

Special Board of Education Meeting - Superintendent Candidate Interviews

Tuesday, April 16, 2024 4:00 PM

Boone Central High School Art Room
605 South 6th St.
Albion, NE 68620

1. Open the Meeting, Recognition of Open Meetings Law and Publication of Meeting

Notice of the meeting was given in advance by publication to the public and to all members of the Board of Education. The Open Meetings Act is here and available for review. Motion to approve the meeting open and properly posted by advance notice. This motion, made by Ben Stuhr and seconded by Andy Roberts, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

2. Roll Call

3. Superintendent Interviews

Interview - Mr. Todd Chessmore

Interview - Dr. Damon McDonald

Interview - Mr. Wade Finley

4. Discussion of Interview Candidates

5. Enter Closed Session

Motion to enter closed session at 8:06 pm to prevent the needless injury to the reputation of individuals and for negotiations discussion as it relates to the superintendent position. This motion, made by Ben Stuhr and seconded by Kathleen Rolf, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

6. Adjourn Closed Session

Motion to adjourn closed session at 9:00 pm. This motion, made by Karrie Fogleman and seconded by Kathleen Rolf, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7. Action Agenda Items

7.1. Negotiation with Superintendent Candidate #1

Motion to Approve the Board President to negotiate with Superintendent Candidate #1 on contract details. This motion, made by Andy Roberts and seconded by Ed Knott, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7.2. Negotiation with Superintendent Candidate #2 (if needed)

Motion to Approve the Board President to negotiate with alternate Superintendent candidate #2 on contract details. This motion, made by Justin Frey and seconded by Andy Roberts, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

7.3. 2024-25 Insurance Bid

Motion to approve the 2024-25 Insurance Bid renewal from EMC Insurance. This motion, made by Justin Frey and seconded by Ed Knott, Passed.

Karrie Fogleman: Yea, Justin Frey: Yea, Ed Knott: Yea, Andy Roberts: Yea, Kathleen Rolf: Yea, Ben Stuhr: Yea

Yea: 6, Nay: 0

EMC renewal was approximately 11.4% increase over 2023-2024 EMC costs and deductibles have increased. EMC renewal cost \$133,742. ALICAP proposal was approximately \$22,000 more than EMC proposal but deductibles were considerably less. ALICAP proposed cost \$155,302.

8. Adjournment

Adjourned at 9:12 pm.

Chairperson

Superintendent

CONDITIONAL



Personalized Proposal Prepared for

BOONE CENTRAL SCHOOLS DISTRICT NO. 1



Count on EMC® to protect your business.

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES

PO BOX 80008
LINCOLN, NE 68501-0008



BOONE CENTRAL SCHOOLS DISTRICT NO. 1

Your Business

**BOONE CENTRAL SCHOOLS
DISTRICT NO. 1**
PO BOX 391
605 S 6TH ST
ALBION, 68620-0391 NE

Your Agent

**NEBRASKA BANKERS INS & SERV
CO NBISCO AGENCY SERVICES**
PO BOX 80008
LINCOLN, NE 68501-0008

Your Quote

Quote: 5X89595 002
Prepared on 04/04/2024
Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Your Account Summary

Your Premium Estimate

Commercial Property (Version #4)	\$68,576.00
General Liability (Version #1)	\$7,671.00
Cyber (Version #1)	\$571.00
Business Auto (E-02)	\$19,694.00
Commercial Inland Marine (C-01)	\$2,177.00
Commercial Umbrella (J-02)	\$6,385.00
Govt Crime/Fidelity Package (F-01)	\$1,120.00
Linebacker - Claims Made (K-02)	\$3,734.00

**Total Account
Premium Estimate**

\$109,928.00

Your Policy

Benefits Include...

- 1 Industry leading loss control services to help protect your business
- 2 Flexible payment options designed to fit your needs
- 3 Fast, responsive claims service when you need it

Your Payment Options



Electronic Funds Transfer (EFT)

Set up automatic payments and skip transaction fees with EFT. Sign up in Policyholder Access or contact your agent to get started.



Online

www.emcins.com
Visit our website to make a single payment by eCheck or credit/debit card.



Mail

Submit check, money order or cashier's check to our centralized lockbox.



Commercial Property Declarations

Prepared For

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
PO BOX 391
605 S 6TH ST
ALBION, NE 68620-0391
DIRECT BILL

Presented By

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY
SERVICES
PO BOX 80008
LINCOLN, NE 68501-0008
AGENT NO. B8007
AGENT PHONE: 800-593-3881
CLAIM REPORTING: 888-362-2255
SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on 05/28/2024.

See attached schedule for description of locations, special interests and deductibles.

Coverages

Coverages Provided	Premium
Blanket ID Number - 1 - See Schedule for Description	\$68,491.00
Property off Premises and In Transit	\$85.00
Property Premium	\$68,576.00

Total Property Premium **\$68,576.00**

Forms Applicable

CP0090(07/88), CP0124(07/00), CP0140(07/06), CP0320(04/18), CP0329(04/18), CP0411(09/17), CP1036(10/12), CP1075(12/20), CP1218(10/12), CP1615A(02/12), CP7001A(02/12), CP7123.10(01/18), CP7123.11(04/16), CP7123.4(10/20), CP7123(11/23), CP7173(12/19), CP7358(02/17), CP7370(01/24), CP8036(07/21), CP8118(01/24), IL0017(11/98), IL0122(09/07), IL0164(07/02), IL0259(12/17), IL0952(01/15), IL7004(03/20), IL7131A(04/01), IL7306(08/98), IL8383.2A(12/20), IL8384A(01/08), IL8720(08/15)



Employers Mutual Casualty Company

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Commercial Property Summary Proposal

Endorsement Schedule

Form	Edition Date	Description/Additional Information	Premium
CP 00 90	07 88	Commercial Property Conditions	
CP 01 24	07 00	Nebraska Changes	
CP 01 40	07 06	Exclusion Of Loss Due To Virus Or Bacteria	
CP 03 20	04 18	Multiple Deductible Form (Fixed Dollar Deductibles)	
CP 03 29	04 18	Deductibles By Location Location 1 Building 1 Covered Cause Of Loss 1 Location 1 Building 2 Covered Cause Of Loss 1 Location 1 Building 3 Covered Cause Of Loss 1 Location 1 Building 4 Covered Cause Of Loss 1 Location 1 Special Class 1 Covered Cause Of Loss 1 Location 1 Special Class 2 Covered Cause Of Loss 1 Location 2 Building 1	

**Employers Mutual Casualty Company**

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
		Covered Cause Of Loss 1 Location 2 Building 2 Covered Cause Of Loss 1 Location 2 Building 3 Covered Cause Of Loss 1 Location 2 Building 4 Covered Cause Of Loss 1 Location 2 Building 5 Covered Cause Of Loss 1 Location 2 Special Class 1 Covered Cause Of Loss 1 Location 2 Special Class 2 Covered Cause Of Loss 1 Location 2 Special Class 3 Covered Cause Of Loss 1 Location 3 Building 1 Covered Cause Of Loss 1 Location 3 Building 2 Covered Cause Of Loss 1 Location 3	

**Employers Mutual Casualty Company**

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
		Building 3 Covered Cause Of Loss 1 Location 4 Building 2 Covered Cause Of Loss 1 Location 4 Building 3 Covered Cause Of Loss 1 Location 4 Building 4 Covered Cause Of Loss 1	
CP 04 11	09 17	Protective Safeguards	
CP 10 36	10 12	Limitations On Coverage For Roof Surfacing Location 1 Building 1 Paragraph B Applies Location 1 Building 2 Paragraph B Applies Location 1 Building 3 Paragraph B Applies Location 1 Building 4 Paragraph B Applies Location 2 Building 1 Paragraph B Applies Location 2 Building 3 Paragraph B Applies Location 2 Building 4	

**Employers Mutual Casualty Company**

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
		Paragraph B Applies Location 2 Building 5 Paragraph B Applies Location 3 Building 2 Paragraph B Applies Location 3 Building 3 Paragraph B Applies Location 4 Building 1 Paragraph B Applies Location 4 Building 2 Paragraph B Applies Location 4 Building 3 Paragraph B Applies Location 4 Building 4 Paragraph B Applies	
CP 10 75	12 20	Cyber Incident Exclusion	
CP 12 18	10 12	Loss Payable Provisions	
CP 16 15A	02 12	Statement Of Values	
CP 70 01A	02 12	Commercial Property Schedule	
CP 71 23	11 23	Building and Personal Property Coverage Form - Schools	
CP 71 23.10	01 18	School Flood Coverage Endorsement	

**Employers Mutual Casualty Company**

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
CP 71 23.11	04 16	School Earthquake and Volcanic Eruption Endorsement	
CP 71 23.4	10 20	School Quick Reference	
CP 71 73	12 19	Cannabis Exclusion	
CP 73 58	02 17	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)	
CP 73 70	01 24	Roof Surfacing Valuation Limitation Location 1 Building 1 Roof Age (Years) : 15 Location 1 Building 2 Roof Age (Years) : 15 Location 1 Building 3 Roof Age (Years) : 15 Location 1 Building 4 Roof Age (Years) : 15 Location 2 Building 1 Roof Age (Years) : 15 Location 2 Building 3 Roof Age (Years) : 15 Location 2 Building 4 Roof Age (Years) : 15 Location 2 Building 5 Roof Age (Years) : 15 Location 3 Building 2 Roof Age (Years) : 15 Location 3	

**Employers Mutual Casualty Company**

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
		Building 3 Roof Age (Years) : 15 Location 4 Building 1 Roof Age (Years) : 15 Location 4 Building 2 Roof Age (Years) : 15 Location 4 Building 3 Roof Age (Years) : 15 Location 4 Building 4 Roof Age (Years) : 15	
CP 80 36	07 21	Commercial Property Valuation Increase	
CP 81 18	01 24	Important Notice To Policyholders	
IL 00 17	11 98	Common Policy Conditions	
IL 01 22	09 07	Nebraska Changes - Actual Cash Value	
IL 01 64	07 02	Nebraska Changes - Appraisal	
IL 02 59	12 17	Nebraska Changes - Cancellation And Nonrenewal	
IL 09 52	01 15	Cap On Losses From Certified Acts Of Terrorism	
IL 70 04	03 20	Mutual Policy Provisions	
IL 71 31A	04 01	Commercial Policy Endorsement Schedule	
IL 73 06	08 98	Exclusion Of Certain Computer-Related Losses	



Employers Mutual Casualty Company

Quote: BBHS909 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
IL 83 83.2A	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act	\$1,309.00
IL 83 84A	01 08	Terrorism Notice	
IL 87 20	08 15	Advisory Notice To Policyholders	



