. This policy would provide you liability in the event that you have a data breach in which personal information such as social security or credit card information has been stolen. We have included an application as well as an outline of what each line of coverage provides.**

THE COVERAGE PROPOSAL

The following pages present a brief overview of the coverages that we are proposing to address the insurance needs of your organization. The proposal represents a general description of the program; it does not encompass all the terms, conditions, limitations and exclusions that will encompass the final insurance contracts. The provisions of the insurance contracts, rather than the coverage proposal, will in every case determine how the policies will respond.

The Coverage Proposal is based on our best understanding of the information that you have provided to us. We strongly encourage you to review the proposal carefully to ensure that we have appropriately captured your intentions. We welcome your questions and requests for clarification on the insurance program.

These coverages have not been bound until you receive written confirmation from our office.

**PLEASE MAKE US AWARE OF CHANGES YOU WOULD LIKE TO SEE IN THE PROGRAM.
ADDITIONAL COVERAGES AND HIGHER LIMITS MAY BE AVAILABLE AT YOUR REQUEST.**

PROPERTY

Policy Term: 2/18/2018 - 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Schedule of Insured Locations

Blanket	Blanket	Type	Amount	Valuation
Subject of Insurance	Blanket	Building & Contents	\$1,756,707	Replacement Cost
Cause of Loss	1	Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

Location 1, Building 1
 105 Rodney Avenue, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

Location 1, Building 2
 105 Rodney Avenue, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

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This is a partial list of coverage terms and endorsements to be provided by your policy.
 Please refer to the actual policy for complete coverage information, terms and conditions.

Town of Dewey Beach

Location 1, Building 3

105 Rodney Avenue, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

Location 2, Building 1

1 Dagsworthy Ave, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

Location 2, Building 2

1 Dagsworthy Ave, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

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This is a partial list of coverage terms and endorsements to be provided by your policy.
Please refer to the actual policy for complete coverage information, terms and conditions.

Town of Dewey Beach

Location 2, Building 3
1 Dagsworthy Ave, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	

Location 2, Building 4
1 Dagsworthy Ave, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	

Location 2, Building 5
1 Dagsworthy Ave, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
	Cause of Loss	Co-Ins	Deductible	
	Special (Including theft)	100%	\$1,000	

Location 3, Building 1

19807 Hebron Road, Rehoboth Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Building	1	Building	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	

Location 4, Building 1

1505 Coastal Highway, Dewey Beach, DE 19971

Subject of Insurance	Blanket	Type	Amount	Valuation
Business Personal Property	1	Contents	Included	Replacement Cost
Cause of Loss		Co-Ins	Deductible	
Special (Including theft)		100%	\$1,000	
Wind			5%	

Statement of Values

Loc #	Bldg #	Address	Subject	Value
1	1	105 Rodney Avenue	Building	\$698,974
1	1	105 Rodney Avenue	Business Personal Property	\$244,762
1	2	105 Rodney Avenue	Building	\$3,007
1	3	105 Rodney Avenue	Building	\$2,147
1	3	105 Rodney Avenue	Business Personal Property	\$1,074
2	1	1 Dagsworthy Ave	Building	\$268,423
2	1	1 Dagsworthy Ave	Business Personal Property	\$21,474
2	2	1 Dagsworthy Ave	Building	\$2,361
2	2	1 Dagsworthy Ave	Business Personal Property	\$17,865
2	3	1 Dagsworthy Ave	Building	\$2,411
2	3	1 Dagsworthy Ave	Business Personal Property	\$18,242
2	4	1 Dagsworthy Ave	Building	\$2,361
2	4	1 Dagsworthy Ave	Business Personal Property	\$15,634
2	5	1 Dagsworthy Ave	Building	\$5,100
2	5	1 Dagsworthy Ave	Business Personal Property	\$15,327
3	1	19807 Hebron Road	Building	\$338,229
3	1	19807 Hebron Road	Business Personal Property	\$70,756
4	1	1505 Coastal Highway	Building	\$25,500
4	1	1505 Coastal Highway	Business Personal Property	\$3,060

