

28302036

335026

UNITED FIRE & CASUALTY COMPANY  
P.O. Box 73909  
Cedar Rapids, IA 52407-3909  
Phone: 319-399-5700

UNITED FIRE & CASUALTY COMPANY

118 2nd Ave SE  
Cedar Rapids, Iowa 52401

LAKES REGION SANITARY DISTR

25700 W OLD GRAND AVE  
INGLESIDE IL 60041-8542

## COMMERCIAL POLICY



## COMMERCIAL LINES POLICY

\*01080110\*



## POLICYHOLDER DISCLOSURE NOTICE

### MANDATORY AVAILABILITY OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under Section 103 of the Terrorism Risk Insurance Act of 2002 (TRIA), effective November 26, 2002, we as a participating insurance company must make available, in all of our insurance policies, coverage for losses arising out of acts of terrorism as defined in Section 102 (1) of the Act. Please refer to the reverse side of this notice for more information on TRIA and a definition of covered acts of terrorism.

Under Provision C of Section 103 of TRIA, insurance companies are required to make terrorism coverage available on all policies issued or renewed through the last day of Program Year 2, or December 31, 2004. Therefore, your policy renewal will once again include terrorism coverage, even if you elected to reject terrorism coverage on last year's policy term.

Your policy includes coverage for certified acts of terrorism.

Coverage for certified acts of terrorism is presently provided at no additional charge on Directors and Officers Liability. Lines of business not subject to the Terrorism Risk Insurance Act include: Commercial Auto, Commercial Crime and Professional Liability, except for Directors & Officers Liability.

You have the option to reject coverage for certified acts of terrorism for the renewal policy term that accompanies this notice. Simply check the box below indicating your desire to reject terrorism coverage, complete the requested information and mail the form to our office using the address shown on your policy declarations page.

#### SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Under federal law, you have **thirty (30) days** to consider this offer of coverage for terrorist acts and submit the premium required. If we do not receive a signed rejection from you in 30 days, you will continue to be charged the premium shown, and your policy will include coverage for certified acts of terrorism, except for the above noted cases.

- The premium charge for certified acts of terrorism is shown on your policy declarations page(s) (or on the quote proposal) as a separate line item.
- A signed rejection of certified acts of terrorism below will apply to all coverages on your policy (quote) except for the above noted cases (Directors & Officers coverage), and for workers' compensation coverage as noted below.

<b>Check Box</b> <input type="checkbox"/>	I hereby reject the additional premium for coverage for loss from certified acts of terrorism and elect to have a broad exclusion for loss as a result of terrorism, which will exclude loss from certified acts of terrorism, added to my policy. I also understand that, if my policy includes workers' compensation coverage, certified acts of terrorism cannot be excluded by law; therefore, I will continue to receive a premium charge for certified acts of terrorism for that coverage.
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\_\_\_\_\_  
Policyholder's/Applicant's Signature

UNITED FIRE & CASUALTY COMP  
Insurance Company

\_\_\_\_\_  
Print Name

28302036

\_\_\_\_\_  
Policy/Quote Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Quotes Only)

**After you sign and date this form, you must return it to the address shown on your policy declarations page.**



UNITED FIRE & CASUALTY COMPANY  
PO Box 73909, Cedar Rapids, IA 52407

0105

POLICY NUMBER: 28302036

ACCOUNT NUMBER: 3000002772

AGENCY BILL -

ISSUE DATE 03-29-2009 TG5 REPLACEMENT OF 0105 28302036		POLICY SUMMARY
NAMED LAKES REGION SANITARY DISTRICT		AGENCY & CODE 335026
INSURED		A & A INSURANCE SERVICE
AND		3540 GRAND AVE
MAILING 25700 W OLD GRAND AVE		
ADDRESS INGLESIDE	IL 60041-8542	GURNEE IL 60031
POLICY PERIOD:	FROM: 05-01-2009	TO: 05-01-2010

The insurance afforded under any coverage part is only in the amounts and to the extent set forth in such coverage part, subject to all terms of the policy having reference thereto.