Statement of Values

Location 1

605 S 6th St

Albion, NE 68620-1543

Building 1	Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Other Than Light Steel Building In Protection Class: 4 Occupancy: Boone Central Schools		
	Coverage	100% Values	Value Type
	Building	\$50,799,196.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY - LEASED COPIERS	\$52,399.00	Replacement Cost
	YOUR BUSINESS PERSONAL PROPERTY	\$9,149,975.00	Replacement Cost
Building 2	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GREENHOUSE		
	Coverage	100% Values	Value Type
	Building	\$236,383.00	Replacement Cost
Building 3	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE SHED		
	Coverage	100% Values	Value Type
	Building	\$13,094.00	Replacement Cost



Building 4	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GARAGE		
	Coverage	100% Values	Value Type
	Building	\$22,784.00	Replacement Cost
Special Class 1	In Protection Class: 4		
	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN - CHAIN LINK FENCE	12,047	Replacement Cost
Special Class 2	In Protection Class: 4		
	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT	137,813	Replacement Cost

Location 2

800 S 1st St

Albion, NE 68620-1603

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: BLEACHERS, PRESS BOX, LIGHTS, TRACK & FENCING							
	<table><tr><th>Coverage</th><th>100% Values</th><th>Value Type</th></tr><tr><td>Building</td><td>\$511,322.00</td><td>Replacement Cost</td></tr></table>	Coverage	100% Values	Value Type	Building	\$511,322.00	Replacement Cost	
Coverage	100% Values	Value Type						
Building	\$511,322.00	Replacement Cost						



Building 2	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE BUILDING		
	Coverage YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT	100% Values \$35,089.00	Value Type Replacement Cost
Building 3	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH SENTINEL METAL STORAGE BUILDING		
	Coverage Building	100% Values \$82,624.00	Value Type Replacement Cost
Building 4	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: SOUTH CONCESSION & BATHROOMS		
	Coverage Building	100% Values \$856,612.00	Value Type Replacement Cost
Building 5	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH CONCESSION STAND & BATHROOMS		
	Coverage Building	100% Values \$74,505.00	Value Type Replacement Cost
Special Class 1	In Protection Class: 4		



Special Class 1	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM	1,736,334	Replacement Cost
Special Class 2	In Protection Class: 4		
	Coverage	100% Values	Value Type
Special Class 3	PROPERTY IN THE OPEN - FENCING	65,968	Replacement Cost
	In Protection Class: 4		
	Coverage	100% Values	Value Type
	PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM	365,045	Replacement Cost

Location 3

532 W Prairie St
Albion, NE 68620-1364

Building 1	Description: 1 Story Joisted Masonry - Other Than Reinforced Building		
	In Protection Class: 4		
Building 2	Occupancy: HIGH SCHOOL PATHWAY PROGRAM		
	Coverage	100% Values	Value Type
Building 2	YOUR BUSINESS PERSONAL PROPERTY	\$29,241.00	Replacement Cost
	Description: 1 Story Joisted Masonry - Other Than Reinforced Building		
Building 2	In Protection Class: 4		
	Occupancy: CLASSROOMS & OFFICES		
Building 2	Coverage	100% Values	Value Type
	Building	\$789,047.00	Replacement Cost



Building 3	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE		
	Coverage	100% Values	Value Type
	Building	\$64,554.00	Replacement Cost

Location 4

951 S 1st St

Albion, NE 68620-1670

Building 1	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: SINGLE FAMILY DWELLING		
	Coverage	100% Values	Value Type
	BUILDING	\$132,381.00	Replacement Cost
Building 2	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: 2 CAR DETACHED GARAGE		
	Coverage	100% Values	Value Type
	Building	\$7,857.00	Replacement Cost
Building 3	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE		
	Coverage	100% Values	Value Type
	Building	\$5,237.00	Replacement Cost



Building 4	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: TOOL SHED		
	Coverage	100% Values	Value Type
	Building	\$2,618.00	Replacement Cost

Total Building \$53,598,214.00 RC

Total Personal Property \$9,266,704.00 RC

Total Property in the Open \$2,317,207.00 RC

Combined Total \$65,182,125.00

1. Values shown must be 100% actual cash value or replacement cost and should reflect coverage basis for each item of buildings, personal property or both.
2. Value shall be submitted to insurance company, subject to its acceptance.
3. Nothing contained in these instructions shall be construed as changing in any manner the conditions of this policy.
4. The company may require this statement of values to be signed by the insured or in the case of firms, by a partner or an officer.

All values submitted are correct to the best of my knowledge and belief.

Signed: _____

Title: _____ Date: _____



T E R R O R I S M N O T I C E

THIS INSURANCE MAY INCLUDE COVERAGE FOR CERTIFIED ACTS OF TERRORISM
AS DEFINED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED.

ATTACHED YOU WILL FIND A DISCLOSURE, WHICH IDENTIFIES THE SPECIFIC
CHARGE FOR CERTIFIED ACTS OF TERRORISM.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

FOR ADDITIONAL INFORMATION, PLEASE CONTACT YOUR AGENT



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

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$1,309.00

A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.



Commercial Property Summary Proposal

Blanket coverage applies only as indicated by an entry below:

Blanket: 1

Building & Personal Property Combined: Only at Locations/Buildings as indicated in the Schedule below

Blanket Limit of Insurance

\$65,182,125

Coinsurance: 100%

Locations

For inspection contact: See agent on Dec page

Location 1

605 S 6th St

Albion, NE 68620-1543

Building 1

Description: 1 Story Masonry Non-Combustible - Other Than Reinforced - Other Than Light Steel Building

In Protection Class: 4

Occupancy: Boone Central Schools

Deductible Per Occurrence: \$5,000

Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)

Protective Safeguards: P-1 Automatic Sprinkler System

Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1	1	Replacement Cost Agreed Value



	YOUR BUSINESS PERSONAL PROPERTY - LEASED COPIERS	See Blkt 1	Special	See Blkt 1	1,2	Replacement Cost Agreed Value
Building 2	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GREENHOUSE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 3	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE SHED Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000



Building 4	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: GARAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)				
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int
	Building	See Blkt 1	Special	See Blkt 1	Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Special Class 1	Description: PROPERTY IN THE OPEN - CHAIN LINK FENCE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)				
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int
	PROPERTY IN THE OPEN - CHAIN LINK FENCE	See Blkt 1	Special	See Blkt 1	Replacement Cost Agreed Value
Special Class 2	Description: PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)				
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int
	PROPERTY IN THE OPEN - PLAYGROUND EQUIPMENT	See Blkt 1	Special	See Blkt 1	Replacement Cost Agreed Value



Location 2

800 S 1st St

Albion, NE 68620-1603

Building 1	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: BLEACHERS, PRESS BOX, LIGHTS, TRACK & FENCING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)																					
	<table> <tr> <th>Coverage</th><th>Limit of Insurance</th><th>Covered Causes of Loss</th><th>Coinsurance</th><th>Spec Int</th><th>Optional Coverages</th></tr> <tr> <td>Building</td><td>See Blkt 1</td><td>Special</td><td>See Blkt 1</td><td></td><td> Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000 </td></tr> </table>	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000									
Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages																	
Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000																	
Building 2	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE BUILDING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)																					
	<table> <tr> <th>Coverage</th><th>Limit of Insurance</th><th>Covered Causes of Loss</th><th>Coinsurance</th><th>Spec Int</th><th>Optional Coverages</th></tr> <tr> <td>YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT</td><td>See Blkt 1</td><td>Special</td><td>See Blkt 1</td><td></td><td> Replacement Cost Agreed Value </td></tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages	YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value									
Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages																	
YOUR BUSINESS PERSONAL PROPERTY - IN STORAGE BLDG. & IN THE OPEN ATHLETIC EQUIPMENT	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value																	



Building 3	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH SENTINEL METAL STORAGE BUILDING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 4	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: SOUTH CONCESSION & BATHROOMS Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 5	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: NORTH CONCESSION STAND & BATHROOMS Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					



	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Special Class 1	Associated to Building: 1 Description: PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	PROPERTY IN THE OPEN - TRACK & FIELD TURF SYSTEM	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Special Class 2	Associated to Building: 1 Description: PROPERTY IN THE OPEN - FENCING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	PROPERTY IN THE OPEN - FENCING	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Special Class 3	Associated to Building: 1 Description: PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					



	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	PROPERTY IN THE OPEN - FLOOD LIGHTS, ELECTRICAL SYSTEM	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value

Location 3

532 W Prairie St
Albion, NE 68620-1364

Building 1	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 4 Occupancy: HIGH SCHOOL PATHWAY PROGRAM Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	YOUR BUSINESS PERSONAL PROPERTY	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value
Building 2	Description: 1 Story Joisted Masonry - Other Than Reinforced Building In Protection Class: 4 Occupancy: CLASSROOMS & OFFICES Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					



	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 3	Description: 1 Story Non-Combustible - Light Steel Building In Protection Class: 4 Occupancy: STORAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000

Location 4

951 S 1st St

Albion, NE 68620-1670

Building 1	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: SINGLE FAMILY DWELLING Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail					



	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	BUILDING	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 2	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: 2 CAR DETACHED GARAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 3	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: STORAGE Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					



	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000
Building 4	Description: 1 Story Frame Building In Protection Class: 4 Occupancy: TOOL SHED Deductible Per Occurrence: \$5,000 Except: \$75,000 On Windstorm Or Hail, (Deductible Provisions Under CP0329 apply)					
	Coverage	Limit of Insurance	Covered Causes of Loss	Coinsurance	Spec Int	Optional Coverages
	Building	See Blkt 1	Special	See Blkt 1		Replacement Cost Agreed Value Limitations On Coverage For Roof Surfacing Debris Removal \$250,000

Miscellaneous Location Level Coverages

See coverage form for deductible amounts applicable to these coverages.

Location	Coverage	Limit of Insurance
1	School Location Additional Coverages and Coverage Extensions	See Coverage Form
1	Fire Department Service Charge	\$50,000
2	School Location Additional Coverages and Coverage Extensions	See Coverage Form
2	Fire Department Service Charge	\$50,000



Location	Coverage	Limit of Insurance
3	School Location Additional Coverages and Coverage Extensions	See Coverage Form
3	Fire Department Service Charge	\$50,000
4	School Location Additional Coverages and Coverage Extensions	See Coverage Form
4	Fire Department Service Charge	\$50,000

Miscellaneous Policy Level Coverages

School Line Additional Coverages and Coverage Extensions	See Coverage Form
School Flood Coverage Endorsement	\$150,000
Unreported Buildings, Structures and Outdoor Fixtures	\$50,000
School - Property off Premises and In Transit	
Limit	\$50,000
Deductible: Deductible - \$1,000	

Equipment Breakdown Endorsement

See Coverage Form

Coverages

Expediting Expenses	\$100,000
Hazardous Substances	\$100,000
Perishable Goods/Spoilage	\$100,000

Special Interest(s)

1 Loss Payable

AXIS CAPITAL, INC
PO BOX 979285
MIAMI, FL 33197-9285

2 Loss Payable

EAKES OFFICE EQUIPMENT
PO BOX 2098
GRAND ISLAND, NE 68802-2098



General Liability Summary Proposal

Prepared For

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
PO BOX 391
605 S 6TH ST
ALBION, NE 68620-0391
DIRECT BILL

Presented By

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY
SERVICES
PO BOX 80008
LINCOLN, NE 68501-0008
AGENT NO. B8007
AGENT PHONE: 800-593-3881
CLAIM REPORTING: 888-362-2255
SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on **05/28/2024**.

