

## **Renewal Summary**

### **Nova Classical Academy**

1455 Victoria Way  
Saint Paul, MN 55102

Summary Date: April 20, 2015

Thomas H. Farnham, Sr. Risk Consultant  
Linda A. Jackson, ACSR, CISR, Sr. Client Manager

### **Bearence Management Group**

2010 Centre Pointe Blvd  
Mendota Heights, MN 55120  
(651)379-7800  
(651)379-7801

**POLICY INFORMATION**

Line of Business	Policy #	Effective/Expiration	Writing Company	14-15 Premiums	15-16 Premiums
Package	PSP0128600	05/06/2015 – 05/06/2016	Riverport Ins Co	\$25,701.91	\$26,728.46
Pollution	12EIL00611	05/06/2015 – 05/06/2016	Evanston Ins Co	\$4,083.18	\$4,083.18
<b>SubTotal Premiums</b>				<b>\$29,785.09</b>	<b>\$30,811.64</b>
Work Comp	MWC1003179	07/01/2014 – 07/01/2015	AmTrust	\$22,495.00	
Excess Crime	41BDDGP0554	09/16/2014 – 09/16/2015	Hartford Ins Co	\$606.00	
<b>Total Premiums</b>				<b>\$52,886.09</b>	

**FIRST NAMED INSURED**

Named Insured:	Nova Classical Academy
----------------	------------------------

**SUPPLEMENTAL NAME INFORMATION**

Named Insured	Insured Type
Friends of Nova Classical Academy	Additional Insured

**LOCATION NUMBER**

Loc #	Bldg #	Description	Address	City	State	Zip
00001	00001	Charter School	1455 Victoria Way	St. Paul	MN	55116



*This document contains a brief overview of the coverages provided by your insurance policy or policies. It is informational only, is not all-inclusive, and is not an insurance policy or an insurance binder. Actual Coverages afforded by any policy are controlled solely by the provisions of the policy and not by any language contained in this document.*

**PROPERTY**

**BLANKET - SUBJECT OF INSURANCE**

Subject of Ins	Valuation	Cause of Loss	Coins %	Ded	Amount of Ins
Blanket Building & Contents	Replacement Cost	Special form	100	1,000	13,391,400
Blanket BI/Extra Expense		Special form		1,000	525,000

**SUBJECT OF INSURANCE**

Loc/Bldg	Subject of Ins	Valuation	Cause of Loss	Coins %	Ded	Amount of Ins
001/001	Building	Replacement Cost	Special form	100	1,000	12,647,300
001/001	Business Personal Property	Replacement Cost	Special form		1,000	736,100
001/001	CTX 100 Telephone System	Replacement Cost	Special form		1,000	8,000
001/001	BI/Extra Expense		Special form		72 Hrs	525,000

## GENERAL LIABILITY

### GENERAL COVERAGE INFORMATION

Coverage Type	Occurrence/Claims Made
General Liability	Occurrence
Employee Benefits Liability	Claims Made – Retro Date 05/06/2002
School Leaders Legal Liability	Claims Made – Retro Date 05/06/2002

### GL COVERAGE/LIMITS

Coverage	Limit 1	Limit 2	Ded
General Aggregate	3,000,000		
Products/Completed Ops Aggregate	3,000,000		
Each Occurrence	1,500,000		
Personal & Advertising Injury	1,500,000		
Per Person/Claimant	500,000		
Abuse and Molestation	Included		
Medical Payments(Excludes Athletic)			
Each Person (other than Students)	5,000		
Each Accident (other than Students)	50,000		
Each Student	1,000		
Each Accident (Student)	5,000		
Annual Aggregate (Students)	50,000		
Employee Benefits Liability	1,000,000	2,000,000	1,000
School Leaders Legal Liability	1,500,000	3,000,000	5,000
School Violent Acts	25,000	250,000	

### CLASSIFICATIONS

Loc #	Code	Classification	Prem Basis	Exposure
00001	47471	Schools – K thru 8	T	546
00001	47473	Schools – High School	T	365
00001	47469	Faculty	T	61
00001	48557	Social Gatherings/Meetings on Premises	T	15

M = Admissions - Per \$1,000 | A = Area - Per 1,000/SQ FT | S = Gross Sales - Per \$1,000  
 T = Other | P = Payroll - Per \$1,000 | C = Total Cost - Per \$1,000 | U = Unit - Per Unit



**CRIME**

**COVERAGE/LIMITS**

Coverage	Limit	Ded	Ded Type
Employee Dishonesty	25,000	500	Dollars
Theft, Disappearance & Destruction – Inside the Premises	1,000	500	Dollars
Theft, Disappearance & Destruction – Outside the Premises	1,000	500	Dollars
Computer Fraud	1,000	500	Dollars