283 E. 285 – covered for general liability only

Coverage Enhancements:

- Green Pac Enhancement Endorsement
 - Property: \$25,000 per loss/aggregate
 - Soft Costs: \$25,000 per loss/aggregate
- Crisis Response Coverage
 - Business Income & Extra Expense: \$25,000 per loss/aggregate
 - Crisis Incident Counseling Expense: \$10,000 per loss/aggregate
- Elite Pac for Emergency Services and Governmental Coverage Form
- System Power Pac Emergency Services Endorsement
- Nuclear Energy Liability Exclusion
- Government Entity & Volunteer Fire Organizations Participating Endorsement

Schedule of Vehicles

Description	VIN	Deductibles (Comp/Coll)	Cost New
2005 Harley Motorcycle	1HD1FNW1YX5Y68350	\$1,000/\$1,000	\$16,646
2005 Harley Flhtpi	1HD1FMW175Y679900	\$1,000/\$1,000	\$16,546
2004 Ford F250	1FDNF21L34EC05132	\$1,000/\$1,000	\$24,470
2004 Ford Crown Victoria	2FAFP71W04X139284	\$1,000/\$1,000	\$26,775
2004 Ford Crown Victoria	2FAFP73W54X154005	\$1,000/\$1,000	\$23,620
2010 Ford Econoline	1FTNE2EW3ADA54001	\$1,000/\$1,000	\$26,250
2011 Ford Expedition	1FMJU1G50DEF36853	\$1,000/\$1,000	\$38,490
1990 AM Military	19207875005700000	\$1,000/\$1,000	\$25,000
1993 AM Military	131646	\$1,000/\$1,000	\$40,000
2012 Chevrolet Tahoe	1GNLC2E07CR204732	\$1,000/\$1,000	\$26,396
2013 Chevrolet Tahoe	1GNLC2E05DR276675	\$1,000/\$1,000	\$39,080
2008 Ford Crown Victoria	2FAFP71V38X168937	\$1,000/\$1,000	\$26,690
1990 AM G HUMWV	105206	\$1,000/\$1,000	\$48,000
1997 Ford E47 Econoline Cutawa	1FDLE47SXVHB92237	N/A	
2015 Chevrolet Tahoe	1GNLC2EC9FR650380	\$1,000/\$1,000	\$40,160
1991 BMY Harsco M925A2	00000000002501359	\$1,000/\$1,000	\$40,000
2016 Chevrolet Tahoe	1GNLCDEC1GR326496	\$1,000/\$1,000	\$34,477
2016 Chevrolet Tahoe	1GNSKDEC4GR327740	\$1,000/\$1,000	\$37,375
2014 Chevrolet Caprice PPV	6G3NS5U20EL944883	\$1,000/\$1,000	\$30,170
2016 Ford/F250 Super Duty	1FTBF2B67GEB19844	\$1,000/\$1,000	\$35,983
2016 Dodge Ram 1500	1C6RR7XT1GS281477	\$1,000/\$1,000	\$27,990

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This is a partial list of coverage terms and endorsements to be provided by your policy.
Please refer to the actual policy for complete coverage information, terms and conditions.

GENERAL LIABILITY

Policy Term: 2/18/2018 - 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Coverage Detail

- Coverage Form Occurrence
- General Aggregate \$2,000,000
Applies per Policy: Yes
- Products & Completed Operations Aggregate \$2,000,000
- Personal & Advertising Injury \$1,000,000
- Each Occurrence \$1,000,000
- Damage to Rented Premises (each occurrence) \$300,000
- Medical Expense (any one person) \$5,000
- Employee Benefits Liability \$1,000,000
Retro Date: 2/18/2009

Deductible

- Employee Benefits Liability \$1,000

Rating Basis

Location	State	Classification of Operations	Class Code	Exposures	Basis
1.1	DE	Governmental Pop Under 2,500	44100	973,500	Other
2.1	DE	Beaches Bathing Not Commercially Operate	40072	1	Other
2.1	DE	Streets, Roads Highways or Bridges	48727	1	Other

Premium Subject to Audit

BUSINESS AUTOMOBILE

Policy Term: 2/18/2018 - 2/18/209
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Scheduled vehicles owned or leased only by the Named Insureds have coverage under this policy.