Limits of Insurance

Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You Limit	\$500,000 (any one premises)
Medical Expense Limit	\$10,000 (any one person)
Personal and Advertising Injury Limit	\$1,000,000 (any one person or organization)
General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Coverages Provided

Other Than Products/Completed Operations	\$7,671.00
Total Estimated Policy Premium	\$7,671.00

See attached schedule for location of all premises owned, rented or occupied.

Forms Applicable

CG0001(04/13), CG0069(12/23), CG2100(07/98), CG2106(12/23), CG2147(12/07), CG2167(12/04), CG2170(01/15), CG2176(01/15), CG2240(01/96), CG2268(09/97), CG2271(12/19), CG4035(12/23), CG7001A(10/12), CG7003(10/13), CG7114(01/21), CG7131(01/06), CG7177(10/01), CG7521(10/13), CG7551(10/19), CG7614(10/19), CG7626(03/09), CG7699(01/21), CG7748(10/22), CG8301(10/22), CG8318(12/23), CG9909(12/19), IL0017(11/98), IL0021(05/02), IL0259(12/17), IL7004(03/20), IL7131A(04/01), IL7168(01/22), IL8383.2A(12/20), IL8384A(01/08), IL8576(10/17)

Audit Period: Annual



Employers Mutual Casualty Company

Quote: BBHS917 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

General Liability Summary Proposal

Endorsement Schedule

Form	Edition Date	Description/Additional Information	Premium
CG 00 01	04 13	Commercial General Liability Coverage Form	
CG 00 69	12 23	Exclusion - Violation of Law Addressing Data Privacy	
CG 21 00	07 98	Exclusion - All Hazards In Connection With Designated Premises Description Of Premises: - THE DONKEY BASKETBALL GAME Location Of Premises - 605 S 6TH ST. ALBION, NE. 68620	
CG 21 06	12 23	Exclusion- Access or Disclosure of Confidential or Personal Material or Information	
CG 21 47	12 07	Employment-Related Practices Exclusion	
CG 21 67	12 04	Fungi Or Bacteria Exclusion	
CG 21 70	01 15	Cap On Losses From Certified Acts Of Terrorism	
CG 21 76	01 15	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	
CG 22 40	01 96	Exclusion - Medical Payments To Children Day Care Centers	
CG 22 68	09 97	Operation Of Customers Autos On Particular Premises	
CG 22 71	12 19	Colleges Or Schools (Limited Form)	
CG 40 35	12 23	Exclusion - Cyber Incident	
CG 70 01A	10 12	General Liability Schedule	

**Employers Mutual Casualty Company**

Quote: BBHS917 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
CG 70 03	10 13	GL Quick Reference (Occurrence)	
CG 71 14	01 21	Trampoline Exclusion	
CG 71 31	01 06	Exclusion - Designated Operations	
CG 71 77	10 01	Political Subdivisions Tort Claims Nebraska	
CG 75 21	10 13	Exclusion - Designated Professional Services	
CG 75 51	10 19	Abuse Or Molestation Liability	
CG 76 14	10 19	School Violent Event Response Coverage Aggregate Limit \$500,000 Each Event Limit \$500,000 Each Person Limit \$25,000	
CG 76 26	03 09	Employee Benefits Liability Coverage Each Employee Limit \$1,000,000 Aggregate Limit \$2,000,000 Each Employee Deductible \$1,000	
CG 76 99	01 21	General Liability Schools Elite Extension	
CG 77 48	10 22	Cannabis Exclusion With Limited Exception For Retail Sales Of CBD Products And Hemp Exception	
CG 83 01	10 22	Important Notice to Policyholders	
CG 83 18	12 23	Cyber Incident and Data Privacy Exclusion Endorsement Advisory Notice to Policyholders	
CG 99 09	12 19	Premium Audit Noncompliance Charge Audit Noncompliance Charge Factor 1 Number of Written Attempts To Obtain Audit Information 2 Reassessment Charge 0	

**Employers Mutual Casualty Company**

Quote: BBHS917 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Form	Edition Date	Description/Additional Information	Premium
IL 00 17	11 98	Common Policy Conditions	
IL 00 21	05 02	Nuclear Energy Liability Exclusion Endorsement	
IL 02 59	12 17	Nebraska Changes - Cancellation And Nonrenewal	
IL 70 04	03 20	Mutual Policy Provisions	
IL 71 31A	04 01	Commercial Policy Endorsement Schedule	
IL 71 68	01 22	Asbestos Exclusion	
IL 83 83.2A	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act	\$64.00
IL 83 84A	01 08	Notice	
IL 85 76	10 17	Important Notice To Policyholders	



T E R R O R I S M N O T I C E

THIS INSURANCE MAY INCLUDE COVERAGE FOR CERTIFIED ACTS OF TERRORISM
AS DEFINED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED.

ATTACHED YOU WILL FIND A DISCLOSURE, WHICH IDENTIFIES THE SPECIFIC
CHARGE FOR CERTIFIED ACTS OF TERRORISM.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

FOR ADDITIONAL INFORMATION, PLEASE CONTACT YOUR AGENT



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

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$64.00

A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.



General Liability Summary Proposal

Code No./Exposure/Classification	Products/ Compl Ops Rate	Products/ Compl Ops Advance Prem	All Other Rate	All Other Advance Prem
Location 000				
Abuse Or Molestation Liability				\$750
Employee Benefits Liability				\$116
Fungi Or Bacteria Exclusion				(\$62)
Location NE				
School Violent Event Response				\$300
Location 001				
41716 Day Care Centers - Not-For-Profit only Prem Basis: Number of Persons Exposure: 64 Products/Completed Operations are subject to the General Aggregate Limit			10.158	\$650
44194 Grandstands or Bleachers - Not-For-Profit only Prem Basis: Number of Grandstands or Bleachers Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit			148.735	\$149
47469 Schools - faculty liability for corporal punishment of students Prem Basis: Number of Faculty Members Exposure: 110 Products/Completed Operations are subject to the General Aggregate Limit			7.797	\$857
47471 Schools - public - elementary, kindergarten or junior high Prem Basis: Per Student Exposure: 385			6.291	\$2,422



Code No./Exposure/Classification	Products/ Compl Ops Rate	Products/ Compl Ops Advance Prem	All Other Rate	All Other Advance Prem
Products/Completed Operations are subject to the General Aggregate Limit 47473 Schools - public - high Prem Basis: Per Student Exposure: 211 Products/Completed Operations are subject to the General Aggregate Limit			8.224	\$1,735
Location 002 61217 Bldg,Prem-bank,office-merc,Mfg-lessor risk only-maintd by insd-Other than Not-FP Prem Basis: Area Exposure: 2,000 Products/Completed Operations are subject to the General Aggregate Limit			36.056	\$72
Location 003 67513 Schools - Not-For-Profit only Prem Basis: Area Exposure: 3,121 Products/Completed Operations are subject to the General Aggregate Limit			75.043	\$234
Location 004 49452 Vacant Land - Not-For-Profit only Prem Basis: Acres Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit			2.431	\$2
Location 005 49452 Vacant Land - Not-For-Profit only Prem Basis: Acres Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit			2.431	\$2



Code No./Exposure/Classification	Products/ Compl Ops Rate	Products/ Compl Ops Advance Prem	All Other Rate	All Other Advance Prem
Location 006 63010 Dwellings - one-family (lessor's risk only) Prem Basis: Number of Dwellings Exposure: 1 Products/Completed Operations are subject to the General Aggregate Limit			80.319	\$80

Policy Level Coverages

Coverages	Limit of Insurance	Premium
General Liability Elite Extension		\$300
Premium For Certified Acts of Terrorism		\$64.00
Total Estimated Policy Premium		\$7,671.00

Location of All Premises Owned, Rented or Occupied

Rated Locations	
Location 1	605 S 6th St Albion, NE 68620-1543
Location 2	2202 130th Ave Albion, NE 68620-5513
Location 3	532 W Prairie St Albion, NE 68620-1364
Location 4	644 S 6th St Albion, NE 68620-1544
Location 5	604 S 6th St Albion, NE 68620-1544



Location 6	436 S 5th St Albion, NE 68620-1308
All Other Locations	
Location: 7	129 E FAIRVIEW ST (LOTS 1, 2 & 3 BLK 41 MANSFIELD, 10TH ADDN Albion, NE 68620
Location: 8	319 S 5th St Albion, NE 68620-1305
Location: 9	800 S 1st St Albion, NE 68620-1603
Location: 10	951 S 1st St Albion, NE 68620-1670
Location: 11	620 S 6th St Albion, NE 68620-1544



Cyber Suite Elite Summary Proposal

Prepared For

BOONE CENTRAL SCHOOLS DISTRICT NO. 1
PO BOX 391
605 S 6TH ST
ALBION, NE 68620-0391
DIRECT BILL

Presented By

NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY
SERVICES
PO BOX 80008
LINCOLN, NE 68501-0008
AGENT NO. B8007
AGENT PHONE: 800-593-3881
CLAIM REPORTING: 888-362-2255
SERVICING CARRIER: 402-951-8300

This policy renewal is offered contingent upon the receipt of payment which is due on **05/28/2024**.