**BUSINESS AUTO**

**COVERAGES/LIMITS**

Coverage	Limit	Deductible
Combined single limit	1,500,000	
PIP-Basic	Statutory	
Uninsured motorist combined single limit	1,000,000	
Underinsured motorist combined single limit	1,000,000	
Comprehensive		500
Collision		500
Hired & Non-Owned Auto Liability	1,000,000	

**VEHICLE SCHEDULE**

Cust #	Veh #	Year	Make	Model	Body Type	VIN	Liab	PIP	UM/UIM	Comp Ded	Coll Ded
00001	00001	2002	Chevy	Blue Bird	School bus	1GBHG31R521169302	X	X	X	500	500

**COMPUTERS**

**SUBJECT OF INSURANCE**

Subject	Valuation	Cause of Loss	Coins %	Ded	Amount of Ins
Equipment (hardware) - Owned	Replacement Cost	Special form	100	1,000	250,000
Equipment (hardware) - In Transit	Replacement Cost	Special form	100	1,000	25,000
Media/Data (software)	Replacement Cost	Special form	100	1,000	17,500
Extra Expense	Replacement Cost	Special form	100	1,000	17,500





## POLLUTION LIABILITY

### GENERAL COVERAGE INFORMATION

Coverage Type	Commercial General Liability
Occurrence/Claims Made	Claims Made
Retro Active Date	09/14/2012

### COVERAGE/LIMITS

Coverage	Limit	Ded	Ded Type
Bodily Injury & Property Damage	3,000,000	10,000	Flat
Onsite Cleanup Costs	3,000,000	10,000	Flat

## EXCESS CRIME

### COVERAGE/LIMITS

Coverage	Limit	Ded	Ded Type
Employee Dishonesty	500,000	5,000	Dollars
Money Orders & Counterfeit Paper Currency	50,000	0	Dollars

## WORKERS COMPENSATION

### PART 1 WORKERS COMPENSATION STATE INFORMATION

State
MN

### PART 2 EMPLOYERS LIABILITY INFORMATION

Each Accident	100,000
Disease-Policy Limit	500,000
Disease-Each Employee	100,000

### RATING INFORMATION

State	Class Code	Classifications	Total # EEs	# Part-time	# Full-time	Payroll
MN	8868	Schools or Colleges - Professional	88	12	76	\$4,325,000
MN	9101	Schools or Colleges - All Others	4	3	1	\$115,000

### EXPERIENCE MOD HISTORY

2015-2016	.77
2014-2015	.84
2013-2014	.88
2012-2013	.97

**NOTICE OF IDENTITY RECOVERY AND DATA  
COMPROMISE COVERAGE**

**OPT-OUT FORM**

**(Please read this notice carefully and return this form if you do not wish to obtain Identity Recovery and Data Compromise Coverage. Contact your agent with any questions.)**

Please be advised that our "Proposal For Insurance" includes a quote for our Identity Recovery and Data Compromise Coverage form. This coverage form provides coverage for the expense to respond to a data breach and includes services to assist an organizations' clients, employees and others affected by the breach, and features: *legal review of notification obligations, help to find who was affected by the breach and how to notify them, preparation of notification letters, a toll-free helpline, credit monitoring for affected persons and identity restoration case management for identity theft victims.* The coverage provided is subject to the coverage form's complete terms and conditions, including a standard \$100,000 annual aggregate limit with a \$10,000 forensic IT and legal review sublimit, and subject to a \$2,500 deductible. Please review the enclosed additional information and contact your agent with any questions.

Please indicate below if you would like to decline Identity Recovery and Data Compromise Coverage.

**Rejection of Identity Recovery and Data Compromise Coverage**

<input checked="" type="checkbox"/>	I hereby decline to purchase Identity Recovery and Data Compromise insurance coverage.
-------------------------------------	--

B. Watkins  
Policyholder/Applicant's Signature

Bruce Watkins  
Print Name

Date: 4/27/2015

**Riverport Insurance Company**  
Insurance Company

**Renewal of PSP0149800**  
Policy Number

**ISD 4098NOVA CLASSICAL  
ACADEMY**

The coverage description above is illustrative of our standard Identity Recovery and Data Compromise Coverage form. Please refer to your policy for complete terms and conditions.