Coverage Detail

Coverage	Symbols	Limit/Deductible	
Liability	1	\$1,000,000	CSL
Personal injury protection	5	\$30,000	Ea person
Uninsured motorist	6	\$1,000,000	CSL
Comprehensive/OTC	7	\$1,000	Deductible
Collision	7	\$1,000	Deductible
Coverage is:		Primary	
Towing	3	See Schedule	

COVERED AUTO SYMBOLS

(1) ANY AUTO

(2) ALL OWNED AUTOS

(3) OWNED PRIVATE PASSENGER AUTOS

(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER

(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE

(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW

(7) AUTOS SPECIFIED ON SCHEDULE

(8) HIRED AUTOS

(9) NON-OWNED AUTOS

Schedule of Vehicles

Description	VIN	Deductibles (Comp/Coll)	Cost New
2005 Harley Motorcycle	1HD1FNW1YX5Y68350	\$1,000/\$1,000	\$16,646
2005 Harley Flhtpi	1HD1FMW175Y679900	\$1,000/\$1,000	\$16,546
2004 Ford F250	1FDNF21L34EC05132	\$1,000/\$1,000	\$24,470
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2013 Chevrolet Tahoe	1GNLC2E05DR276675	\$1,000/\$1,000	\$39,080
2008 Ford Crown Victoria	2FAFP71V38X168937	\$1,000/\$1,000	\$26,690
1990 AM G HUMWV	105206	\$1,000/\$1,000	\$48,000
1997 Ford E47 Econoline Cutawa	1FDLE47SXVHB92237	N/A	
2015 Chevrolet Tahoe	1GNLC2EC9FR650380	\$1,000/\$1,000	\$40,160
1991 BMY Harsco M925A2	00000000002501359	\$1,000/\$1,000	\$40,000
2016 Chevrolet Tahoe	1GNLCDEC1GR326496	\$1,000/\$1,000	\$34,477
2016 Chevrolet Tahoe	1GNSKDEC4GR327740	\$1,000/\$1,000	\$37,375
2014 Chevrolet Caprice PPV	6G3NSSU20EL944883	\$1,000/\$1,000	\$30,170
2016 Ford/F250 Super Duty	1FTBF2B67GEB19844	\$1,000/\$1,000	\$35,983
2016 Dodge Ram 1500	1C6RR7XT1GS281477	\$1,000/\$1,000	\$27,990

PESTICIDE/HERBICIDE APPLICATOR COVERAGE

Policy Term: 2/18/18- 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Coverage Detail

- | | |
|------------------------|-------------------------------------|
| • Coverage Form: | Claims Made |
| • Retroactive Date | February 18, 2011 |
| • Classification | 35001 – Municipal (Streets & Roads) |
| • First Dollar Defense | Excluded |

Limits of Liability:

- | | |
|---------------------|-------------|
| • General Aggregate | \$1,000,000 |
| • Each Occurrence | \$1,000,000 |
| • Deductible: | \$1,000 |

UMBRELLA LIABILITY

Policy Term: 2/18/2018 - 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Coverage Detail

- Each Occurrence \$2,000,000
- Aggregate \$2,000,000
- Retained Limit \$0

Schedule of Underlying:

Automobile Liability

- Combined Single Limit - Each Accident \$1,000,000

General Liability

- Each Occurrence \$1,000,000
- General Aggregate \$2,000,000
- Products & Completed Operations Aggregate \$1,000,000
- Personal & Advertising Injury \$1,000,000

Employee Benefits Liability

- Each Claim \$1,000,000
- Aggregate Limit \$2,000,000
- Retro Date 2/18/2009

INLAND MARINE

Policy Term: 2/18/2018 - 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Coverage Detail