Cyber Suite

Cyber Suite Annual Aggregate Limit	\$50,000.00
First Party Annual Aggregate Limit	\$50,000.00
Third Party Annual Aggregate Limit	\$50,000.00
Cyber Suite Deductible Per Occurrence	\$1,000.00

First Party Coverages

Data Compromise Response Expenses	Included
Sublimits Per Occurrence	
Public Relations	\$10,000.00
Reputational Harm	\$10,000.00

Computer Attack	Included
Sublimits Per Occurrence	
Public Relations	\$10,000.00

Sublimited Coverages Per Occurrence

Cyber Extortion	\$10,000.00
Misdirected Payment Fraud	\$10,000.00
Computer Fraud	\$10,000.00
Telecommunication Fraud	\$10,000.00



Employers Mutual Casualty Company

Quote: BBHS923 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Reward Payments

Included

Sublimit Per Policy Period

\$25,000.00

Third Party Coverages

Privacy Incident Liability

Included

Privacy Incident Defense

Privacy Incident Liability

Network Security Liability

Included

Network Security Defense

Network Security Liability

Electronic Media Liability

Included

Electronic Media Defense

Electronic Media Liability

Identity Recovery Coverage

Annual Aggregate Limit Per "Identity Recovery Insured"

\$25,000.00

Deductible Per Occurrence

None

Sublimits Per Occurrence

Lost Wages and Child and Elder Care Expenses

\$5,000.00

Mental Health Counseling

\$1,000.00

Miscellaneous Unnamed Costs

\$1,000.00

Total Premium

\$571.00

Forms Applicable

DC7077(10/22), IL7004(03/20), IL7131A(04/01), IL7149(01/08), IL8383.2A(12/20)



Employers Mutual Casualty Company

Quote: BBHS923 - Option 002

Prepared on 04/04/2024

Policy Term: 05/06/2024-05/06/2025

Valid Through: 05/19/2024

Cyber Summary Proposal

Endorsement Schedule

Form	Edition Date	Description/Additional Information	Premium
DC 70 77	10 22	Cyber Suite Elite Coverage Form	
DC 72 00A	10 22	Cyber Suite Supplemental Declarations	
IL 70 04	03 20	Mutual Policy Provisions	
IL 71 31A	04 01	Common Policy Endorsement Schedule	
IL 71 49	01 08	Common Policy Conditions	
IL 83 83.2A	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act	Waived



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

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) Waived

A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY

QUOTE NUMBER: E827411-02

Q U O T A T I O N - B U S I N E S S A U T O P O L I C Y

QUOTATION IS VALID: FROM 04/02/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

P R E P A R E D F O R	P R E S E N T E D B Y
BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391	NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL

AGENT: HB 8007

AGENT PHONE: (800) 593-3881

INSURED IS:	SCHOOL DISTRICT	BUSINESS DESC:	SCHOOL DISTRICT
COVERAGES	COV AUTOS	LIMITS/DEDUCTIBLES	P R E M I U M
COVERED AUTOS LIABILITY	01	\$ 1,000,000	9,925.00
AUTO MEDICAL PAYMENTS	02	\$ 5,000 EACH	388.00
		INSURED	
UNINSURED AND	02	SEE ENDORSEMENT CA7093A	1,239.00
UNDERINSURED MOTORISTS			
PHYSICAL DAMAGE COVERAGE			
COMPREHENSIVE	07		3,526.00
COLLISION	07		3,853.00
HIRED OR BORROWED AUTO			168.00
NON-OWNERSHIP LIABILITY	EMPLOYEES: 0 - 25		365.00
		PREMIUM FOR ENDORSEMENTS	230.00
		ESTIMATED TOTAL POLICY PREMIUM	19,694.00

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY

QUOTE NUMBER: E827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMMERCIAL AUTO POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*CA0001	11-20	BUSINESS AUTO COVERAGE FORM TERRORISM COVG INCL IN MAIN COV FORM	\$ 30
*CA0156	11-13	NEBRASKA CHANGES	
*CA0221	12-17	NEBRASKA CHANGES - CANCELLATION	
*CA2170	10-13	NE UNINSURED/UNDERINS MOTORISTS COV	
*CA7001A	02-22	COMM AUTO DECLARATIONS/ADDIT'L ITEMS	
*CA7002A	02-22	COMM AUTO DECLARATIONS - ITEMS 4 & 5	
*CA7007	11-20	QUICK REFERENCE BUSINESS AUTO FORM	
*CA7093A	02-22	UM/UIM SUPPLEMENTAL SCHEDULE	
*CA7209.1	07-97	POLITICAL SUBDIVSNS TORT CLAIMS - NE	
*CA7312	11-15	RENTAL VEHICLE EXTENSIONS	
*CA7313	11-15	PREJUDGMENT INTEREST	
*CA7317	02-22	COMMERCIAL AUTO ESSENTIAL EXT SCHOOL	
*CA8112.2	11-15	IMPT NOTICE -PAYMENT FOR AFTERMARKET	
*CA8331	06-19	IMPORTANT NOTICE TO POLICYHOLDERS	
*CA8334	04-19	IMPORTANT NOTICE TO POLICYHOLDERS	
*CA9933	10-13	EMPLOYEES AS INSUREDS	
*CA9935	11-13	NEBRASKA AUTO MEDICAL PAYMENTS	
*IL0017	11-98	COMMON POLICY CONDITIONS	
*IL0021	05-02	NUCLEAR ENERGY LIAB EXCL/BROAD FORM	
*IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL8576	10-17	MEDICARE IMPT NOTICE TO POLICYHOLDER	

AS QUOTED ON: 04/02/24



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO COVERAGE FORM

SUPPLEMENTARY SCHEDULE

ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE

THE LIMIT OF INSURANCE FOR THE COVERAGE SHOWN BELOW IS THE LIMIT OF INSURANCE SHOWN FOR THE STATE WHERE A COVERED 'AUTO' IS PRINCIPALLY GARAGED. REFER TO THE SPECIFIC COVERAGE ENDORSEMENT FOR THE DESCRIPTION OF THE COVERAGE PROVIDED FOR EACH STATE LISTED BELOW.

COVERAGE

UNINSURED MOTORISTS LIMIT OF INSURANCE

"BODILY INJURY"	"BODILY INJURY"	"BODILY INJURY"	"PROPERTY DAMAGE"
AND "PROPERTY	EACH PERSON	EACH "ACCIDENT"	EACH "ACCIDENT"
DAMAGE"	EACH "ACCIDENT"		
COMBINED			
ST SINGLE LIMIT			
NE		\$ 1,000,000	

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

COVERED AUTO DESCRIPTION / COVERAGE . PREMIUM

LOC: 001 605 S 6TH ST
ALBION NE. 68620-1543

VEH NO 1 TERR: 110 .
2009 THOMAS SCHOOL BUS ID NO 4UZABRDJ59CAF5958.
ADDITIONAL INFORMATION:
COST NEW: 73860 RADIUS: LOCAL USE: NA .
AGE: LIAB-x PHYS-x .
SCHOOL BUS-PUBLIC CLASS: 6184 .
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 117.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	.	141.00
TOTAL VEHICLE PREMIUM			.\$	949.00

VEH NO 2 TERR: 110 .
2007 FORD F150 PICKUP ID NO 1FTRF12W77NA39162.
ADDITIONAL INFORMATION:
COST NEW: 18880 RADIUS: LOCAL USE: SERVICE .
AGE: LIAB-M PHYS-M .
LIGHT TRUCK CLASS: 01499 .
COVERED AUTOS LIABILITY . \$ 308.00
AUTO MEDICAL PAYMENTS . 4.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 129.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	.	116.00
TOTAL VEHICLE PREMIUM			.\$	616.00

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

VEH NO 3 TERR: 110
2014 THOMAS 71 PASS. BUS ID NO 4UZABRDT2ECFB5895.
ADDITIONAL INFORMATION:
COST NEW: 85000 RADIUS: LOCAL USE: NA
AGE: LIAB-f PHYS-f
SCHOOL BUS-PUBLIC CLASS: 6184
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 152.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			. 177.00
		TOTAL VEHICLE PREMIUM	. \$ 1,020.00

VEH NO 4 TERR: 110
2012 FORD E350 ECONOLINE WAGON ID NO 1FBNE3BL5CDA99979.
ADDITIONAL INFORMATION:
COST NEW: 31740 RADIUS: LOCAL USE: NA
AGE: LIAB-x PHYS-x
SCHOOL BUS-PUBLIC CLASS: 6182
COVERED AUTOS LIABILITY . \$ 463.00
AUTO MEDICAL PAYMENTS . 20.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 83.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			. 64.00
		TOTAL VEHICLE PREMIUM	. \$ 689.00

VEH NO 5 TERR: 110
2015 THOMAS BUS ID NO 4UZABRDTXFCFY8826.
ADDITIONAL INFORMATION:
COST NEW: 90855 RADIUS: LOCAL USE: NA
AGE: LIAB-e PHYS-e
SCHOOL BUS-PUBLIC CLASS: 6183
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 164.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			196.00
		TOTAL VEHICLE PREMIUM	958.00

VEH NO 6 TERR: 110 .
2014 DODGE GRAND CARAVAN ID NO 2C4RDGCG7ER254279.
ADDITIONAL INFORMATION:
COST NEW: 26700 RADIUS: LOCAL USE: NA .
AGE: LIAB-f PHYS-f .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 108.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			80.00
		TOTAL VEHICLE PREMIUM	692.00

VEH NO 7 TERR: 110 .
2014 DODGE GRAND CARAVAN ID NO 2C4RDGCG9ER214091.
ADDITIONAL INFORMATION:
COST NEW: 26695 RADIUS: LOCAL USE: NA .
AGE: LIAB-f PHYS-f .
SCHOOL BUS-PUBLIC CLASS: 6181 .
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 108.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			80.00
TOTAL VEHICLE PREMIUM			692.00

VEH NO 8	TERR: 110		
2017 FORD	EXPEDITION	ID NO 1FMJK1JT4HEA75050	
ADDITIONAL INFORMATION:			
COST NEW: 65510	RADIUS: LOCAL	USE: NA	
AGE: LIAB-c	PHYS-c		
SCHOOL BUS-PUBLIC	CLASS: 6181		
COVERED AUTOS LIABILITY			427.00
AUTO MEDICAL PAYMENTS			18.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED
COMPREHENSIVE ACV	2000 DED		175.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			230.00
TOTAL VEHICLE PREMIUM			909.00

VEH NO 9	TERR: 110		
2019 SAF-T-LINER C2 SCHOOL BUS		ID NO 4UZABRFC9KCCE4923	
ADDITIONAL INFORMATION:			
COST NEW: 99730	RADIUS: LOCAL	USE: NA	
AGE: LIAB-a	PHYS-a		
SCHOOL BUS-PUBLIC	CLASS: 6183		
COVERED AUTOS LIABILITY			517.00
AUTO MEDICAL PAYMENTS			22.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 196.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			. 313.00
TOTAL VEHICLE PREMIUM			.\$ 1,107.00

VEH NO 10	TERR: 110		.
2017 DODGE	GRAND CARA	ID NO 2C4RDGEG1HR779761.	.
ADDITIONAL INFORMATION:			
COST NEW: 33395	RADIUS: LOCAL	USE: NA	.
AGE: LIAB-c	PHYS-c		.
SCHOOL BUS-PUBLIC	CLASS: 6182		.
COVERED AUTOS LIABILITY			.\$ 463.00
AUTO MEDICAL PAYMENTS			. 20.00
UNINSURED MOTORISTS			. INCLUDED
UNDERINSURED MOTORISTS			. INCLUDED
COMPREHENSIVE	ACV	2000 DED	. 124.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			. 104.00
TOTAL VEHICLE PREMIUM			.\$ 770.00