## COMMERCIAL POLICY

### COVERAGE PARTS

PUBLIC OFFICIALS ERRORS & OMISSIONS

### PREMIUMS

\$ 1,654.00

TOTAL ADVANCE PREMIUM

\$ 1,654.00

This Policy Summary supersedes and replaces any preceding summary bearing the same policy number for this policy period.

X   
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

IL 70 18 12 92

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Section 143c of the Illinois Insurance  
Code requires notification of the  
following address:

ILLINOIS DEPARTMENT OF INSURANCE

Consumer Services Section  
320 West Washington Street  
Springfield, Illinois 62767



**Want to view your policy, billing and claims information online?**

**Need to pay your bill or report a claim?**

**Visit our website at [www.ufgPolicy.com](http://www.ufgPolicy.com) today.**

As a United Fire Group policyholder, you have online access to your policy, billing and claims information at [www.ufgPolicy.com](http://www.ufgPolicy.com) - 24 hours a day, seven days a week. With improved tools, simpler navigation and enhanced content, finding the information you need on our website has never been easier. At [www.ufgPolicy.com](http://www.ufgPolicy.com), you can accomplish a lot in a few clicks:

- View your insurance policy and other important forms
- Pay your bill or register for EFT
- Report a claim and view previously submitted claims
- Read safety tips and information, including loss control materials

You also have the option of using Express Bill Pay to pay your bill online without logging on to our website - a great timesaving tool.

So, if you never had reason to go to [www.ufgPolicy.com](http://www.ufgPolicy.com) before, now would be a good time to check or rather "click" it out.

A brief registration process is required. If you need assistance, contact Web Help at 1-800-895-6253 between 8 a.m. and 4:30 p.m. CT Monday through Friday.



UNITED FIRE & CASUALTY COMPANY  
PO Box 73909, Cedar Rapids, IA 52407

0105

POLICY NUMBER: 28302036

ACCOUNT NUMBER: 3000002772 (2)

AGENCY BILL -

ISSUE DATE 03-29-2009 TG5 REPLACEMENT OF 0105 28302036

DECLARATIONS RENEWAL EXTENSION

1. NAMED LAKES REGION SANITARY DISTRICT  
INSURED  
AND

AGENCY & CODE 335026  
A & A INSURANCE SERVICE  
3540 GRAND AVE

2. MAILING 25700 W OLD GRAND AVE

ADDRESS INGLESIDE IL 60041-8542

GURNEE IL 60031

3. POLICY 12:01 A.M. Standard time FROM: 05-01-2009 TO: 05-01-2010  
PERIOD:

And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire, after appropriate notices are mailed to you. An insufficient funds check is not considered payment.

CLAIMS MADE POLICY. THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE REVIEW THE POLICY CAREFULLY.

4. LIMITS OF LIABILITY:

Each Claim \$ 1,000,000  
Aggregate \$ 2,000,000

5. DEDUCTIBLE AMOUNT: \$ 1,000

RETROACTIVE EXCLUSION CLAUSE: IT IS AGREED THIS POLICY WILL NOT PAY ON BEHALF OF THE INSURED ANY SUMS FOR WHICH THE INSURED SHALL BECOME LEGALLY OBLIGATED TO PAY IN CONNECTION WITH ANY CLAIM OR SUIT BY REASON OF ANY NEGLIGENT ACT, ERROR OR OMISSION COMMITTED OR ALLEGED TO HAVE BEEN COMMITTED PRIOR TO 07-30-1997.

PUBLIC OFFICIALS ERRORS & OMISSIONS

\$ 1,654

Occupation of Insured: POLITICAL SUBDIVISION

Forms

SEE UW7002

AMEND REASON:

PREMIUM FOR THIS COVERAGE PART \$ 1,654  
Endorsement Adjustment Premium \$

This Declarations Page together with any forms specified hereon, supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

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