- Coverage Form: Occurrence
- Valuation: Actual Cash Value
- Deductible: \$500

Unscheduled Equipment

- Machine/Equipment Unscheduled \$25,000
- Any one item limit \$2,000
- Virus or Harmful Code \$50,000

Scheduled Equipment

- Miscellaneous Property \$633,534

Electronic Data Processing

- 105 Rodney Avenue:
 - Electronic Data Processing Equipment \$70,000
 - Property in Transit \$7,000
- 1 Dagsworthy Avenue
 - Electronic Data Processing Equipment \$42,812
 - Property in Transit \$4,281
- Deductible \$500

Town of Dewey Beach

CRIME

Policy Term: 2/18/2018 - 2/18/2019
Insurance Company: Selective Way Insurance Company
A.M. Best Rating: A

Named Insured List

- Town of Dewey Beach

Coverage Detail

	Limits
▪ Employee Dishonesty	\$100,000
▪ Forgery or Alteration	\$ 50,000
▪ Money orders/Counterfeit Currency	\$ 50,000

Deductible \$ 500

ACCEPTANCE OF PROPOSAL

The preceding pages present a synopsis of the coverage that we are proposing to meet the insurance needs of your company. The proposal represents a general description of the program that we are recommending for your consideration. It does not encompass all the terms, conditions, limitations and exclusions that will comprise the final insurance contracts. The provisions of these contracts, rather than the coverage proposal, will in every case determine the applicable coverage.

The Coverage Proposal is based on our best understanding of the information that you have provided to us. We strongly encourage that you review the proposal carefully to ensure that we have appropriately captured your intentions. Please make us aware of changes that you would like to see in the program. Additional coverages and higher limits are available at your request.

Signature below confirms that this Coverage Proposal has been reviewed with me and that I accept the terms and conditions as offered.

On behalf of Lyons Companies

On behalf of Town of Dewey Beach

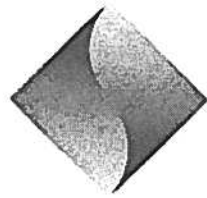
Date: _____

Date: _____

**TOWN OF DEWEY BEACH
COMMERCIAL INSURANCE SERVICE TEAM**

CONTACT	AREA OF EXPERTISE	DIRECT DIAL AND E-MAIL
DAILY SERVICE AND SOLUTIONS		
Jenn Mayer Senior Account Manager	Current Program, Renewals	(302) 472-2910 jmayer@lyonsinsurance.com
Lisa Darcas Account Manager	Account Support	(302) 472-2911 ldarcas@lyonsinsurance.com
David F. Lyons, Sr Risk Management Advisor	Relationship Manager	(302) 472-2948 dlyons@lyonsinsurance.com
CLAIMS AND RISK CONTROL		
John Daino Claims Consultant	Workers' Compensation Claims	(302) 472-2935 claims@lyonsinsurance.com
Samantha Rambo, CISR, CPIW Claims Manager	Auto, Property and Liability Claims	(302) 472-2921 claims@lyonsinsurance.com
Matt Forest Director, Risk Control Services	Risk Control	(610) 952-5591 mforest@lyonsinsurance.com
MANAGEMENT		
Kevin Thomas	Chief Operating Officer	(302) 472-2923 kthomas@lyonsinsurance.com
Diane Campanile	Director Human Capital Management	(302) 472-2941 dcampanile@lyonsinsurance.com
Joe Valerio	Executive Vice President	(302) 472-2905 jvalerio@lyonsinsurance.com
David F. Lyons, Sr.	President and CEO	(302) 472-2948 dlyons@lyonsinsurance.com

Emergency Claim Service: *For help with a serious claim after hours, please call (302) 472-2099.*



SELECTIVE[®]