VEH NO 11	TERR: 110		.
2017 DODGE	GRAND CARA	ID NO 2C4RDGCG7HR860508.	.
ADDITIONAL INFORMATION:			
COST NEW: 30395	RADIUS: LOCAL	USE: NA	.
AGE: LIAB-c	PHYS-c		.
SCHOOL BUS-PUBLIC	CLASS: 6181		.
COVERED AUTOS LIABILITY			.\$ 427.00
AUTO MEDICAL PAYMENTS			. 18.00
UNINSURED MOTORISTS			. INCLUDED
UNDERINSURED MOTORISTS			. INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 124.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 2000 DED . 104.00
TOTAL VEHICLE PREMIUM . \$ 732.00

VEH NO 12 TERR: 110 .
2019 AMERICAN HAULER 6X12 TAZ ID NO 7HB211227K1067593 .
ADDITIONAL INFORMATION: TRAILER
COST NEW: 4000 RADIUS: LOCAL USE: NA .
AGE: LIAB-A PHYS-A .
TRAILER CLASS: 68499 .
COVERED AUTOS LIABILITY . \$ 30.00
COMPREHENSIVE ACV 2000 DED . 100.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 2000 DED . 85.00
TOTAL VEHICLE PREMIUM . \$ 215.00

VEH NO 13 TERR: 110 .
2019 THOMAS C2 SCHOOL BUS ID NO 4UZABRFC0KCKE4924 .
ADDITIONAL INFORMATION:
COST NEW: 98692 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6183 .
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 195.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 2000 DED . 310.00
TOTAL VEHICLE PREMIUM . \$ 1,103.00

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

VEH NO 14 TERR: 110
2018 DODGE GRAND CARA ID NO 2C4RDGEGXJR342864.
ADDITIONAL INFORMATION: 7 PASS.
COST NEW: 35840 RADIUS: LOCAL USE: NA
AGE: LIAB-b PHYS-b
SCHOOL BUS-PUBLIC CLASS: 6181
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 133.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			120.00
TOTAL VEHICLE PREMIUM			. \$ 757.00

VEH NO 15 TERR: 110
2019 DODGE GRAND CARA ID NO 2C4RDGCG1KR649831.
ADDITIONAL INFORMATION:
COST NEW: 32150 RADIUS: LOCAL USE: NA
AGE: LIAB-a PHYS-a
SCHOOL BUS-PUBLIC CLASS: 6181
COVERED AUTOS LIABILITY . \$ 427.00
AUTO MEDICAL PAYMENTS . 18.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 133.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			128.00
TOTAL VEHICLE PREMIUM			. \$ 765.00

VEH NO 16 TERR: 110
2017 FORD F-150 ID NO 1FTMF1EP4HKD08512.
ADDITIONAL INFORMATION:
COST NEW: 35330 RADIUS: LOCAL USE: SERVICE
AGE: LIAB-C PHYS-C
LIGHT TRUCK CLASS: 01499
COVERED AUTOS LIABILITY . \$ 413.00
AUTO MEDICAL PAYMENTS . 4.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 348.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 2000 DED . 167.00
TOTAL VEHICLE PREMIUM . \$ 991.00

VEH NO 17 TERR: 110 .
2019 GMC-CHEVY G3500 GM/THOMAS ID NO 1GB3GRBG0K1195347.
ADDITIONAL INFORMATION: MINOTOUR DRW SCHOOL BUS
COST NEW: 31100 RADIUS: LOCAL USE: NA .
AGE: LIAB-a PHYS-a .
SCHOOL BUS-PUBLIC CLASS: 6183 .
COVERED AUTOS LIABILITY . \$ 517.00
AUTO MEDICAL PAYMENTS . 22.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED
COMPREHENSIVE ACV 2000 DED . 133.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION ACV 2000 DED . 128.00
TOTAL VEHICLE PREMIUM . \$ 859.00

VEH NO 18 TERR: 110 .
2021 THOMAS SAF-T-LINE SCHOOLBUS ID NO 4UZABRFC4MCMJ0577.
ADDITIONAL INFORMATION:
COST NEW: 100850 RADIUS: LOCAL USE: NA .
AGE: LIAB-4 PHYS-4 .
SCHOOL BUS-PUBLIC CLASS: 6184 .
COVERED AUTOS LIABILITY . \$ 606.00
AUTO MEDICAL PAYMENTS . 26.00
UNINSURED MOTORISTS . INCLUDED
UNDERINSURED MOTORISTS . INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 234.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			376.00
TOTAL VEHICLE PREMIUM			1,301.00

VEH NO 19 TERR: 110			.
2019 DODGE GRAND CARA		ID NO 2C4RDGCG6KR615237.	.
ADDITIONAL INFORMATION:			
COST NEW: 32150 RADIUS: LOCAL	USE: NA		.
AGE: LIAB-a PHYS-a			.
SCHOOL BUS-PUBLIC CLASS: 6181			.
COVERED AUTOS LIABILITY			427.00
AUTO MEDICAL PAYMENTS			18.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED
COMPREHENSIVE ACV 2000 DED			133.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO			
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM			
FOR DETAILS.)			

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	
			128.00
TOTAL VEHICLE PREMIUM			765.00

VEH NO 20 TERR: 110			.
2024 THOMAS C2 SCHOOL BUS		ID NO 4UZABRFC6RCUD9128.	.
ADDITIONAL INFORMATION:			
COST NEW: 113690 RADIUS: LOCAL	USE: NA		.
AGE: LIAB-1 PHYS-1			.
SCHOOL BUS-PUBLIC CLASS: 6184			.
COVERED AUTOS LIABILITY			606.00
AUTO MEDICAL PAYMENTS			26.00
UNINSURED MOTORISTS			INCLUDED
UNDERINSURED MOTORISTS			INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 262.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	.	
				445.00
TOTAL VEHICLE PREMIUM			.\$	1,398.00

VEH NO 21	TERR: 110		.	
2023 RAM	2500 PROMA PROMASTER	ID NO 3C6LRVPG4PE558848.	.	
ADDITIONAL INFORMATION:				
COST NEW: 44930	RADIUS: LOCAL	USE: NA	.	
AGE: LIAB-2	PHYS-2		.	
SCHOOL BUS-PUBLIC	CLASS: 6181		.	
COVERED AUTOS LIABILITY			.\$	427.00
AUTO MEDICAL PAYMENTS			.	18.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED
COMPREHENSIVE	ACV	2000 DED	.	208.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO				
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM				
FOR DETAILS.)				

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	.	
				245.00
TOTAL VEHICLE PREMIUM			.\$	957.00

VEH NO 22	TERR: 110		.	
2010 CHRYSLER	TOWN & COU LX	ID NO 2A4RR4DE2AR103156.	.	
ADDITIONAL INFORMATION:				
COST NEW: 25175	RADIUS: LOCAL	USE: SERVICE	.	
AGE: LIAB-J	PHYS-J		.	
LIGHT TRUCK	CLASS: 01499		.	
COVERED AUTOS LIABILITY			.\$	340.00
AUTO MEDICAL PAYMENTS			.	4.00
UNINSURED MOTORISTS			.	INCLUDED
UNDERINSURED MOTORISTS			.	INCLUDED

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMPREHENSIVE ACV 2000 DED . 167.00
\$ 2000 DEDUCTIBLE FOR ALL PERILS FOR EACH COVERED AUTO
(A MAXIMUM DEDUCTIBLE MAY ALSO APPLY REFER TO COVERAGE FORM
FOR DETAILS.)

SEE ITEM FOUR FOR HIRED OR BORROWED AUTOS

COLLISION	ACV	2000 DED	.	116.00
TOTAL VEHICLE PREMIUM			.\$	686.00

PREMIUM SUMMARY			
COVERED AUTOS LIABILITY		.\$	9,925.00
AUTO MEDICAL PAYMENTS		.	388.00
UNINSURED MOTORISTS		.	1,239.00
UNDERINSURED MOTORISTS		.	INCLUDED
COMPREHENSIVE		.	3,526.00
COLLISION		.	3,853.00

TOTAL	.\$		18,931.00

AS QUOTED ON: 04/02/24 (BPP)



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NUMBER E827411-02
EXP DATE: 05/06/25

COMMERCIAL AUTO DECLARATIONS - BUSINESS AUTO

ITEM FOUR: SCHEDULE OF HIRED OR BORROWED COVERED AUTO
COVERAGE AND PREMIUMS

COVERED AUTOS LIABILITY COVERAGE - COST OF HIRE BASIS

FOR AUTOS NOT USED IN YOUR MOTOR

CARRIER OPERATIONS (OTHER THAN MOBILE OR FARM EQUIPMENT)

COVERED AUTOS STATE ESTIMATED ANNUAL COST OF	RATE	PREMIUM
LIABILITY COVERAGE	HIRED FOR ALL STATES	

EXCESS	NE	IF ANY	100	\$	168.00
FOR 'AUTOS' NOT USED IN YOUR MOTOR CARRIER OPERATIONS, 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 OR 'EMPLOYEES' OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.					

TOTAL PREMIUM					\$ 168.00

ITEM FIVE: SCHEDULE FOR NON-OWNERSHIP COVERED AUTOS LIABILITY

OTHER THAN A SOCIAL SERVICE AGENCY

NUMBER OF EMPLOYEES	0 - 25	\$	365.00
---------------------	--------	----	--------

TOTAL NON-OWNERSHIP COVERED AUTOS PREMIUM			\$ 365.00



CONDITIONAL

EMC PROPERTY & CASUALTY COMPANY

QUOTE NUMBER E827411-02

BOONE CENTRAL SCHOOLS DIST 1 EFF DATE: 05/06/24

EXP DATE: 05/06/25

ENDORSEMENT PREMIUM DETAIL

ENDORSEMENTS	CLASS	PREMIUM
RENTAL VEHICLE EXTENSION	8047	\$ 100.00
Auto Essential Extension School	8050	\$ 100.00

AS QUOTED ON: 04/02/24 (BPP)

Commercial Auto

Coverage Highlights CA7270



EMC's Commercial Auto Extension CA7270 is available for most policies.