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your  NEW or  RENEWAL policy may be affected as follows:

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, , A. through 12/31/14 for a premium of \$ 0.00 and B. estimated premium for the period beyond 12/31/14 is \$ 759.00.
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

**Possibility Of Additional Or Return Premium.** The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Act. The federal program established by the Act is scheduled to terminate at the end of 12/31/14 unless extended by the federal government. If the federal program terminates or if the level or terms of federal participation change, the estimated premium shown in **(B)** of above may not be appropriate.

If the policy contains a Conditional Exclusion, continuation of the coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. If the policy does not contain a Conditional Exclusion, coverage for certified acts of terrorism will continue. In either case, when disposition of the federal program is determined, we will recalculate the premium shown in **(B)** above and will charge additional premium or refund excess premium, if indicated.

If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

---

Policy Fee Disclosure Statement

This quotation is being provided at your request. Our quotation may include a policy fee which is being used to offset lower than normal commission being received by us from the insurance carrier. This fee goes towards covering our overhead and the time and expense involved in searching the marketplace for coverage for your insured. This policy fee is in addition to the premium and may be in addition to some commissions received from the carrier. We feel the fees being charged are reasonable in relation to the services being rendered and within industry standards.

B. Wetters  
Insured (need signature) CFO or Owner

4/27/2015  
Date



# STATEMENT OF VALUES

DATE (MM/DD/YYYY)

4/20/2015

AGENCY PHONE (A/C, No, Ext): (651) 379-7800 FAX (A/C, No): (651) 379-7801	COMPANY <b>Riverport Insurance Company</b>	NAIC CODE: 36684	PAGE 001 OF 001																				
Bearence Management Group 2010 Centre Pointe Blvd  Mendota Heights MN 55120	INSURED/APPLICANT <b>Nova Classical Academy</b>	POLICY NUMBER <b>PSP0149800</b>	EFFECTIVE DATE <b>5/6/2015</b>																				
HEADQUARTERS ADDRESS <b>1455 Victoria Way Saint Paul MN 55102</b>																							
CODE: AGENCY CUSTOMER ID <b>00006142</b>	SUBCODE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>COINS %</th> <th>APPLICABLE CAUSES OF LOSS</th> </tr> <tr> <td><input type="checkbox"/> 80%</td> <td><input type="checkbox"/> BASIC</td> </tr> <tr> <td><input type="checkbox"/> 90%</td> <td><input type="checkbox"/> BROAD</td> </tr> <tr> <td><input checked="" type="checkbox"/> 100%</td> <td><input checked="" type="checkbox"/> SPECIAL</td> </tr> </table>	COINS %	APPLICABLE CAUSES OF LOSS	<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>EARTHQUAKE COV</td> <td><input type="checkbox"/></td> <td>SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>FLOOD SPRINKLER LEAKAGE EXCL</td> <td><input type="checkbox"/></td> <td>BLANKET RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>VANDALISM EXCL</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED	<input type="checkbox"/>	FLOOD SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>	BLANKET RATE REQUESTED	<input type="checkbox"/>	VANDALISM EXCL		
COINS %	APPLICABLE CAUSES OF LOSS																						
<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC																						
<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD																						
<input checked="" type="checkbox"/> 100%	<input checked="" type="checkbox"/> SPECIAL																						
<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED																				
<input type="checkbox"/>	FLOOD SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>	BLANKET RATE REQUESTED																				
<input type="checkbox"/>	VANDALISM EXCL																						
APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)																							

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC <sub>1</sub>	SUBJECT <sub>2</sub>	100% VALUES	RATE OR LOSS COST <sub>3</sub>	PREMIUM
	1		DESC: <b>Building</b> ADDRESS: <b>1455 Victoria Way, St. Paul, MN</b>	RC	B	12,647,300		
	1		DESC: <b>Business Personal Property</b> ADDRESS: <b>1455 Victoria Way, St. Paul, MN</b>	RC	BPP	736,100		
	1		DESC: <b>Extra Expense</b> ADDRESS: <b>1455 Victoria Way, St. Paul, MN</b>		EE*	525,000		
	1		DESC: <b>CTX 100 Telephone System</b> ADDRESS: <b>1455 Victoria Way, St. Paul, MN</b>	RC		8,000		
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
			DESC:  ADDRESS:					
<b>Totals include items found on all pages, not including Loc # = BLNK.</b>						\$ 13,916,400	N/A	\$

**INSTRUCTIONS**

1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
2. SUBJECT:  
 B = Building S = Stock F = Furniture & Fixtures M = Machinery  
 BPP = Your Business Personal Property PPO = Personal Property of Others  
 BI = Business Income R = Rental Income Other - specify
3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

**SIGNATURE**

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE:

TITLE: Executive Director

DATE: 4/27/2015