POLICY DOCUMENT

S 198020706

INSURED'S COPY

Issued by The Stock Insurance Company

Policy Number
S 1980207

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCEVILLE, 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: JANUARY 24, 2018 COMMERCIAL PROPERTY COVERAGE COMMERCIAL GENERAL LIABILITY COVERAGE COMMERCIAL AUTOMOBILE COVERAGE COMMERCIAL INLAND MARINE COVERAGE COMMERCIAL UMBRELLA COVERAGE PESTICIDE HERBICIDE COMMERCIAL CRIME COVERAGE	
Date Issued: JANUARY 25, 2018 Issuing office: MID ATLANTIC REGION	

IL-7025A(11/89)

INSURED'S COPY

Endorsement Number

AU0005

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: <p style="text-align: center;">JANUARY 24, 2018</p>												
Producer LYONS INSURANCE AGENCY INC	Producer Number: <p style="text-align: center;">00-04027-00000</p>												
COVERAGE PART AFFECTED COMMERCIAL AUTO COVERAGE PART													
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.													
<p>VEHICLE ADDED AS FOLLOWS: VEHICLE # 025 2012 BMY HARSCO MILITARY 29010740000000000 HAS BEEN ADDED. D. VEHICLE # 026 2010 BMY HARSCO C52501727000000000 HAS BEEN ADDED. TEMPORARY MILITARY VEHICLES ADDED FOR 1/24/18- 1/26/18</p> <p>THE FOLLOWING AUTOMOBILE FORM(S) AND ENDORSEMENT(S) ARE CHANGED AND ARE EFFECTIVE WITH THE EFFECTIVE DATE OF THIS CHANGE:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">CA7057</td> <td style="width: 15%;">02/92</td> <td>AUTO DEC -LOSS PAYEE</td> </tr> <tr> <td>CA7058</td> <td>02/92</td> <td>COMMERCIAL AUTO DECLARATION PAGE 2</td> </tr> <tr> <td>IL7025A</td> <td>11/89</td> <td>COMMERCIAL POLICY INFORMATION PAGE</td> </tr> <tr> <td>IL7028</td> <td>03/94</td> <td>POLICY CHANGES ENDORSEMENT</td> </tr> </table> <p>TOTAL AUTOMOBILE ADDL PREMIUM: 137.00</p>		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
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 POLICY HOLDER: 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.	Additional Endorsement Premium <p style="text-align: right;">\$137.00</p> <p>D/B - 10</p> <p>(This premium may be subject to adjustment.)</p>												
Date Issued: JANUARY 25, 2018													
Authorized Representative _____													
Issuing Office: MID ATLANTIC REGION													

IL-7028 (03/94)

INSURED'S COPY

Policy Number

S 1980207

COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017

Schedule Effective Date: JANUARY 24, 2018

CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER AU0005

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.

IL-7035 (08/93)

INSURED'S COPY

Previous Policy Number
S 1980207

Policy Number
S 1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: **FEBRUARY 18, 2017** Coverage Effective Date: **JANUARY 24, 2018**
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 The Most We Will Pay For Any One Accident or Loss	Premium
Liability	1	\$1,000,000 CSL	\$13,725.00
Personal Injury Protection (or First Party Benefits)		Separately stated in each P.I.P. Endorsement.	
Added Personal Injury Protection (or Added First Party Benefits)	5	Separately stated in each P.I.P. Added Endorsement	\$3,075.00
Auto Medical Payments	5		\$1,078.00
Uninsured Motorists	2	\$1,000,000 CSL	\$5,248.00
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.	\$1,396.00
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.	\$5,137.00
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 7	FORD	04	CROWN VICT	2FAFP73W54X154005		791100				\$23,620
DE 8	FORD	10	ECONOLINE	1FTNE2EW3ADA54001		791100				\$26,250
DE 9	FORD	11	EXPEDITION	1FMJULG50DEF36853		791100				\$38,490

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.	Unins. 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 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	
DE 9	103	581	145	58		237	1,000	82		1,000	317	

Totals \$

Items 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 \$32,290.00 (This premium may be subject to adjustment.)
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Coverage Effective Date
JANUARY 24, 2018

Policy Number
S 1980207

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/U	
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	HUMVV	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	BMV	91	M925A2	0000000002501359	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
DE 24	AM G	95	HUMVEE	1625560000000000		791100				
DE 25	BMV	12	DUMP TRUCK	2901074000000000		791100				
DE 26	BMV	10	MILITARY T	C5250172700000000		791100				