Commercial Auto Coverage	CA7270
Airbag Accidental Discharge	Included; mechanical breakdown exclusion does not apply
Audio, Visual, Electronic Equipment Coverage	\$1,000 limit
Blanket Additional Insureds	Written agreement
Business Auto Conditions	
Duties in event of accident	Included
Unintentional failure to disclose exposures	Included
Glass Repair or Replacement: Waiver of deductible	No deductible
Hired Auto Physical Damage	Included; \$75,000 limit
Liberalization	Automatic revisions
Lockout/Key Expense (Including electronic)	\$50 private passenger
Loss of Two or More Covered Autos Same Accident	One deductible
Mental Anguish	Included in definition of "bodily injury"
Newly Formed or Acquired Organizations	Up to 180 days after acquisition
Personal Property of Others	\$500 limit
Rental Reimbursement: Not theft	\$50 day; 30 days; \$1,500 max
Subsidiaries as Insureds	When you own 50% of the voting stock on the effective date of this policy
Supplementary Payments	\$3,000 for bail bonds; \$350 loss of earnings
Towing	\$100 private passenger type; \$500 other than private passenger type
Transportation Expense: For total theft	\$75 per day; \$1,000 max

Disclaimer: This is only a summary of coverage and is subject to policy conditions, limitations and exclusions that may vary from state to state. Please refer to the issued policy for specific details regarding coverages, conditions and exclusions. In the event of a conflict between the terms contained herein and the policy, the policy terms and conditions will prevail.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C827411-01

Q U O T A T I O N - C O M M E R C I A L I N L A N D M A R I N E

QUOTATION IS VALID: FROM 04/04/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

P R E P A R E D F O R :	P R E S E N T E D B Y :
BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391	NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL	AGENT: AB 8007 AGENT PHONE: (800) 593-3881
INSURED IS: SCHOOL DISTRICT	BUSINESS DESC: SCHOOL DISTRICT

SEE ATTACHED SCHEDULE FOR LIMITS AND DESCRIPTION OF COVERAGES

C O V E R A G E S H E A D I N G S	P R E M I U M
#COMMERCIAL ARTICLES	\$ 64.00
CONTRACTORS EQUIPMENT	\$ 1,040.00
ELECTRONIC DATA PROCESSING	\$ 1,029.00
#SIGNS	\$ 44.00
TOTAL INLAND MARINE PREMIUM	\$ 2,177.00

A DEDUCTIBLE MAY APPLY FOR THE COVERAGE PROVIDED. IN THE EVENT A LOSS (OTHER THAN EARTHQUAKE) INVOLVES COVERED PROPERTY AT MORE THAN ONE LOCATION OR IN MORE THAN ONE CLASS, ONLY ONE DEDUCTIBLE, THE LARGEST DEDUCTIBLE SHOWN ON THE SCHEDULE FOR THE LOCATION OR CLASSES INVOLVED IN THE LOSS, WILL APPLY PER OCCURRENCE.

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: C827411-01

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMM L IN L A N D M A R I N E P O L I C Y Q U O T E

ENDORSEMENT SCHEDULE

FORM	EDITION		DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
	DATE			
CL0100	03-99		COMMON POLICY CONDITIONS	
CL0154	01-01		AMENDATORY ENDORSEMENT NEBRASKA	
CL0600	01-15		CERTIFIED TERRORISM LOSS	
CL0700	10-06		VIRUS OR BACTERIA EXCLUSION	
CM0001	09-04		COMM. INLAND MARINE CONDITIONS	
CM0020	01-13		COMMERCIAL ARTICLES COVERAGE FORM	
CM0028	01-13		SIGNS COVERAGE FORM	
CM0125	07-00		NEBRASKA CHANGES	
CM2002	11-85		LIST OF PROPERTY ON FILE	
*CM7001A	09-97		COMMERCIAL INLAND MARINE SCHEDULE	
CM7002	09-00		QUICK REFERENCE	
CM7004	09-06		QUICK REFERENCE	
CM7021	11-01		LOSS PAYABLE ENDORSEMENT	
CM8068	12-19		ADVISORY NOTICE TO POLICYHOLDERS	
CM9905	12-19		CANNABIS EXCLUSION	
IL0017	11-98		COMMON POLICY CONDITIONS	
IL0122	09-07		NE CHANGES - ACTUAL CASH VALUE	
IL0159	09-07		NE CHGS - FRAUD OR MISREPRESENTATION	
IL0164	07-02		NEBRASKA CHANGES - APPRAISAL	
IL0259	12-17		NE CHANGES - CANCELLATION/NONRENEWAL	
IL0952	01-15		CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
IL7004	03-20		MUTUAL POLICY PROVISIONS	
*IL7131A	04-01		COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7306	08-98		EXCLUSION OF CERTAIN COMPUTER LOSSES	
IL8383.2A	12-20		DISCL PURSUANT TERRSM RISK INS. ACT	WAIVED
IM2055	10-08		AMENDATORY ENDORSEMENT NEBRASKA	
IM7000	04-04		CONTRACTOR'S EQUIPMENT COVERAGE	
IM7034	06-04		TOOLS END	
IM7202	10-02		EDP EQUIPMENT COVERAGE - BLANKET	
IM7215	09-03		EDP INCOME COVERAGE	
IM7231	05-01		COINSURANCE PROVISIONS	
IM7238	10-02		EARTHQUAKE, FLOOD AND SEWER BACKUP	

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: C827411-01

BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

POLICY WIDE COVERAGES

CLASS/ITEM	DESCRIPTION	*SPEC INTEREST	LIMITS
CONTRACTORS EQUIPMENT			
801	CONTRACTORS EQUIPMENT		
\$	500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS		
	80% COINSURANCE		
\$	124,560 CATASTROPHE LIMIT - THE MOST "WE" PAY FOR LOSS IN ANY ONE OCCURRENCE		
	COVERAGE EXTENSIONS		
	ADDITIONAL DEBRIS REMOVAL EXPENSES	\$	5,000
	SUPPLEMENTAL COVERAGES		
	EMPLOYEE TOOLS (ACTUAL CASH VALUE)	\$	5,000
	NEWLY PURCHASED EQUIPMENT		
	PERCENTAGE OF CATASTROPHE LIMIT		30%
	POLLUTANT CLEANUP AND REMOVAL	\$	25,000
	RENTAL REIMBURSEMENT LIMIT	\$	5,000
	WAITING PERIOD		72 HRS
	SPARE PARTS AND FUEL	\$	5,000
	ACTUAL CASH VALUE		
	YEAR: 1948 MFG: JOHN DEERE		
	SERIAL NUMBER: 228001		
001	TRACTOR	\$	5,000
	ACTUAL CASH VALUE		
	YEAR: 2014 MFG: CASE/IH		
	SERIAL NUMBER: YEXCB5099		
002	SCOURT SIDE BY SIDE 4X4	\$	8,000
	ACTUAL CASH VALUE		
	MFG: BOBCAT		
	SERIAL NUMBER: 712801945		
003	SNOWBLOWER	\$	4,575
	ACTUAL CASH VALUE		
	MFG: GRASSHOPPER		
	MODEL: 727K SERIAL NUMBER: 6212179		
004	MOWER	\$	10,985
	ACTUAL CASH VALUE		
	YEAR: 2022 MFG: BOBCAT		
	SERIAL NUMBER: B4SA20087		

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

005	COMPACT SKID STEER	\$	48,500
	ACTUAL CASH VALUE		
	YEAR: 2023		
	SERIAL NUMBER: B4SA22309		
006	BOBCAT	\$	47,500
	PREMIUM	\$	897
835	CONTRACTORS EQUIPMENT - TOOLS		
	LIMITS OF INSURANCE		
	YOUR TOOLS--THE MOST "WE" PAY FOR LOSS TO ANY ONE "TOOL" IS:	\$	1,000
	YOUR TOOLS--THE MOST "WE" PAY IN ANY ONE OCCURRENCE FOR LOSS TO "YOUR" "TOOLS" IS:	\$	5,000
	ACTUAL CASH VALUE		
	DEDUCTIBLE	\$	500
	ANNUAL PREMIUM	\$	68
	SMALL TOOLS INCLUDE MISCELLANEOUS EQUIPMENT		
840	CONTR. EQUIP. - LEASED OR RENTED FROM OTHERS		
	LIMITS OF INSURANCE		
	THE MOST "WE" PAY FOR LOSS TO ANY ONE ITEM	\$	85,000
	THE MOST "WE" PAY FOR LOSS IN ANY ONE OCCURRENCE	\$	85,000
	ACTUAL CASH VALUE		
	DEDUCTIBLE	\$	500
	NON-REPORTING FORM PREMIUM	\$	75
	SPECIAL INTEREST 01 APPLIES TO THIS CLASS		

ELECTRONIC DATA PROCESSING

863 ELECTRONIC DATA PROCESSING - BLANKET LIMITS

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

\$ 500 DEDUCTIBLE APPLIES TO ALL COVERED PERILS
UNLESS A DIFFERENT DEDUCTIBLE IS INDICATED BELOW
\$ 5,000 DEDUCTIBLE - EARTHQUAKE AND VOLCANIC ERUPTION
NOT COVERED DEDUCTIBLE - "FLOOD"
\$ 500 DEDUCTIBLE - "MECHANICAL BREAKDOWN", "ELECTRICAL
DISTURBANCE" AND "POWER SUPPLY DISTURBANCE"

COINSURANCE WAIVED-"hardware", "media", & "programs and applications"
COINSURANCE WAIVED-"data records" and "proprietary programs"
COINSURANCE WAIVED- INCOME COVERAGE

\$ 569,893 EARTHQUAKE "AGGREGATE" LIMIT
\$ 569,893 EARTHQUAKE "OCCURRENCE" LIMIT
\$ 569,893 EARTHQUAKE "CATASTROPHE" LIMIT
NOT COVERED FLOOD "AGGREGATE" LIMIT
NOT COVERED FLOOD "OCCURRENCE" LIMIT
NOT COVERED FLOOD "CATASTROPHE" LIMIT
\$ 569,893 SEWER BACKUP "AGGREGATE" LIMIT
\$ 569,893 SEWER BACKUP "OCCURRENCE" LIMIT
\$ 569,893 SEWER BACKUP "CATASTROPHE" LIMIT

COVERAGE LIMITS

\$ 569,893 CATASTROPHE LIMIT- THE MOST "WE" PAY FOR ANY COMBINATION
OF OR TOTAL OF LOSSES ARISING UNDER ONE OR MORE
COVERAGES IN ANY ONE OCCURRENCE

EQUIPMENT LIMITS

\$ 539,893 EQUIPMENT LIMITS - EQUIPMENT
INCLUDED HARDWARE - THE MOST "WE" PAY FOR LOSS AT ANY ONE
LOCATION
INCLUDED PROTECTION AND CONTROL SYSTEMS - THE MOST "WE" PAY FOR
LOSS AT ANY ONE LOCATION
INCLUDED TELECOMMUNICATIONS EQUIPMENT - THE MOST "WE" PAY FOR
LOSS AT ANY ONE LOCATION
INCLUDED REPRODUCTION EQUIPMENT - THE MOST "WE" PAY FOR LOSS AT
ANY ONE LOCATION

SOFTWARE LIMITS

\$ 15,000 SOFTWARE LIMITS - SOFTWARE
INCLUDED DATA RECORDS - THE MOST "WE" PAY FOR LOSS AT ANY ONE
LOCATION
INCLUDED PROPRIETARY PROGRAMS - THE MOST "WE" PAY FOR LOSS AT ANY
ONE LOCATION
INCLUDED PROGRAMS AND APPLICATIONS - THE MOST "WE" PAY FOR LOSS
AT ANY ONE LOCATION
INCLUDED MEDIA - THE MOST "WE" PAY FOR LOSS AT ANY ONE LOCATION

