

**Commercial Lines Policy Declaration**

**Customer Number:** 0111046427  
**Policy Number:** 2076102 01

**Policy Period:** 02/04/2015 to 02/04/2016  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Helping Our Young People Connect With God  
PO Box 1603  
Springfield, OH 45501

**Agency Name and Address:** 34210  
BROWER INSURANCE AGENCY LLC  
1730 N LIMESTONE STREET  
SPRINGFIELD, OH 45501  
937-399-5500

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

Coverage Part	Premium
Commercial General Liability Coverage	\$1,024.00
Business Auto Coverage	\$153.00
Commercial Liability Umbrella Coverage	\$1,500.00
Total Premium:	\$2,677.00
Total Including Taxes, Fees and Surcharges:	\$2,677.00

This is not a bill. A billing invoice will be sent separately.

See attached schedule for forms applicable to all coverage parts.

Countersignature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Representative)

Renewal

**Commercial Liability Umbrella Coverage Declarations**

**Customer Number:** 0111046427  
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 at 12:01 AM Standard Time at Your Mailing Address Shown Below

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 PO Box 1603  
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 BROWER INSURANCE AGENCY LLC  
 1730 N LIMESTONE STREET  
 SPRINGFIELD, OH 45501  
 937-399-5500

**Retained Limit**

Self-Insured Retention Waived

**Schedule of Underlying Insurance**

**General Liability**

Insurer: West Bend Mutual Insurance Company

Policy Number: 2076102

Policy Term: 02-04-2015 to 02-04-2016

Coverage Form: Occurrence

Limits of Insurance:

Each Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate (other than Products/Completed Operations)	\$2,000,000

**Automobile Liability**

Insurer: West Bend Mutual Insurance Company

Policy Number: 2076102

Policy Term: 02-04-2015 to 02-04-2016

Limits of Insurance:

Each Accident	\$1,000,000
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**Commercial Liability Umbrella Coverage Declarations**

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937-399-5500

34210

**Limits of Insurance**

	\$2,000,000
Aggregate Limit Except with Respect to "Covered Autos")	\$2,000,000
Personal and Advertising Injury Limit	\$2,000,000
Each Occurrence	Included
Terrorism Risk Insurance Act	\$1,500

**Umbrella Premium**

**This is not a bill.** A billing invoice will be sent separately.

See attached schedule for forms applicable to all coverage parts.

Countersignature \_\_\_\_\_

(Authorized Representative)

Date \_\_\_\_\_

12/30/2014 09:11:14

# BUSINESS AUTO COVERAGE FORM

These provisions in this policy restrict coverage. Read the entire policy carefully to determine your duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown on the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section IV - Definitions.

## SECTION I - COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

### A. Description Of Covered Auto Designation Symbols

Symbol	Description Of Covered Auto Designation Symbols
1	Only those "autos" you own (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the policy begins.
2	Only those "autos" you own that are not of the private passenger type (and for Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.
3	Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.
4	Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.
5	Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).
6	Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.
7	Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs.

**Business Auto Coverage Declarations**

Number: 0111046427  
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**Agency Name and Address:** 34210  
BROWER INSURANCE AGENCY LLC  
1730 N LIMESTONE STREET  
SPRINGFIELD, OH 45501  
937-399-5500

**Form of Business:**  
Non-Profit Organization

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**ITEM TWO: Schedule Of Coverages And Covered "Autos"**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered "Autos"	Limit (the most we will pay for any one "Accident" or "Loss")	Premium
Liability	8, 9	\$1,000,000 Each "Accident"	\$153

Total Commercial Auto Premium: \$153

See attached Forms Schedule for forms and endorsements applicable to this coverage.

Company  
WI 53095

Renewal

**Business Auto Hired or Borrowed Schedule**

Number: 0111046427  
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**ITEM FOUR: Schedule Of Hired Or Borrowed Covered "Auto" Coverage And Premiums**

"Autos" NOT Used In Your Motor Carrier Operations

State	Liability Coverage – Cost Of Hire Rating Basis		Auto Medical Payments Premium	Uninsured Motorists Premium	Underinsured Motorists Premium
	Estimated Cost Of Hire For Each State	Premium			
OH	If Any	\$22			

Total Premium: \$22

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 provided by motor carriers of property or passengers.

Company  
Bend, WI 53095

Renewal

**Business Auto Non-Owned Auto Schedule**

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**ITEM FIVE: Schedule For Non-Owned "Autos"**

Named Insured's Business	Liability Coverage Rating Basis	Estimated Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of "Employees"		\$131
	Number Of "Partners" (Active and Inactive)		

Total Premium: \$131

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PHYSICAL ABUSE AND SEXUAL MOLESTATION LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

### COMMERCIAL UMBRELLA LIABILITY COVERAGE PART

#### A. Coverage

##### 1. Insuring Agreement

We will pay those sums the insured becomes legally obligated to pay as damages because of "physical abuse", "mental injury" or "sexual molestation" arising out of the negligent:

- (a) employment;
- (b) investigation;
- (c) supervision;
- (d) reporting to the proper authorities, or failure to so report; or
- (e) retention of any person for whom the insured is legally responsible.

##### 2. Exclusions

This insurance does not apply to any person who:

- (a) committed or attempted to commit;
- (b) participated in;
- (c) directed;
- (d) knowingly allowed; or
- (e) failed to take action to prevent recurrence after having knowledge of;

any act of "physical abuse", "mental injury" or "sexual molestation". We will defend any insured accused of such conduct until our investigation determines that the accusation is correct.

#### B. Limits of Insurance

The limits of insurance shown in the Declarations is the most we will pay regardless of the number of:

1. Insureds;
2. Claims submitted or suits brought; or
3. Persons or organizations making claims or bringing suits.

Multiple incidents of "physical abuse", "mental injury" or "sexual molestation" to one person shall be deemed to be one occurrence and shall be subject to the limits in effect at the time of the first incident even if some of such incidents take place after the expiration of the policy.

We shall not be obligated to undertake nor continue to defend any claim or suit after our limit of insurance is exhausted by payments for damages.

Payment under this coverage shall be included in the Aggregate Limit as stated in Paragraph 2 of Section III – Limits of Insurance. All other provisions of Section III – Limits of Insurance do not apply to coverage defined in this endorsement.

#### C. Definitions

1. "Sexual molestation" means any actual or alleged act, touching, or caressing or suggestion thereof which could be considered sexual and/or inappropriate.
2. "Mental injury" means mental anguish, emotional distress or humiliation.
3. "Physical abuse" means physical mistreatment, the improper or excessive touching, handling or treatment of a person including excessive force and harsh insulting language.

All other terms, conditions and exclusions remain unchanged and applicable to this endorsement.