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 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		
DE 24	103	581	145		237							
DE 25	103	581	145		237							
DE 26	103	581	145		237							

Totals \$	13,610	3,075	1,078		5,248		1,396			5,137
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Issued by The Stock Insurance Company

Policy Number
S 1980207

SELECTIVE WAY INSURANCE COMPANY
WANTAGE AVENUE, BRANCIVILLE, 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.
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Named Insured is: ASSN/LABOR/RE	Producer Number: 00-04027-00000
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Producer:

LYONS INSURANCE AGENCY INC
DELAWARE

Schedule of Coverage
Schedule Effective Date: JANUARY 29, 2018

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

RECEIVED FEB 3 2018

Date Issued: JANUARY 29, 2018
Issuing office: MID ATLANTIC REGION



Endorsement Number
AU0006

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: JANUARY 29, 2018
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.

VEHICLE DELETED AS FOLLOWS:
 VEHICLE # 024 1995 AM GENERAL 1625560000000000 HAS BEEN DELETED.
 VEHICLE # 025 2012 BMY HARSCO MILITARY 2901074000000000 HAS BEEN DELETED.
 VEHICLE # 026 2010 BMY HARSCO C5250172700000000 HAS BEEN DELETED.

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

TOTAL AUTOMOBILE RETURN PREMIUM: -165.00

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.	Return Endorsement Premium \$165.00 D/B - 10 (This premium may be subject to adjustment.)
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Date Issued: **JANUARY 29, 2018**

Issuing Office: **MID ATLANTIC REGION**

Authorized Representative _____

00048 37 2 03



COMMERCIAL POLICY FORMS AND ENDORSEMENT SCHEDULE

Policy Effective Date: FEBRUARY 18, 2017

Schedule Effective Date: JANUARY 29, 2018

CONTINUATION OF FORMS FOR ENDORSEMENT NUMBER AU0006

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.

Previous Policy Number
S 1980207

Policy Number
S 1980207

BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: **FEBRUARY 18, 2017** Coverage Effective Date: **JANUARY 29, 2018**

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 The Most We Will Pay for Any One Accident or Loss	Premium
Liability	1	\$1,000,000 CSL	\$11,982.00
Personal Injury Protection (or First Party Benefits)	5	Separately stated in each P.I.P. Endorsement	\$2,640.00
Added Personal Injury Protection (or Added First Party Benefits)	5	Separately stated in each P.I.P. Added Endorsement	\$1,078.00
Auto Medical Payments			
Uninsured Motorists	2	\$1,000,000 CSL	\$4,537.00
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.	\$1,396.00
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.	\$5,137.00
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 7	FORD	04	CROWN VICT	2FAFP73W54X154005		791100				\$23,620
DE 8	FORD	10	ECONOLINE	1FTNE2EW3ADA54001		791100				\$26,250
DE 9	FORD	11	EXPEDITION	1FMJU1G50DEF36853		791100				\$38,490

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	143		
DE 2	103	581	145	58	237	1,000	36	1,000	143	143		
DE 3	103	484	64	30	149	1,000	40	1,000	101	101		
DE 4	103	581	145	58	237	1,000	47	1,000	159	159		
DE 7	103	581	145	58	237	1,000	40	1,000	151	151		
DE 8	103	581	145	58	237	1,000	78	1,000	272	272		
DE 9	103	581	145	58	237	1,000	82	1,000	317	317		

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 \$29,300.00 (This premium may be subject to adjustment.)
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00048 57 2 03

Coverage Effective Date

Policy Number

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/U	
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	0000000002501359	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 & Uim Motorists Premium	Physical Damage Insurance				Towing Prem.	
							Comprehensive		Specified Causes of Loss	Collision		
							Ded.	Prem.		Ded.		Prem.
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 \$	11,867	2,640	1,078	4,537	1,396	5,137
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00048 67 2 03