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: C827411-01

BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

EXP DATE: 05/06/25

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

INCOME COVERAGE - (Extra Expense ONLY)

\$ 15,000 INCOME COVERAGE - THE MOST "WE" PAY FOR LOSS AT ANY ONE LOCATION

COVERAGE EXTENSIONS

Additional Debris Removal Expenses	\$ 25,000
ELECTRICAL AND POWER SUPPLY DISTURBANCE	COVERED
Emergency Removal (Number of DAYS)	365
Emergency Removal Expenses	\$ 5,000
Fraud and Deceit	\$ 5,000
MECHANICAL BREAKDOWN COVERAGE	COVERED

SUPPLEMENTAL COVERAGES

Acquired Locations	\$ 500,000
Earthquake Coverage	COVERED
Flood Coverage	NOT COVERED
FOREIGN TRANSIT AND LOCATION COVERAGE	\$ 5,000
Incompatible Hardware and Media	\$ 10,000
NEWLY PURCHASED OR LEASED HARDWARE	\$ 500,000
Off-Site Computers	\$ 10,000
Pollutant Cleanup and Removal	\$ 15,000
Property in Transit	\$ 15,000
RECHARGE OF FIRE EXTINGUISHING EQUIPMENT	\$ 15,000
Sewer Backup	COVERED
REWARDS	\$ 5,000
Software Storage	\$ 50,000
Virus and Hacking	
Limit any one occurrence	\$ 50,000
Limit each separate 12 month period	\$ 150,000

INCOME COVERAGE EXTENSIONS

Interruption by civil authority (DAYS)	30
Period of loss extension (DAYS)	30

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

QUOTE NO: C827411-01
EXP DATE: 05/06/25

COMMERCIAL INLAND MARINE SCHEDULE

SUPPLEMENTAL INCOME COVERAGES

Acquired Locations	\$	50,000
Earthquake Coverage		COVERED
Flood Coverage		NOT COVERED
Property in Transit	\$	10,000
Sewer Backup		COVERED
UTILITY SERVICE INTERRUPTION	\$	25,000
OVERHEAD TRANSMISSION LINES		INCLUDED
Waiting Period (HOURS)		24
Virus and Hacking		
Limit any one occurrence	\$	25,000
Limit each separate 12 month period	\$	75,000
Waiting Period (HOURS)		24

PREMIUM \$ 1,029

LOCATION: 001 605 S 6TH ST
ALBION, NE 68620-1543
LOC DESCRIPTION: INCL. 210 E WIDAMAN ST
PETERSBURG, NE. 68652

CLASS	DESCRIPTION	SPECIAL* INTEREST	LIMITS
-------	-------------	----------------------	--------

COMMERCIAL ARTICLES

191 CAMERAS - EXCLUDING MOTION PICTURE PRODUCERS
\$ 500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS
001 UNSCHEDULED SCHOOL OWNED CAMERA & VIDEO \$ 5,400
EQUIPMENT, SUBJECT TO A MAXIMUM LIMIT OF
\$1,000 ON ANY ONE ITEM.

PREMIUM \$ 10

454 MUSICAL INSTRUMENTS - ALL OTHER BANDS, ETC.
\$ 500 DEDUCTIBLE APPLIES PER OCCURRENCE TO THE FOLLOWING ITEMS
001 UNSCHEDULED SCHOOL OWNED MUSICAL \$ 116,920
INSTRUMENTS, SUBJECT TO A MAXIMUM LIMIT
OF \$4,000 ON ANY ONE ITEM.
002 80 BAND UNIFORMS @ \$350 EACH \$ 28,000
003 60 MARCHING BAND HATS @ \$47.50 EACH \$ 2,850

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NO: C827411-01

BOONE CENTRAL SCHOOLS DIST 1

EFF DATE: 05/06/24

EXP DATE: 05/06/25

C O M M E R C I A L I N L A N D M A R I N E S C H E D U L E

PREMIUM \$ 54

SIGNS

460 SIGNS AND LAMPS - NEON, FLUORESCENT, ETC.

A DEDUCTIBLE AMOUNT OF 5% OF THE LIMIT OF INSURANCE
FOR EACH SIGN APPLIES

001 MARQUEE SIGN \$ 14,675

PREMIUM \$ 44

*SPECIAL INTERESTS

SPEC.*

INT. NO. LOSS PAYEE - LOSS PAYABLE

01 LOSS, IF ANY, WILL BE ADJUSTED WITH THE NAMED INSURED AND
NCS EQUIPMENT, INC.
73779 ROAD 438
BERTRAND, NE 68927-3000

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

Quote Number: J827411-02

Q U O T A T I O N C O M M E R C I A L U M B R E L L A

Quotation is Valid From 04/04/24 to 05/19/24
Proposed Policy Period: From 05/06/24 to 05/06/25
(Quote may be subject to change)

P R E P A R E D F O R :

BOONE CENTRAL SCHOOLS DISTRICT
NO. 1
PO BOX 391
605 S 6TH ST
ALBION NE 68620-0391

P R E S E N T E D B Y :

NEBRASKA BANKERS INS & SERV CO
NBISCO AGENCY SERVICES
PO BOX 80008
LINCOLN NE 68501-0008

DIRECT BILL

AGENT: AB 8007
AGENT PHONE: (800) 593-3881

Insured is SCHOOL DISTRICT Business Desc: SCHOOL DISTRICT

L I M I T S O F I N S U R A N C E

Each Occurrence Limit (Liability Coverage) \$ 5,000,000

Personal & Advertising Injury Limit \$ 5,000,000
(Any one person or organization)

Aggregate Limit (Liability Coverage) \$ 5,000,000
(except with respect to "covered autos")

PREMIUM NOT SUBJECT TO AUDIT \$ 6,385.00

A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE.

AS QUOTED ON: 04/04/24 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: J827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

COMMERCIAL UMBRELLA POLICY
QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CU0001	04-13	COMM LIABILITY UMBRELLA COV FORM	
*CU0005	12-23	EXCL-VIOLATION/LAW ADDRESSING DATA	
CU0208	12-17	NE CHANGES-CANCELLATION AND NONRENEW	
*CU2112	09-00	ABUSE OR MOLESTATION EXCL	
CU2123	02-02	NUCLEAR ENERGY LIAB EXCL BROAD FORM	
CU2127	12-04	FUNGI OR BACTERIA EXCLUSION	
CU2130	01-15	CAP OF LOSSES FROM CERT ACTS OF TERR	
CU2136	01-15	EXCL PUNITIVE DMG CERT ACTS OF TERR	
CU2171	06-15	EXCLUSION-UNMANNED AIRCRAFT	
*CU2186	12-23	EXCL-ACCESS/DISCL OF CONFID/PERSONAL	
CU2423	12-07	COVERAGE FOR PROFESSIONAL SERVICES	
*CU3456	12-23	CYBER INCIDENT	
CU7001A	11-15	SCHED OF PRIMARY INS - AUTOMATED	
CU7275	08-06	COLLEGES AND SCHOOLS RESTRICTIVE END	
CU7276	03-21	COMMERCIAL UMBRELLA AMENDMENT OF COV	
CU7290.1	01-21	LINEBACKER PUBLIC OFFICIALS/EPL END PUBLIC OFFICIALS WRONGFUL ACT AND EMPLOYMENT PRACTICES LIABILITY RETROACTIVE DATE: 05/06/1994	
CU7293	08-06	FOREIGN EXPOSURE FOLLOWING FORM	
CU7404.1	10-08	UMBRELLA LIAB AMEND - FOLLOW FORM	
CU7432	04-09	EMPLOYEE BENEFITS LIABILITY COVERAGE LIMITS OF INSURANCE \$ 10,000 RETAINED LIMIT \$ 5,000,000 EACH EMPLOYEE \$ 5,000,000 AGGREGATE	
CU7441	05-19	EXCLUSION-VIOLENT EVENT RESPONSE COV	
CU7460	12-15	BLANKET WAIVER OF SUBROG WHEN REQUIR	
CU7464	07-15	LAW ENFORCEMENT LIABILITY	
CU7486	10-22	CANNABIS EXCL/EXCP RETAIL SALES CBD	
CU8159	10-22	IMPORTANT NOTICE TO POLIYCHOLDERS	
*CU8160	12-23	CYBER INCIDENT/DATA PRIVACY EXCL PH	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7168	01-22	ASBESTOS EXCLUSION	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 62
IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: J827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: J827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

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

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$62.00

A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

Quote Number: J827411-02
Eff Date: 05/06/24 Exp Date: 05/06/25

COMMERCIAL UMBRELLA SCHEDULE

RETAINED LIMIT

Self Insured Retention \$10,000

SCHEDULE OF UNDERLYING INSURANCE

Commercial General Liability

Company: Employers Mutual Casualty Company
Policy Number: BBHS917 Policy Period: 05/06/24 to 05/06/25

Occurrence Basis

Minimum Applicable Limits

General Aggregate	\$ 2,000,000
Products-Completed Operations Aggregate	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Employee Benefit Liability	\$ 1,000,000 Each Employee \$ 2,000,000 Aggregate

Commercial Auto Liability

Company: EMC Property & Casualty Company
Policy Number: E827411 Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

Covered Auto Liability	\$ 1,000,000 Each Accident
------------------------	----------------------------

Employers Liability

Company: First Dakota Indemnity Company
Policy Number: 0200068312 Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

Bodily Injury by Accident	\$ 500,000 Each Accident
Bodily Injury by Disease	\$ 500,000 Each Employee
Bodily Injury by Disease	\$ 500,000 Policy Limit

AS QUOTED ON: 04/04/24 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DIST 1

Quote Number: J827411-02
Eff Date: 05/06/24 Exp Date: 05/06/25

Public Officials Liability (Claims Made)

Company: Employers Mutual Casualty Company
Policy Number: K827411

Policy Period: 05/06/24 to 05/06/25

Minimum Applicable Limits

\$ 1,000,000 Each Loss
\$ 1,000,000 Aggregate

- - - - -



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F827411-01

CRIME AND FIDELITY COVERAGE PART QUOTATION (GOVERNMENT ENTITIES)

QUOTATION IS VALID: FROM 02/12/24 TO 05/06/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

P R E P A R E D F O R :

P R E S E N T E D B Y :

BOONE CENTRAL SCHOOLS DISTRICT
NO. 1
PO BOX 391
605 S 6TH ST
ALBION NE 68620-0391

NEBRASKA BANKERS INS & SERV CO
NBISCO AGENCY SERVICES
PO BOX 80008
LINCOLN NE 68501-0008

DIRECT BILL

AGENT: AB 8007

AGENT PHONE: (800) 593-3881

INSURED IS: SCHOOL DISTRICT

BUSINESS DESC: SCHOOL DISTRICT

SEE ATTACHED SCHEDULE FOR DESCRIPTION OF LOCATIONS,
LIMITS, AND DEDUCTIBLES.

I N S U R I N G A G R E E M E N T S

P R E M I U M

EMPLOYEE THEFT - BLANKET (PER LOSS)	\$ 1,029.00
INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES	\$ 81.00
OUTSIDE THE PREMISES	\$ 10.00

TOTAL POLICY PREMIUM	\$ 1,120.00

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: F827411-01

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

GOVERNMENT CRIME POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CR0024	06-22	GOVT. CRIME COV. FORM - DISCOVERY	
CR0143	07-02	NEBRASKA CHANGES - OTHER INSURANCE	
CR0750	06-22	AMENDMENT-DELETE PROV REGARD TERROR	
*CR2042	05-23	EXCL. DIGITAL TOKENS & OTHER ELEC.	
CR2509	06-22	INC VOLUNTEER WORKERS AS EMPLOYEES	
CR2513	06-22	INCLUDE STUDENTS AS EMPLOYEES	
CR2519	06-22	ADD FAITHFUL PERF OF DUTY COV FOR GOV PER LOSS LIMIT: \$250,000	
CR2548	06-22	INCLUDE INDEMNITY OF BONDED OFFICIAL	
CR7010A	12-22	CRIME & FID. COV. PART DEC. (GOV'T)	
CR7116A	12-22	CRIME & FID COV PART SCHEDULE (GOVT)	
CRTC24	06-22	GOVERNMENT CRIME COV. TABLE OF CONT.	
IL0017	11-98	COMMON POLICY CONDITIONS	
IL0122	09-07	NEBRASKA CHANGES - ACTUAL CASH VALUE	
IL0259	09-07	NE CHANGES - CANCELLATION/NONRENEWAL	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7306	08-98	EXC. OF CERT. COMPUTER LOSSES	

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS

EFF DATE: 05/06/24

QUOTE NUMBER: F827411-01
EXP DATE: 05/06/25

CRIME AND FIDELITY COVERAGE PART
QUOTATION SCHEDULE (GOVERNMENT ENTITIES)
=====

DESCRIPTION	DED (PER OCCURRENCE)	LIMIT (PER OCCURRENCE)
EMPLOYEE THEFT - BLANKET (PER LOSS)	\$ 2,500	\$ 250,000
=====		
INSIDE THE PREMISES - THEFT OF MONEY & SECURITIES	\$ 1,000	\$ 25,000
=====		
OUTSIDE THE PREMISES	\$ 1,000	\$ 25,000
=====		

AS QUOTED ON: 02/12/2024



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K827411-02

Q U O T A T I O N - L I N E B A C K E R

QUOTATION IS VALID FROM 04/04/24 TO 05/19/24
PROPOSED POLICY PERIOD: FROM 05/06/24 TO 05/06/25

P R E P A R E D F O R:	P R E S E N T E D B Y:
BOONE CENTRAL SCHOOLS DISTRICT NO. 1 PO BOX 391 605 S 6TH ST ALBION NE 68620-0391	NEBRASKA BANKERS INS & SERV CO NBISCO AGENCY SERVICES PO BOX 80008 LINCOLN NE 68501-0008

DIRECT BILL	AGENT: AB 8007 AGENT PHONE: (800)593-3881
-------------	--

INSURED IS: SCHOOL DISTRICT	BUSINESS DESC: SCHOOL DISTRICT
-----------------------------	--------------------------------

RETROACTIVE DATE AND EXCESS EXTENDED REPORTING PERIOD:
THIS INSURANCE DOES NOT APPLY TO WRONGFUL ACTS WHICH OCCUR
BEFORE THE RETROACTIVE DATE SHOWN BELOW.

RETROACTIVE DATE: 05/06/94
AVAILABLE SUPPLEMENTAL EXTENDED REPORTING PERIOD: (1 YEARS)

L I M I T S O F L I A B I L I T Y

EACH LOSS	\$ 1,000,000
AGGREGATE FOR EACH POLICY TERM	\$ 1,000,000
INSURED'S DEDUCTIBLE EACH CLAIM (INCLUDING DEFENSE EXPENSE)	\$ 1,000

TOTAL ADVANCE PREMIUM \$ 3,734.00

COVERAGE IS PROVIDED FOR BOARD AND ALL EMPLOYEES

(THE ADVANCE PREMIUM IS A MINIMUM PREMIUM FOR THE POLICY TERM)
A \$100 MINIMUM POLICY PREMIUM APPLIES
IF POLICY IS CANCELLED AFTER THE EFFECTIVE DATE

AS QUOTED ON: 04/04/24 BPP



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY

QUOTE NUMBER: K827411-02

BOONE CENTRAL SCHOOLS DISTRICT

EFF DATE: 05/06/24

EXP DATE: 05/06/25

LINEBACKER POLICY QUOTE

ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
CL7001	01-21	LNBKR PUBLIC/EPLI COVERAGE FORM	
CL7110	01-18	NUCLEAR ENERGY LIABILITY EXCLUSION	
CL7128	05-20	TORT LIABILITY ENDORSEMENT	
CL7153	01-18	EXCL-FUNGI OR BACTERIA	
CL7156	01-18	CAP ON LOSSES CERT ACTS OF TERRORISM	
CL7161	01-18	EXCL PUNITIVE DMGS ACTS OF TERRORISM	
CL7181	01-18	LIMITED LAW ENFORCEMENT EXTENSION	
CL7202	10-15	DATA COMPROMISE & CYBER LIAB EXCL	
CL8322	10-15	ADVISORY NOTICE TO POLICYHOLDERS	
IL7004	03-20	MUTUAL POLICY PROVISIONS	
IL7040	12-17	NE CHANGES - CANCELLATION/NONRENEWAL	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
IL7149	01-08	COMMON POLICY CONDITIONS	
IL7326	01-18	CALCULATION OF PREMIUM	
IL8383.2A	12-20	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 37
IL8384A	01-08	TERRORISM NOTICE	

AS QUOTED ON: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: K827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

AS QUOTED ON: 04/04/24



CONDITIONAL

EMPLOYERS MUTUAL CASUALTY COMPANY
BOONE CENTRAL SCHOOLS DISTRICT

QUOTE NUMBER: K827411-02
EFF DATE: 05/06/24 EXP DATE: 05/06/25

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

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$37.00

A. Disclosure Of Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

The following statement is required to be part of the disclosure notice in MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered. Read your policy and endorsements carefully.

Workers' Compensation Proposal

Insured 68312

Boone Central Schools District No 1
PO Box 391
Albion, NE 68620
(402) 395-2134

Agent 961-1563

Jencap Insurance Services, Inc.
7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Quote No. 394054
Effective Date: 5/6/2024
Expiration Date: 5/6/2025
Quote Date: 3/27/2024
Quote Good Through: 5/6/2024

Employers Liability

Bodily Injury By Accident \$500,000 Each Accident
Bodily Injury By Disease \$500,000 Policy Limit
Bodily Injury By Disease \$500,000 Each Employee

Proposal Summary

Policy Unit	Remuneration	Total Estimated Premium and Surcharges
1 - Boone Central Schools District No 1 - Nebraska	\$5,361,200	\$22,742
Grand Total	\$5,361,200	\$22,742

This is an estimate only and based on information received at the time prospectus. If an installment payment plan is offered, a \$5 service charge per invoice will apply.

Please see the following page(s) for detailed Unit information.

Workers' Compensation Proposal

Insured 68312
Boone Central Schools District No 1
PO Box 391
Albion, NE 68620
(402) 395-2134

Quote No. 394054
Effective Date: 5/6/2024
Expiration Date: 5/6/2025
Quote Date: 3/27/2024
Quote Good Through: 5/6/2024

Agent 961-1563
Jencap Insurance Services, Inc.
7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Employers Liability

Bodily Injury By Accident \$500,000 Each Accident
Bodily Injury By Disease \$500,000 Policy Limit
Bodily Injury By Disease \$500,000 Each Employee

Unit 1 - Boone Central Schools District No 1

Nebraska

Rating Period: 5/6/2024 - 5/6/2025

Classifications	Code No.	Premium Basis Total Estimated Remuneration	Rate Per \$100 of Remuneration	Estimated Premium
DRIVERS, CHAUFFEURS, MESSENGERS AND THEIR HELPERS NOC-COMMERCIAL	7380	\$102,800	4.03	\$4,143
COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	8868	\$4,776,100	0.3	\$14,328
COLLEGE: ALL OTHER EMPLOYEES	9101	\$482,300	2.45	\$11,816
Total Manual Premium				\$30,287
\$500,000/500,000/500,000		0.8%		\$242
Subject Premium				\$30,529
Unmodified Premium				\$30,529
Experience Mod		0.96		(\$1,221)
Modified Premium				\$29,308
Flexible Rating Adjustment		20%		(\$5,862)
Standard Premium				\$23,446
Premium Discount		8.6%		(\$2,016)
Expense Constant				\$240
Terrorism Act		1%		\$536
DTEC Act		1%		\$536
Policy Premium				\$22,742

Total Premium and Surcharge(s):

\$22,742

Workers' Compensation Proposal

Insured 68312

Boone Central Schools District No 1
PO Box 391
Albion, NE 68620
(402) 395-2134

Quote No. 394054
Effective Date: 5/6/2024
Expiration Date: 5/6/2025
Quote Date: 3/27/2024
Quote Good Through: 5/6/2024

Agent 961-1563

Jencap Insurance Services, Inc.
7000 Central Parkway, Suite 1100
Atlanta, GA 30328

Employers Liability

Bodily Injury By Accident \$500,000 Each Accident
Bodily Injury By Disease \$500,000 Policy Limit
Bodily Injury By Disease \$500,000 Each Employee

Billing Unit 1 - Boone Central Schools District No 1

Billing Payment Mode: 10-10-month installment (25% down)

Initial Payment Total to Remit \$5,683.00

Installment Schedule:

Post Date	Due Date	Description	Amount
4/16/2024	5/6/2024	Installment	\$5,683.00
5/17/2024	6/6/2024	Installment	\$1,901.00
6/16/2024	7/6/2024	Installment	\$1,901.00
7/17/2024	8/6/2024	Installment	\$1,901.00
8/17/2024	9/6/2024	Installment	\$1,901.00
9/16/2024	10/6/2024	Installment	\$1,901.00
10/17/2024	11/6/2024	Installment	\$1,901.00
11/16/2024	12/6/2024	Installment	\$1,901.00
12/17/2024	1/6/2025	Installment	\$1,901.00
1/17/2025	2/6/2025	Installment	\$1,901.00